Overview

The Health Care and Economic Security Staff Development Center (SDC) has developed training for the October 2018 CBMS Build for Eligibility Sites.

This document and other training materials were developed with assistance and feedback from IPT, OIT, CDHS, and HCPF Program Areas.

The build will be implemented into CBMS and PEAK on October 14, 2018. For additional information regarding the build, reference TrainColorado.com > Courses > CBMS Build Training > October 2018.

Some projects may have a reference to the location of training materials related to the project.

This document is organized based on the training modality for the projects. Any projects trained during the live webinar will be listed first, followed by projects in Web Based Training, Video and reflected in the Build Guide only.

Projects where release notes are determined sufficient, will be listed in the Release Notes table at the end of this document.

For questions related to this training document, please contact the Staff Development Center at SOC_StaffDevelopment@state.co.us.

Table of Contents

Overview.................................................................................................................. 0
Table of Contents .................................................................................................... 1
Webinar Training ..................................................................................................... 7
  Project 11718 CBMS MA CHP+ Other Health Insurance Interface ....................... 7
    Project Description ............................................................................................... 7
    Why the Change was Requested ......................................................................... 7
    Project Summary .................................................................................................. 7
    PEAK .................................................................................................................. 11
Scenarios .................................................................................................................. 12
  CHP+ Children Manual Record .............................................................................. 12
  CHP+ Children Interface Record ............................................................................ 12
  CHP+ Manual Record ............................................................................................. 12
  CHP+ Newborn Interface Record .......................................................................... 13
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHP+ Prenatal Interface Record</td>
<td>12</td>
</tr>
<tr>
<td>Training Modality</td>
<td>13</td>
</tr>
<tr>
<td>Project 11773 CBMS Food Assistance Head of Household Comp Dates</td>
<td>14</td>
</tr>
<tr>
<td>Project Description</td>
<td>14</td>
</tr>
<tr>
<td>Why the Change was Requested</td>
<td>14</td>
</tr>
<tr>
<td>Project Summary</td>
<td>14</td>
</tr>
<tr>
<td>Scenarios</td>
<td>15</td>
</tr>
<tr>
<td>Example 1</td>
<td>15</td>
</tr>
<tr>
<td>Example 2</td>
<td>15</td>
</tr>
<tr>
<td>Example 3</td>
<td>15</td>
</tr>
<tr>
<td>Scenario 4</td>
<td>16</td>
</tr>
<tr>
<td>Example 5</td>
<td>16</td>
</tr>
<tr>
<td>Training Modality</td>
<td>16</td>
</tr>
<tr>
<td>Project 11970 CBMS EF and CW WFD Appointment Window</td>
<td>17</td>
</tr>
<tr>
<td>Project Description</td>
<td>17</td>
</tr>
<tr>
<td>Why the Change was Requested</td>
<td>17</td>
</tr>
<tr>
<td>Project Summary</td>
<td>17</td>
</tr>
<tr>
<td>Maintain Work Program Details page.</td>
<td>18</td>
</tr>
<tr>
<td>Maintain Program Details page - Interview Details Tab</td>
<td>19</td>
</tr>
<tr>
<td>WFD Appointment Details</td>
<td>20</td>
</tr>
<tr>
<td>Work Programs Appointment</td>
<td>21</td>
</tr>
<tr>
<td>Training Modality</td>
<td>21</td>
</tr>
<tr>
<td>Project 12321 CBMS Resource and Expense Summary Pages</td>
<td>22</td>
</tr>
<tr>
<td>Project Description</td>
<td>22</td>
</tr>
<tr>
<td>Why the Change was Requested</td>
<td>22</td>
</tr>
<tr>
<td>Project Summary</td>
<td>22</td>
</tr>
<tr>
<td>The Resource Summary Page</td>
<td>23</td>
</tr>
<tr>
<td>The Expense Summary Page</td>
<td>24</td>
</tr>
<tr>
<td>Training Modality</td>
<td>24</td>
</tr>
<tr>
<td>Web Based Training</td>
<td>25</td>
</tr>
<tr>
<td>Project Number 11780 CBMS TFA Updates</td>
<td>25</td>
</tr>
</tbody>
</table>
Reviewing Wrap Up ........................................................................................................ 38
System Generated Case Comment .................................................................................. 39
Training Modality............................................................................................................. 41
Project 12062 - CBMS AND Modernization .............................................................. 42
Project Description ........................................................................................................ 42
Why the Change was Requested .................................................................................... 42
Project Summary ............................................................................................................ 42
Conditional Approval process ....................................................................................... 43
  60-Day Conditional Approval ....................................................................................... 43
  30-Day Verification Checklist (VCL)............................................................................. 44
  Conditional Approval Process (Flowchart): ................................................................. 45
Updates to the Med-9 form ............................................................................................. 46
  New Med-9 Form .......................................................................................................... 46
  Section 1: .................................................................................................................... 49
  Section 2: .................................................................................................................... 49
  Section 3: .................................................................................................................... 49
Medical Conditions Page ................................................................................................. 50
  New Fields on the Medical Conditions Page: ............................................................ 51
  Transitioning to new Med-9 form and updated Medical Conditions Page................. 52
Training Modality ........................................................................................................... 52
Video ............................................................................................................................. 53
Project 11757 CBMS Updates to “In Home” and “Colorado Resident” Logic for CW and AF. 53
Project Description ........................................................................................................ 53
Why the Change was Requested .................................................................................... 53
Project Summary ............................................................................................................ 53
Scenarios ........................................................................................................................ 54
  CW Scenario for a New Application .............................................................................. 54
  CW Scenario for an Ongoing Case ............................................................................... 55
Training Modality ........................................................................................................... 55
Project 11786 Colorado Works and Need Standard Adjustments .................................. 56
Project Description ........................................................................................................ 56
Why the Change was Requested ................................................................. 56
Project Summary ....................................................................................... 56
Grant Standards Chart .............................................................................. 57
Scenarios .................................................................................................... 57
Scenario 1 ................................................................................................. 57
Training Modality ...................................................................................... 57
Project 12196 MA - Receive the Medicare Beneficiary Identifier (MBI) from InterChange ... 58
Project Description ..................................................................................... 58
Why the Change was Requested ................................................................. 58
Project Summary ....................................................................................... 58
Scenarios .................................................................................................... 59
Training Modality ...................................................................................... 61
Build Guide Only ........................................................................................ 62
Project 11805 CBMS Ancillary Members and HOH Logic Updates for CW .................. 62
Project Description ..................................................................................... 62
Why the Change was Requested ................................................................. 62
Scenarios .................................................................................................... 63
Excluded HOH ........................................................................................... 63
Excluded Parent ......................................................................................... 63
Excluded Individuals .................................................................................. 63
Non-Common Child(ren) .......................................................................... 63
Project 12147 CBMS FA Alimony Expense Updates ...................................... 64
Project Description ..................................................................................... 64
Why the Change was Requested ................................................................. 64
Project Summary ....................................................................................... 64
Scenarios .................................................................................................... 65
Training Modality ...................................................................................... 67
Project 12159 - Old Age Pension (OAP) Personal Needs Allowance Updates ........... 68
Project Description ..................................................................................... 68
Why the Change was Requested ................................................................. 68
Project Summary ....................................................................................... 68
Project 11718 CBMS MA CHP+ Other Health Insurance Interface

Project Description

Other private health insurance is considered as part of the eligibility determination for the Child Health Plan Plus (CHP+) Medical Assistance (MA) category. This category does not allow for other insurance. If other health insurance is reported or discovered, the individual should be considered ineligible for CHP+.

Project will create functionality in CBMS to receive an interface file containing other private health insurance data for individuals who are currently receiving CHP+, update CBMS with the data, and act on the information.

Why the Change was Requested

Users will receive notification if the member has other health insurance when they are approved for CHP+ through the CBMS MA CHP+ Other Health Insurance Interface.

Project Summary

CHP+ Interface will verify if the member has other health insurance. The interface will take a few weeks to match the members information and interface into CBMS.

The CHP+ interface will populate the Provider ID into CBMS in the CHP+ Other Health Insurance response file.

A CHP+ interface letter will be sent to members who are enrolled in CHP+ and the CHP+ Other Health Insurance interface receives a match.

The CHP+ Other Health Coverage Notice will generate when:

- A new record is created within the Health Care Coverage and
- The record has an open Effective End Date and
- The record has no Policy End Date falling within the system run months being evaluated and
- The record verification source is CHP+ interface and
- The individual does not already have an outstanding CHP+ interface due date and
- The record being acted upon us the initial Other Health Insurance record received by the Health Care Coverage interface and is during the child’s CHP+ certification period.
This project does not have an implementation date and the interface will be ran when running a case retroactively.

Depending on which CHP+ category the member is eligible for, will determine the next steps. We will go over a few different seniors below.

The health insurance information received by the CHP+ Other Health Insurance Interface will create a record on the Health Care Coverage Page for each member on the case.

There are two new fields on the Health Care Coverage page, “Policy Holder” and “Verified By”.

The Policy Holder Name field will only have information that is populated from the interface, you will not have access to change this field.

This field will contain the name of the policy holder.

Keep in mind the actual policy holders name or the person who owns the policy may not be populated.

The new Verified By field will have the options of Client Statement and Collateral Contact, however if the CHP+ Other Health Insurance Interface verifies the other health information, CHP+ Interface will automatically be populated in the verified by field.

Records that manually entered on the Health Care Coverage page will not be affected by the new Verified By field.

This project will not change the current process for individuals being terminated from CHP+ when Other Health Insurance record is manually entered.
The End Date in the Coverage Period section will be added/updated to match the Policy Coverage End Date on the Insured Individual tab, when only one insured individual record is tied to a Health Care Coverage record and Policy Coverage End Date is added or updated on the Insured Individual.

Self-attestation is acceptable from the member when reporting other health insurance information.
When a date is entered into the Effective End Date on the Health Care Coverage Page, all Effective End Dates on the Insured Individual tab will automatically be populated.
A new field will be added on the Other Information page in PEAK. The page will now display the Policy Holder’s name from the CHP+ Interface from CBMS. Hover text will be added to the Household Information Summary Page that will read: If you no longer have the insurance coverage listed, let us know when it ended. This new Policy Holder’s field will always be populated when a record is received from the CHP+ interface in CBMS. The member will only have access to update the end date. Members will not have access to delete or modify the record.
**Scenarios**

**CHP+ Children Manual Record**

Child is approved on CHP+ Children category as of 9/1/2018.

Mom reports and completes the Other Health Insurance in PEAK on 10/1/2018.

Child will be terminated and 10-day noticing will apply.

**CHP+ Children Interface Record**

Child is approved on CHP+ Children category as of 9/1/2018.

In October of 2018 the CHP+ Other Health Insurance Interface indicates member has other health insurance and first Interface Record is posted into CBMS.

The More Information Notice is sent out to the member asking for additional information with a due date of 1 calendar day + 10 business days.

Member never responds:

Child will be terminated and 10-day noticing will apply.

Member responds and agrees with the interface:

Child will be terminated and 10-day noticing will apply.

Member disagrees with interface:
End date the Effective End Date on the Other Health Insurance page and the child will remain eligible for CHP+ Children due to Continuous Eligibility for one year.

Second Interface Record

If a second Interface Record posts to CBMS, it will be ignored and the child will remain on CHP+ Children due to continuous eligibility. The member will need to address the second interface post at RRR.

RRR

If the member does not address the second interface record, the member will be terminated. The record must be end dated for benefits to continue.

**CHP+ Newborn Manual Record**

Newborn is approved at birth on 8/10/2018.

Mom completes the Other Health Insurance in PEAK on 10/1/2018.

**Agrees:**
Newborn will be terminated and 10-day noticing will apply.

**Disagrees:**
End date will need to be entered and newborn will remain approved for 1-year on the CHP+ Newborn category.
**CHP+ Newborn Interface Record**

Newborn is approved at birth on 8/10/2018.

In October of 2018 the CHP+ Other Health Insurance Interface indicates newborn has other health insurance.

The More Information Notice is sent out to the member asking for additional information with a due date of 1 calendar day + 10 business days.

Newborn is approved at birth on 8/10/2018.

In October of 2018 the CHP+ Other Health Insurance Interface indicates newborn has other health insurance.

The More Information Notice is sent out to the member asking for additional information with a due date of 1 calendar day + 10 business days.

**Member never responds:**

Newborn will be terminated and 10-day noticing will apply.

**Member responds and agrees with the interface:**

Newborn will be terminated and 10-day noticing will apply.

**Member disagrees with interface:**

End date the Effective End Date on the Other Health Insurance page and the Newborn will remain eligible for CHP+ Newborn as a guarantee program.

**Second Interface Record**

If a second Interface Record posts to CBMS, it will be ignored and the child will remain on CHP+ Newborn category for one year. The member will need to address the second interface post at RRR.

**RRR**

If the member does not address the second interface record, the member will be terminated. The record must be end dated for benefits to continue.

**Training Modality**

Live Webinar - Training for this project will be delivered during the build webinar. The webinar will be recorded and available on TrainColorado.com within 3 working days of the webinar.
**Project 11773 CBMS Food Assistance Head of Household Comp Dates**

**Project Description**

Project will eliminate the issue where the child is being moved to other parent’s case at RRR or new application incorrectly.

**Why the Change was Requested**

Currently, FA has issues where the child is being moved to the other parent’s case at RRR or new application incorrectly. At this time, there is not easy way to stop this from happening putting a burden on the correct parent that should be getting the benefit for the child. Also, to resolve help desk tickets and align with Policy

**Project Summary**

Create an indicator on a case level page in CBMS to allow a user to identify (For Food assistance) that a child 21 or under does not have a majority of their meals provided by this household/ FA use month logic will not be tied to this indicator. The new indicator will only be enabled when Food Assistance is active or pending on a case and it will only be active for a child 21 years old or under and will be an optional field. The indicator could be a check box labeled “Does not receive a majority of the meals”.

There will be a special indicator on a case level that can be selected to identify a child 21 and under that does not have the majority of their meals provided by that particular household. The new indicator must be ignored on cases that have transitioned to Transitional Food Assistance (TFA) cases The County user that has access to Food Assistance can also remove the majority of meals indicator Counties will have to communicate with each other if the companion case resides in another County There will be a trigger to send the meal sheet to household B when household A closes (missed RRR etc.) The meal sheet can be printed at any time.

There will be a data fix that will be applied to all cases that are affected by this build. The indicator will only be applicable to 2 parent/guardian households who are applying for the same child.
Scenarios

Example 1

Case A - On 8/1/2018 the child was approved for Food Assistance on Parent A’s case.

Case B - On 11/1/2018 Parent B applies for Food Assistance and reports the child “In the Home” and “Requesting Assistance”.

Case was run by CBMS user and the child is denied for Dual Participation (Notice of Action FS0835)

Result: New indicator will automatically populate for the child on Parent B’s case.

Example 2

Case A - On 8/1/2018 child was approved for Food Assistance on Parent A’s case.

Case B - On 11/01/2018 Parent B applies for Food Assistance and reports child “Not in the Home. The case is run by the CBMS user and the child is denied for “not in the Home” (Notice of Action FS0835)

Result: The new indicator will not automatically populate for the child on Case A because the denial reason is not Dual Participation.

Example 3

Case A - On-going FA case mom and child are approved for FA benefits as the pay month of 1/2018.

Case B - On 2/05/2018, dad applied for FA with the same child. Child is denied due to in-state dual participation for all pay months and dad is denied due to over income.

After authorization is successful, the new indicator “does not receive a majority of the meals” is set for the child on dad’s case.

On 3/1/2018, dad re-applies for FA and no longer has income. The child is listed as in the home “no” and EDBC is run.

Result: Dad is approved for FA and the child is denied. Although the child has the “does not receive a majority of the meals indicator”.

The child will be excluded because of the data entry of “not in the home”
Scenario 4

Case A - On-going FA case mom and child are approved for benefits as of the pay month 1/2018.

Case B - On 2/5/2018, dad applies with the same child. Child is denied due to in State dual participation for all pay months running and dad is approved. Dad’s RRR is due 7/31/2018

After the case is authorized, the new indicator “does not receive a majority of the meals” is set for the child on dad’s case.

On 7/24/2018 the RRR is started and processed. Dad has not provided the monthly meal sheet with his RRR

Results: The dual participation denial NOA will be triggered for the child along with the new info NOA “failed to provide a monthly meal sheet” upon authorization.

Both will display as the denial reasons for the child in wrap up.

Example 5

Case A - On-going FA case mom and child approved for benefits as of pay month 1/2018.

Case B - On 2/5/2018, dad applied for FA with the same child. The child is denied due to in State dual participation for all pay months and dad is approved.

After authorization is successful, the new indicator “Does not receive a majority of the meals” is set for the child on dad’s case.

On 2/25/2018, mom’s case closes effective 3/31/2018

Result: The new speed letter along with the Monthly Meal Sheet will be triggered and sent to dad’s case.

Training Modality

Live Webinar - Training for this project will be delivered during the build webinar. The webinar will be recorded and available on TrainColorado.com within 3 working days of the webinar.

Information about these projects can be found on the Portal under the CBMS tab.
Project 11970 CBMS EF and CW WFD Appointment Window

Project Description
Project will create a page in CBMS to capture the information necessary to complete the EF-102 and the CW Workforce Appointment letter.

Why the Change was Requested
Currently county staff must complete the EF-102 and CW workforce scheduling notice. This form is mandatory for any EF mandatory participant while the CW notice is an optional form based on county business processes.

For both forms, county staff complete it outside of CBMS and must print or send the form for the customer.

The EF-102 may be skipped and this can result in a compliance error for those who are mandatory.

The form must also be sent to the workforce/Employment First worker and this can be missed, which results in double work on the workforce/Employment First and CBMS user side. Additionally, a copy of the form must be kept in the case file and this step can also be missed, which can result in another compliance error.

Project Summary
This project will create a window in CBMS to capture the information necessary to complete the EF-102 and the CW workforce appointment letter.

If the customer selected is a Not Exempt participant for WFD, the CW Workforce Development Notice must be triggered for the individual.

If the customer selected is a Not Exempt (or Volunteer) participant for Employment First, the EF-102 must be created and triggered the evening the data on this page is saved.

The Online Print button will be disabled in the CC Print queue for the EF-102 and Colorado Works F=Workforce Development correspondence.
Maintain Work Program Details page.

The new field **EF Mandatory, Voluntary or Hybrid County** has been added to the Maintain Work Program Details page. This will be a mandatory field.
Maintain Program Details page - Interview Details Tab

On the Maintain Program Details page the Interview Details tab has been added. If the user does not select at least one day of the week an error message will be received. The error message received will be “Select at least one appointment day”

The user must also select an appointment time and appointment duration. If this is not completed an error message will be displayed. The message will be “Select at least one appointment time and Appointment Duration”.

![Maintain Program Details page - Interview Details Tab](image_url)
**WFD Appointment Details**

The bottom half of the screen on the Interview Details page will include the first and last time an appointment is available on a specific day.

If the day of the week is selected but the first and last appointment time fields are not completed, the user will receive an error message “Select First Appointment Time and Last Appointment Time for (day of the week).”
Work Programs Appointment

The Work Programs Appointment has been created and is available in the left navigation pane in Work Programs and the wrap up Queue after EDBC has been run and before authorization.

Training Modality

Live Webinar - Training for this project will be delivered during the build webinar. The webinar will be recorded and available on TrainColorado.com within 3 working days of the webinar.
Project 12321 CBMS Resource and Expense Summary Pages

Project Description

Counties have requested that the current Resource and Expense pages in CBMS be updated with a Resource Summary page and Expense Summary page, similar to the updated Income Summary page in CBMS. Adding a Resource and an Expense Summary page will enhance Interviewing for eligibility and also promote accurate timely processing of our applications and RRRs.

Why the Change was Requested

During July 2017, the Income Summary page was introduced in CBMS. Many counties provided feedback requesting an easier way to review both Resources and Expenses that have been entered on a case.

By introducing two new summary pages in CBMS, eligibility workers will have an easier to review pertinent resource and expense information to ensure that an accurate eligibility determination is being made for our customers.

Project Summary

This project will introduce two new Summary pages that will allow eligibility workers to review resources or expenses that have been entered on a case.

These pages will be similar to the Income Summary page that was introduced in 2017 and provide a listing of existing resources or expenses on a case.

If resources or expenses have not been entered on a case, the page will be blank.
The Resource Summary Page

This page will introduce a Summary radio button, which will be the default option when arriving to the page.

This page will list all active resources or resources that have a disposition entered on them. Resource records that are active will be displayed first on the page, followed by resource records that have a disposition date.

Eligibility workers can click on the header of each column to sort or filter information by that order.

All information on the Resource Summary page will be extracted from the following resources pages:

- Liquid Asset
- Vehicle
- Real Property
- Annuity or Promissory Note
- Life Insurance
- Burial Asset
- Other Personal Property

Here is what the new page will look like:

![Resource Summary](image-url)
The Expense Summary Page

The Expense Details page has been renamed to Expense Summary. The Expense Summary page now features a Summary radio button that will be the selection when initially arriving to the page.

The Expense Details page displays both open expense records and records that have an Effective End Date entered on them.

This page may also be used to identify which household members have an expense entered on them.

It should be noted that this page does not display any Shelter or Utility expense records. Information on this page is extracted from the Dependent Care, Medical, Medicare, Child-Spousal, and Other expense pages.

Expense records that have an open Effective Begin Date will be listed first, followed by expense records that have an Effective End Date.

Eligibility workers can select the title on each column to sort information displayed on this page. If a household member is no longer in the home and has expense information entered, their information will be displayed in red text.

Here is what the new page looks like:

![Expense Summary](image)

Training Modality

Live Webinar - Training for this project will be delivered during the build webinar. The webinar will be recorded and available on TrainColorado.com within 3 working days of the webinar.
Web Based Training

**Project Number 11780 CBMS TFA Updates.**

**Project Description**

This project will make updates to Transitional Food Assistance (TFA). These changes will aid the county workers to have a clear understanding of how a case transitions and have the confidence that the case has transitioned correctly from Food Assistance to Transitional Food Assistance.

**Why the Change was Requested**

This project enhances Transitional Food Assistance (TFA) details in Wrap Up. These changes will clearly display the income, expenses, and the reference month details CBMS utilized when determining eligibility for TFA.

**Project Summary**

With this project, a new section titled **Transitional Food Assistance (TFA) Detail** will be added to the **Display Food Assistance - Financial Eligibility** screen in Wrap Up. Within this new **Transitional Food Assistance (TFA) Detail** a new **Reference Month Details** button has been added. When selected, a pop-up window will display the cases TFA reference month details. These changes allow users to review, in detail, the income and expenses CBMS used to determine the customer’s TFA eligibility.

In addition, these new screens will increase the user’s understanding and knowledge of how TFA eligibility and benefits are determined.
The Individual Details button will display the income for the month, by customer.

The Reference Month Details button, will display details concerning the TFA reference month in a pop-up window titled Display Food Stamps - Financial Eligibility - TFA Reference Month.

The Display Food Stamps - Financial Eligibility - TFA Reference Month page will include a drop down Pay Month detail box. The details on this page will be auto populated with the TFA reference month details.

Please note, if the Payment Month selected is not part of the TFA time frame, no data will appear.
For example, Customer A is eligible for TFA beginning October 1st. However, August is selected in the Payment Month drop-down, no data will be displayed for the month of August since TFA was not yet approved.

The Display Food Stamps - Financial Eligibility - TFA Reference Month wrap up page will include all the same information as the Display Food Assistance - Financial Eligibility screen in Wrap Up. However, it will only include TFA specific information. It will include the following fields:

- Gross Income Test Details
- Housing/Shelter Details
- Adjusting Income Detail
- Budget Details and
- Resources Test Details
Scenarios

TFA Scenario 1

The first scenario explains how a TFA case can roll back to being a regular Food Assistance (FA) case. In this scenario, the household rolled to TFA on June 1st - meaning the Reference Month for this case is May.

All the while, the look back period for TFA is April and May - the two months prior to the first month of TFA.

In July the only working household member loses their job.

The household (HH) reapplies for Colorado Works (CW) on August 6th and is approved. The HH’s TFA benefits were already issued for August.

This HH will receive a TFA termination NOA - FA0252, stating that their TFA benefits will discontinue effective August 31st. In addition, the HH will also receive a FA approval NOA - FS0100, stating that beginning September 1st, regular FA has been approved.

<table>
<thead>
<tr>
<th>HH rolls to TFA</th>
<th>June 1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Month</td>
<td>May</td>
</tr>
<tr>
<td>Look Back Period</td>
<td>May</td>
</tr>
<tr>
<td>Loss of income</td>
<td>July</td>
</tr>
<tr>
<td>New CW Application</td>
<td>August 6th</td>
</tr>
<tr>
<td>TFA Discontinues</td>
<td>August 31st</td>
</tr>
<tr>
<td>Regular FA re-approved</td>
<td>September 1st</td>
</tr>
</tbody>
</table>
**TFA Scenario 2**

In the second scenario, the Customer has turned in a new application for FA and CW dated November 16th.

Both Expedited Food Assistance (EX FA) and CW were approved, and the HH is issued benefits for both November and December. At the same time, regular FA benefits are also approved for both months, November and December, with a zero-dollar benefit amount.

On November 26th the customer accepts new employment.

On November 27th, the customer reports and verifies the change in income.

Adverse action is given for CW, for November and December. CW correctly discontinues effective December 31st, due to excess income.

The TFA look back period for this case is November and December, the HH received EX FA benefits for an amount greater than zero dollars, and regular FA passed for the same months with a zero-dollar benefit amount making this HH eligible for TFA starting January 1st.

<table>
<thead>
<tr>
<th>New application for FA &amp; CW dated November 16th</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX FA and CW are approved, and benefits issued for November &amp; December</td>
</tr>
<tr>
<td>Change is reported and verified</td>
</tr>
<tr>
<td>CW – Adverse Action</td>
</tr>
<tr>
<td>TFA Look Back Period</td>
</tr>
<tr>
<td>TFA Begin Date</td>
</tr>
</tbody>
</table>
**TFA Scenario 3**

In the third scenario, the agency received an application for FA and CW on October 16th.

A same day interview is completed and both EX FA and CW are approved and benefits for both programs are issued.

However, regular FA remains in a pending status for missing verification.

On November 13th, the head of household (HOH) accepts new employment.

On November 14th, the customer reports and verifies the change of income.

Adverse action is applied for CW for November and December. CW benefits discontinue effective December 31st, for excess income.

The look back period for this case is November and December.

During those two months, November and December, the HH received EX FA, however, the regular Food Assistance remained pending for missing verification. Because this HH was not issued regular FA benefits they are not eligible for TFA.

<table>
<thead>
<tr>
<th>Application for FA and CW dated October 16th</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX FA and CW are approved - benefits issued for October &amp; November</td>
</tr>
<tr>
<td>Change is reported and verified</td>
</tr>
<tr>
<td>CW - Adverse Action</td>
</tr>
<tr>
<td>TFA Look Back Period</td>
</tr>
</tbody>
</table>

HH is not TFA eligible
**TFA Scenario 4**

In this scenario, the customer submitted a new application for FA and CW, dated October 16th.

Both EX FA and CW are approved, and benefits are issued for October and November.

However, regular FA remains pending for missing verification, the verification checklist (VCL) is due October 27th.

On October 25th, the HH returned the requested verification. The case is updated the same day and regular FA is approved and benefits for October and November are issued.

A few weeks later, on November 13th, the HOH accepts new employment.

On November 14th, the customer reports and verifies the change of income.

Since, CW allows adverse action for November and December, CW discontinues December 31st due to excess income.

The TFA look back period includes November and December.

Since the HH received EX FA benefits for November and regular FA in December, the HH will be eligible for TFA starting January 1st.

<table>
<thead>
<tr>
<th>Application for FA and CW dated October 16&lt;sup&gt;th&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX FA and CW are approved - benefits issued for October &amp; November</td>
</tr>
<tr>
<td>Verification Returned on October 25&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Change is Reported and Verified</td>
</tr>
<tr>
<td>CW - Adverse Action</td>
</tr>
<tr>
<td>TFA Look Back Period</td>
</tr>
</tbody>
</table>

TFA Begin Date = January 1st
**TFA Scenario 5**

For scenario five, the agency receives a new application for FA and CW, on March 16\textsuperscript{th}.

Both CW and EX FA are approved, and benefits issued for both March and April.

All the while, regular FA remains pending for missing verification. The VCL is due March 27\textsuperscript{th}.

On March 25\textsuperscript{th}, the HH returned the requested verification. However, the verification is not processed, and FA is incorrectly denied.

On April 13\textsuperscript{th}, a HH member accepts a new job.

On April 14\textsuperscript{th} the customer reports and verifies the change of income.

On April 18\textsuperscript{th} FA is rescinded and the verification dated March 25\textsuperscript{th} is processed. In addition, the newly reported and verified income is also updated in the system.

Regular FA is approved, and benefits are issued for April & May.

Because CW allows adverse action for April & May, the HH’s CW benefits will discontinue effective May 31\textsuperscript{st} due to excess income.

The TFA look back period for this case is March and April.

Since EX FA benefit were issued for March and April, and regular FA benefit were issued for May, the household is eligible for TFA effective June 1\textsuperscript{st} onward.

<table>
<thead>
<tr>
<th>Application for FA and CW dated March 16\textsuperscript{th}</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX FA and CW are approved, and benefits issued for March &amp; April</td>
</tr>
<tr>
<td>Verification Returned on March 25\textsuperscript{th}</td>
</tr>
<tr>
<td>Change is Reported and Verified</td>
</tr>
<tr>
<td>FA is rescinded, case processed, and FA is approved</td>
</tr>
<tr>
<td>CW - Adverse Action</td>
</tr>
<tr>
<td>TFA Look Back Period</td>
</tr>
<tr>
<td>TFA Begin Date = June 1\textsuperscript{st}</td>
</tr>
</tbody>
</table>
**TFA Scenario 6**

In this last scenario, the agency receives a new application for FA and CW, dated September 16th.

Both EX FA and CW are approved, and benefits issued for September and October.

Regular FA remains pending for missing verification.

The requested verifications are not returned, and regular FA is denied.

On October 25th the customer accepts a new position.

On October 26th, the customer reports and verifies the change.

Because CW allows adverse action for November and December, the HH’s CW benefits will discontinue effective December 31st due to excess income.

The TFA look back period will include November and December.

Although the HH received EX FA benefit for September and October, the regular FA was denied for missing verification.  Because the HH’s regular FA benefits were denied, they are not eligible for TFA.

<table>
<thead>
<tr>
<th>Application for FA and CW dated September 16th</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX FA and CW are approved, and benefits are issued for September &amp; October</td>
</tr>
<tr>
<td>FA is denied, requested verification was not returned</td>
</tr>
<tr>
<td>Change is Reported and Verified</td>
</tr>
<tr>
<td>CW - Adverse Action</td>
</tr>
<tr>
<td>TFA Look Back Period</td>
</tr>
<tr>
<td>HH is not TFA eligible</td>
</tr>
</tbody>
</table>
Project 11787 CBMS Updates to ISM’s and Reduce AF Grant

Project Description

Project will create a new way to capture if a customer should have the ISM applied to them and reduce the Adult Financial (AF) grant by that amount.

Why the Change was Requested

For Adult Financial (AF) cases that require an In-Kind Support & Maintenance (ISM) to be entered for customers who are not paying their fair share of shelter, CBMS was not correctly capturing an ISM and users had to utilize a workaround solution.

Project Summary

This project will be implementing the Adult Financial ISM page in CBMS as a way of allowing CBMS users to apply an ISM on active or pending Adult Financial cases.

When addressing Adult Financial cases, the Adult Financial ISM page has been added to Interactive Interview (II) in CBMS.

As part of the II queue this page will allow workers to indicate if a customer should be charged the maximum ISM amount or a different amount.

The Adult Financial ISM page will not allow a user to enter, or apply an ISM that is higher than the current year’s maximum ISM amount.

If a user tries to enter an ISM amount that is higher than the maximum ISM amount the following error message will be received:

“Entered Amount cannot be greater than current full ISM Amount.”
The Adult Financial ISM page

1. Name: When entering an ISM on an AF case, select the head of household on a case.
2. ISM Summary: This data group will display ISM records that have been manually entered by a worker. These amounts will be either the maximum ISM amount or ISM amount that have been calculated by a worker.
   - For assistance in calculating an ISM, refer to the ISM Desk Aid for OAP and AND-CS Only desk aid available on traincolorado.com
   - The calculation used to determine an ISM amount has also been added to the Online Help page entry for this page.
3. ISM Detail: This data group is used to data enter an ISM on AF cases.
   A. Begin Date: This will be the date of when the ISM should be applied to an AF case.
   B. End date: This will be the date when an ISM should no longer persist on an AF case.
   C. Full ISM Amount Applied? If a user selects:
      I. “Yes” - the current maximum ISM amount will auto-populate in the ISM Amount Applied field. Once saved, the maximum ISM amount will display in the Maximum ISM amount data group.
      II. “No” - the ISM Amount Applied field will become required and a user will need to enter an ISM amount to apply. This will be saved into the ISM Summary data group.
   D. ISM Amount Applied: This will be enabled when Full ISM Amount Applied is set to No. In order to apply an ISM on a case, an eligibility worker will have to enter the ISM amount that has been calculated for the household.
4. Maximum ISM amount: This data group is for reference only. It will display the maximum allowable ISM as defined per rule and the dates that ISM amount is applicable. This data group is updated any time there is an increase or decrease to the maximum allowable ISM.
Austrian Social Insurance Payments

Following the implementation of this project, workers will no longer need to utilize Austrian Social Insurance Payments as a temporary solution to enter ISMs into CBMS. However, these Austrian Social Insurance Payments will need to be manually end-dated in order to not count an ISM charge twice. A one-time Excel report will be generated to identify open Adult Financial Cases that have an open record of “Austrian Social Insurance Payments”. Counties will need to review this report and apply an appropriate Effective End Date and utilize the new Adult Financial ISM page. The Excel report will not display any cases that have the income type of Austrian Social Insurance Payments with an Effective End Date already entered. If the Austrian Social Insurance Payments are not addressed, it may result in a potential ISM charge being counted twice.

Display Adult Financial Eligibility Results

When reviewing wrap up for AF, the Display Adult Financial Eligibility Results page will now include a new field labeled “Total ISM Amount.”

This field will display either the maximum ISM amount or calculated ISM amount that the household is being charged. The Total ISM Amount field will display the result of the ISM data that is entered on the Adult Financial ISM page. The Total ISM Amount field is located within the Net Income Test data group and highlighted in the screenshot below.
Training Modality

Web based training: Comprehensive training is available in web based training (WBT) modality. Visit TrainColorado.com for information on how to register. This build guide includes high-level information about the project.

Project 11816 MA Client Correspondence Verification Check List (VCL)

Project Description

Project will be making enhancements to the Verification Checklist (VCL) that applicants and recipients receive when they are missing verifications needed to process Eligibility.

This project will enhance the Verification Checklist template to be more understandable with clear plain language to inform the client of the information they need to provide and by a specific due date that is applicable to their program.

Why the Change was Requested

This project will make enhancements to the CBMS Wrap Up pages for Food Assistance (FA).

Project Summary

This project will make necessary changes to the layout and language for all VCLs (English and Spanish).

There will be only two VCLs both in English and Spanish (reduced from six):

- State Agency - HCPF and CDHS programs
- Mix Household - C4HCO with HCPF and/or CDHS programs

CBMS Updates

Verification Checklist Page

The System Notes section will increase in character limit. User can now can view all the item description text that will be printed on the new VCL.

System Notes section will contain system generated text descriptions for each VCL item.

The User Notes section will no longer have pre-populated text. CBMS Users should enter clarifying information about VCL Items into this section.

The information should be in plain language understood by all audiences. Do not use acronyms or terminology used by eligibility sites that customers may not be familiar with. Eligibility VCL for.

Training Modality

Web based training: Comprehensive training is available in web based training (WBT) modality. Visit TrainColorado.com for information on how to register.
This build guide includes high-level information about the project.

**Project 11822 CBMS Wrap Up Updates**

**Project Description**

Project will make updates to the CBMS Wrap Up pages for Food Assistance. These updates will help the CBMS worker in reviewing Wrap Up to understand how the system came up with the eligibility determination.

**Why the Change was Requested**

This project will make enhancements to the CBMS Wrap Up pages for Food Assistance (FA).

**Project Summary**

This build focuses on three different areas. The first, is a new pop-up message, that will appear on the **Display Eligibility Summary** screen. This new message will appear when a household’s (HH) countable expenses are higher than the total countable income.

Next, the five tabs on the **Display Food Assistance - Financial Eligibility** page will be combined into one page.

Lastly, an additional pop-up message will appear on the **Authorization Eligibility Program Benefit** page, for FA. The message will ask the user if they have reviewed the **Food Assistance Wrap Up Details**.

**Expenses exceed income**

The first change, a new pop-up message that will display when EDBC is ran on an FA case if the HH’s expenses exceed their income. This pop-up message will display when a user runs EDBC on a case that contains either Expedited Food Assistance (EX FA) or regular FA.

If the HH’s countable expenses are higher than the countable income, for at least one pay month in the given EDBC run, the pop-up message will appear. However, this message will not display if FA is denied or discontinued. Countable income is defined as the gross amount of all income types. All the while expenses include medical, child support, dependent care, and shelter (including the total utility and shelter expenses for the HH).

The new pop-up message will state, “Expenses/shelter are greater than the Income. Review household circumstances and document findings in case comments”.

October 2018 CBMS PEAK Build Guide
Version: 2.0
Release Date: October 2018
Display Food Assistance - Financial Eligibility screen

The second change will take place on the Display Food Assistance - Financial Eligibility screen in Wrap Up. The existing five tabs, Gross Income Test, Housing/Shelter, Adjusting Income, Budget, and Resources will all be combined into one single page. The new formatting will mirror that already used for the other High-Level Programs. Please note, all the same fields that are currently included on the five tabs, along with history, will be included on the new Display Food Assistance - Financial Eligibility page.

Reviewing Wrap Up

The third, and final change is an additional pop-up message that will appear on the Authorization Eligibility Program Benefit page. There will be no changes to who has access to authorize FA. However, every individual who can authorize FA, including supervisory authorization, will be required to answer either Yes or No on the pop-up messages.

The new pop-up message will appear when a user tries to select the Food Assistance checkbox.

The message will read, “I have reviewed the Food Assistance wrap up pages”.

☐ If Yes is selected on the first pop-up message, “I have reviewed the Food Assistance wrap up pages”, a second pop-up message will appear.

☐ The second pop-up message will state “I agree with the wrap up results”.

- CBMS -- Webpage Dialog
- Expenses/shelter are greater than the income. Review household circumstances and document findings in case comments
- OK
- CBMS -- Webpage Dialog
- I have reviewed the Food Assistance wrap up pages.
- Yes
- No

- CBMS -- Webpage Dialog
- Expenses/shelter are greater than the income. Review household circumstances and document findings in case comments
- OK
If the user selects Yes to the “I agree with the wrap up results”, a system generated case comments is added to the case.

**System Generated Case Comment**

Here is a glance of the new system generated case comment that will be added to Food Assistance cases when users select Yes on the “I agree with the wrap up results”, pop-up.

<table>
<thead>
<tr>
<th>Case Comment Type</th>
<th>Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Food Assistance</td>
</tr>
<tr>
<td>Case Comment</td>
<td><strong>User Name</strong> has attested that Income, Expenses and Household Comp have been calculated correctly in Wrap Up.</td>
</tr>
</tbody>
</table>

Once the user has selected Yes for both the “I have reviewed the Food Assistance wrap up pages” and the “I agree with the wrap up results” pop-up messages they will be able to authorize FA.

If the user selects No or closes the window by clicking on the X at the top right of the pop-up message “I have reviewed the Food Assistance wrap up pages”, the window will close, and a system generated case comment will be added to the case.
Please note, these comments are not the same as when a user selects Yes to this pop-up message. Instead, this system generated case comment will highlight that Income, Expenses, Shelter, and Household Composition have not been calculated correctly in Wrap Up.

<table>
<thead>
<tr>
<th>Case Comment Type</th>
<th>Program</th>
<th>Case Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization</td>
<td>Food Assistance</td>
<td><em>User Name</em> has attested that Income, Expenses and Household Comp have not been calculated correctly in Wrap Up. Please refer to additional Case Comments for details.</td>
</tr>
</tbody>
</table>

Once the pop-up message, “I have reviewed the Food Assistance wrap up pages” closes, the user will not be able to authorize the Food Assistance.

Users will be able to select the newly added **Initiate Wrap up** button.

This button will allow users to go back to wrap up and re-review details from the FA pages.

The new **Initiate Wrap up** will be added so that the user can go to wrap up to view necessary FA pages.
In addition, the names of four buttons on the bottom of the Authorization Eligibility Program Benefit page have been slightly modified. Rest assured, there have been no changes to their functionality.

- **Student Detail** button has been renamed - **Student Det.**
- **Supervisor Action** button has been abbreviated - **Sup. Action**
- **Special Payments** button has been shortened - **Spec. Payments**
- **Case Assignment** has been renamed - **Case Assign.**

**Training Modality**

Web based training - Comprehensive training is available in web based training (WBT) modality.

Visit TrainColorado.com for information on how to register. This build guide includes high-level information about the project.
Project 12062 - CBMS AND Modernization

Project Description

Project will make the necessary changes within CBMS to align with updated AND rules. Several changes to the AND program will be made as the result of an ad hoc work group that met over the summer of 2017.

The group recommended several changes to the AND program in an effort to make the program more effective and efficient and to improve the delivery of benefits to eligible customers.

As a result, there are several CBMS changes needed to ensure that these modified rules are aligned with CBMS.

Why the Change was Requested

Rule and CBMS changes for the Aid to the Needy Disabled - State Only (AND-SO) program have been made in order to improve the delivery of benefits to eligible customers. The changes in CBMS and in rule have been implemented to allow for eligibility workers to efficiently simplify the data entry of Med-9 forms, and effectively standardize the conditional approval process.

Project Summary

Starting November 1, 2018, customers will be allowed 60 days to apply for SSI with conditional eligibility/approval.

All follow-up AND applications will have 30 days to apply for SSI.

VCL will allow 30 days to return the Med-9 for intake cases.
Conditional Approval process

60-Day Conditional Approval

When an AND-SO applicant is potentially eligible but lacks proof of their application for SSI, benefits can be approved conditionally. For applications dated 11/01/2018 and forward, AND-SO applicants may be granted a one-time conditional approval of 60 days if initially applying.

This conditional approval is a once in a lifetime approval and expires after 60 days. To qualify for this one-time 60-day conditional approval AND-SO applicants must only be missing verification of their SSI application.

If the customer is missing other verification (Income, Resources, Disability, etc.) they will not receive this one-time 60-day conditional approval. CBMS will track if the customer has previously been conditionally approved for 60 days. When AND-SO benefits are conditionally approved for 60-days, a speed letter will be sent to the customer notifying them of the due date for their proof of SSI application. The verification due date in the speed letter will be set from the date the case is processed. This speed letter will only be sent to customers who are receiving the one-time 60-day conditional approval. The SSI Status button on the AND-SO Additional Information page will display the sent date and due date listed on the speed letter. This will be only for information purposes.

<table>
<thead>
<tr>
<th>Example 1: 60-Day Conditional Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Scenario:</strong></td>
</tr>
<tr>
<td>• A customer applies for AND-SO on 11/15/2018.</td>
</tr>
<tr>
<td>• They meet both the basic eligibility and disability requirements for AND-SO.</td>
</tr>
<tr>
<td>• The customer has not yet applied for SSI.</td>
</tr>
<tr>
<td><strong>On 11/15/2018, the eligibility worker:</strong></td>
</tr>
<tr>
<td>• Enters all information into CBMS.</td>
</tr>
<tr>
<td>• Runs EDBC online and CBMS will determine if the customer qualifies for AND-SO.</td>
</tr>
<tr>
<td><strong>During the EDBC run, CBMS will:</strong></td>
</tr>
<tr>
<td>• Detect that the customer is only missing proof of their SSI application</td>
</tr>
<tr>
<td>• Conditionally approve the customer for 60-days.</td>
</tr>
<tr>
<td>• Generate a speed letter that has a due date of 60-days.</td>
</tr>
<tr>
<td>• The due date will be 1/15/2019.</td>
</tr>
<tr>
<td>• (60-days from the date of when the case is processed.)</td>
</tr>
<tr>
<td><strong>If the client provides proof of SSI application:</strong></td>
</tr>
<tr>
<td>• If acceptable verification is received, the customer will remain eligible for AND-SO until RRR.</td>
</tr>
<tr>
<td>• If the verification is received before the due date, the 60-day conditional approval is considered exhausted as of 1/31/2019.</td>
</tr>
<tr>
<td><strong>If the client does not provide proof of SSI application:</strong></td>
</tr>
<tr>
<td>• The customer will exhaust their conditional approval as of 1/31/2019.</td>
</tr>
<tr>
<td>• The case will be discontinued as of 2/01/2019.</td>
</tr>
</tbody>
</table>
30-Day Verification Checklist (VCL)

When an AND-SO applicant has exhausted their one-time 60-day conditional approval and submits a new request for AND-SO, the case will remain pending for a 30-days. For applications dated 11/01/2018 and later, CBMS will generate a Verification Checklist (VCL) with a due date of 30-days for proof of SSI.

This VCL is generated for all AND-SO requests after the customer has exhausted their one-time 60-day conditional approval. While the customer may be given 30 days to provide the verification of an SSI application.

If the customer is missing other verification (Income, Resources, etc.) CBMS will continue to utilize existing VCL timelines for other verifications. This may result in a VCL with multiple due dates if multiple items are being requested from the customer.

As a reminder, CBMS will track if the customer has previously been conditionally approved for 60 days.

<table>
<thead>
<tr>
<th>Example 2: 30-Day VCL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Scenario</strong></td>
</tr>
<tr>
<td>● The customer previously applied 11/15/2018 for AND-SO and received the one-time 60-day conditional approval.</td>
</tr>
<tr>
<td>● The customer did not provide verification of their application for SSI.</td>
</tr>
<tr>
<td>● The case was discontinued as of 02/01/2019.</td>
</tr>
<tr>
<td>● The customer submits a new AND-SO application on 02/15/2019.</td>
</tr>
<tr>
<td>● They meet the basic eligibility and disability requirements for AND-SO.</td>
</tr>
<tr>
<td>● The customer has not yet applied for SSI.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>On 02/15/2019, the eligibility worker:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Enters all information into CBMS.</td>
</tr>
<tr>
<td>● Enters on the SSI Details page that the customer Has Not Applied.</td>
</tr>
<tr>
<td>● Runs EDBC online and CBMS will determine if the customer qualifies for AND-SO.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>During the EDBC run, CBMS will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● CBMS will generate a VCL for Proof of SSI Application.</td>
</tr>
<tr>
<td>● The VCL due date will be 03/15/2019.</td>
</tr>
<tr>
<td>(30 days from the date of when the case is being processed.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the client provides proof of SSI application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● If acceptable verification is received before the due date, the customer will be approved for AND-SO until RRR.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the client does not provide proof of SSI application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● The case will be denied for failure to provide proof of SSI application.</td>
</tr>
</tbody>
</table>
Conditional Approval Process (Flowchart):

Customer Submits An AND-SO Application

Is the Customer Requesting AND-SO For The First Time After The Build?

If Yes, then continue in this column.  
If No, then continue in this column

If the Customer Is Only Missing Proof Of SSI Application...

Customer may receive the one-time 60-day conditional approval.  
Customer may receive the 30-day period to provide verification, case will remain pending.

CBMS Will...

Approve AND-SO for 60-days  
A Speed Letter is sent with a 60-day due date  
Leave AND-SO pending for 30-days  
A VCL is sent with a 30-day due date

If the Customer Provides The Verification...

Case will remain approved

If the Customer Does Not Provide The Verification...

Case will be discontinued following the due date of the VCL
Updates to the Med-9 form

The Med-9 form has been redesigned in order to simplify the completion of the form and align to rule updates. Effective 09/01/2018, any Med-9 forms scheduled to be sent out by CBMS will be suppressed.

The Employment and Benefits Division (EBD) will be manually mailing out Med-9 forms for customers with an RRR due in November and December.

For applications dated 11/01/2018 or later, when pending an AND-SO case for a Med-9 form the customer will now be given 30 calendar days to provide the missing verification.

CBMS will generate a VCL with a due date of 30 day for this missing verification.

New Med-9 Form

Following the implementation of this project, eligibility workers will no longer have to complete the Residual Functional Capacity Scoring Matrix (RFSCM) on the Med-9 Form.

The RFCSM will no longer be required for applications dated 11/01/2018, or later. For RRRs due in October or later, the RFCSM will no longer be required.

With this project, the Med-9 Form has been updated and is outlined below:

The front sheet of the Med-9 form is a cover letter that outlines the purpose of the form to both the customer and the medical provider.

These instructions are intended to reduce both client and medial provider confusion and to identify the eligibility purposes of the form:
Med-9 Instructions for the Client

<table>
<thead>
<tr>
<th>Important Information</th>
<th>What We Are Asking You To Do?</th>
</tr>
</thead>
</table>
| You need a medical examination to determine your ongoing eligibility for Aid to the Needy Disabled (AND). | 1. Make an appointment with a medical provider.  
2. Ask the medical provider to:  
   a. Read the instructions below; and  
   b. Complete all of the gray sections on the Med-9 form. |
| You need to get the attached Med-9 form completed by a medical provider and then return it to your county office no later than the redetermination due date. | 3. Return the completed Med-9 form to your county office by the due date. You can do this in person, through email, by fax, by mail or online through your PEAK account. |

Med-9 Instructions for the Medical Provider* (Please Read)

<table>
<thead>
<tr>
<th>Important Information</th>
<th>What We Are Asking The Medical Provider To Do?</th>
</tr>
</thead>
</table>
| This client has applied for Aid to the Needy Disabled (AND). AND provides a monthly payment to individuals that cannot maintain gainful employment due to a disability. | 1. Evaluate the client’s disability  
2. Complete all of the gray sections on the Med-9 form  
   a. Check only one disability level box  
   b. Your signature, provider type, name, address, phone number, license number, the state issuing your license and date of exam. |
| In order to qualify, a medical provider must certify the applicant’s disability by filling out the attached Med-9 form based on an assessment of the applicant’s medical condition. | 3. Return the completed form to the client and you may send a copy to the county department to assist the process. You can obtain the county’s fax number by visiting: https://www.colorado.gov/pacific/cdhs/contact-your-county  
   a. The client’s county of residence is located on the Med-9 form  
   b. On the website above, select the corresponding county to locate the county fax number. |
| The words “total disability” on the Med-9 form are derived from regulations. They are not intended to reflect medical prognosis terminology. |  
| The county Human Services office and CDHS will consider your medical opinion expressed on the form. |

*Acceptable Medical Providers are: Colorado licensed physician (general practitioner or specialist), psychologist, physician’s assistant, an advanced practice nurse, or a registered nurse. Medical certification for blindness shall be completed only by an ophthalmologist licensed in Colorado.
The back sheet of this page is primarily completed by the medical professional that is providing the disability information for the customer. Important updates to this page are outlined below:

**Colorado Department of Human Services**

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Phone</td>
<td>Zip Code</td>
</tr>
<tr>
<td>City</td>
<td>County</td>
<td>Effective Date</td>
</tr>
</tbody>
</table>

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:
- Physician*
- Physician’s Assistant*
- Licensed Psychologist*
- Advanced Practice Nurse*
- Registered Nurse*
- Licensed Clinical Social Worker*
- Licensed Professional Counselor*
- *If Specialized, list your specialty: __________

Medical Professional Signature

Printed Name

License Number

State

Date of Exam

Provider Address

Provider Phone

Please select the individual’s diagnosis(es):
- Respiratory disorders
- Cardiovascular disorders
- Digestive disorders
- Genitourinary disorders
- Hematological disorders
- Congenital disorders
- Neurological disorders
- Cancer
- Immune System disorders
- Vision, Hearing, or Speech disorders
- Musculoskeletal disorders
- Mental or Cognitive disorders
- Other (please define):

Use this space to write any specific diagnoses or relevant factors to the disorder type diagnosis selected on the left.

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.

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.

   Please identify the social factors preventing the individual from employment:
   - Age
   - Training
   - Experience
   - Social Setting
   - Other/Additional: __________

3. This individual does not have a total physical or mental disability/diagnosis(es) that is expected to last 5 months.

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 treatment by the Office of Behavioral Health and will be expected to work once treatment is complete.)

**SECTION 1**

**SECTION 2**

**SECTION 3**
Section 1: Medical Professional Information: The medical professional completing the Med-9 will complete this section of the form. The name of the medical professional, the name of the medical facility and type of medical professional will be captured in CBMS.

- Which medical professionals can complete this form? This form may be completed by the following:
  - Physicians
  - Licensed Psychologists
  - Registered Nurses
  - Physician’s Assistant
  - Advance Practice Nurses
  - Licensed Professional Counselors
  - Licensed Clinical Social Worker

Section 2: Individual Disability Information: The medical professional completes this section to identify the customer’s qualified disability.

Section 3: Disability Level Information: The medical professional completes this section to identify the length of the customer’s disability, if they are not considered disabled or if other requirements apply to their disability.

1. Disability Level 1 (Option 12 Months or Longer): When selected by the medical professional, the customer’s disability is expected to last at minimum 12 months.
2. Disability Level 2 (Option 6 to 12 months): When selected by the medical professional, the customer’s disability ranges between 6 to 12 months, however there are social factors that may prevent the customer from gaining employment. The medical professional will identify the length of the customer’s disability and the social factors.
3. Disability Level 3 (Option Not Disabled): When selected by the medical professional, the customer does not meet the disability requirements for AND-SO.
4. Disability Level 4 (Option ADAD Diagnosis): When selected by the medical professional, the customer’s disability diagnosis will be related to Alcoholism or Controlled Substance Addiction. This will come with additional requirements for the customer.
**Medical Conditions Page**

On the current Medical Conditions page, the RFCSM Score field will become disabled once this project is implemented. For existing records that have an RFCSM entered, CBMS will continue to use this field to determine eligibility for active cases.

The Work Limitation drop down menu will have the following options disabled for new records on the Medical Conditions page:

- No work Cap 6 to 9 months
- No work Cap 9 to 12 months
- Made Work Only

New function will be tied to the Work Limitation drop-down menu following the implementation of this project. When an eligibility worker selects an option in the Work Limitation drop down menu, the AF Re-Exam field will auto populate with the correct re-examination date. The AF Re-Exam date will default to the last day of the month based on the length of the customer’s disability. This will also set the certification period for AND-SO. The AF Re-Exam date will be aligned to the option selected in the Work Limitation drop down menu.

<table>
<thead>
<tr>
<th>Under the Work Limitation drop down menu, if you select...</th>
<th>The AF Re-exam date will be...</th>
<th>When does the count start?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled - Matrix Reverse</td>
<td>12 months</td>
<td>During Intake and Ongoing mode: the count will start with the month of the exam.</td>
</tr>
<tr>
<td>Meets State Blindness Criteria</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>No Work Cap 6 months</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>No Work Cap 7 months</td>
<td>7 months</td>
<td></td>
</tr>
<tr>
<td>No Work Cap 8 months</td>
<td>8 months</td>
<td></td>
</tr>
<tr>
<td>No Work Cap 9 months</td>
<td>9 months</td>
<td></td>
</tr>
<tr>
<td>No Work Cap 10 months</td>
<td>10 months</td>
<td></td>
</tr>
<tr>
<td>No Work Cap 11 months</td>
<td>11 months</td>
<td></td>
</tr>
<tr>
<td>No Work Cap 12 months</td>
<td>12 months</td>
<td></td>
</tr>
</tbody>
</table>

As a result of the Med-9 form being updated, the Medical Conditions page will include several new fields that will align to the form updates. For AND-SO RRRs due after October 2018 if the new fields on the Medical Conditions page are not addressed, CBMS will pend the case for the following reason: “Data Is Not Complete On Medical Conditions Page.”
New Fields on the Medical Conditions Page:

Below is an explanation of the new fields introduced on the Medical Conditions page. Need assistance in data entering a Med-9 onto the Medical Conditions page? Refer to the “Entering a Completed Med-9 into CBMS” process manual. The process manual will be available in the document library on TrainColorado.com.

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to Work</td>
<td></td>
</tr>
<tr>
<td>Disability Type</td>
<td></td>
</tr>
<tr>
<td>Begin Date</td>
<td>Effective Begin Date</td>
</tr>
<tr>
<td>Effective End Date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Begin Date</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Effective End Date</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>EDD Verification</td>
<td></td>
</tr>
<tr>
<td>EDD Source</td>
<td></td>
</tr>
<tr>
<td>Ability to Work</td>
<td>Yes</td>
</tr>
<tr>
<td>Begin Date</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Qualifying Disability</td>
<td></td>
</tr>
<tr>
<td>Notes For Qualifying Disability</td>
<td></td>
</tr>
<tr>
<td>Disability Type</td>
<td></td>
</tr>
<tr>
<td>Percent of Disability</td>
<td></td>
</tr>
<tr>
<td>RFC SM Score</td>
<td></td>
</tr>
<tr>
<td>Notes for Social Factors</td>
<td></td>
</tr>
<tr>
<td>Current Size</td>
<td>0 characters (100 characters max.)</td>
</tr>
<tr>
<td>Social Factors</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Restriction</td>
<td></td>
</tr>
<tr>
<td>Exam Date</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>AF Re-Exam Date</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Social Factors</td>
<td></td>
</tr>
<tr>
<td>Work Limitation</td>
<td></td>
</tr>
<tr>
<td>Work Experience</td>
<td></td>
</tr>
<tr>
<td>Verification</td>
<td></td>
</tr>
<tr>
<td>Source</td>
<td></td>
</tr>
<tr>
<td>Physician Details</td>
<td></td>
</tr>
<tr>
<td>Name of the Physician</td>
<td></td>
</tr>
<tr>
<td>Name of their Practice/Facility</td>
<td></td>
</tr>
<tr>
<td>Type of Provider</td>
<td></td>
</tr>
<tr>
<td>Date Reported</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>Date Verified</td>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>
1. **Disability Indicator:** This field will be used to indicate if the Customer’s disability is expected to last 12 months or longer, less than 12 months, if their primary diagnosis is Alcoholism and/or Controlled Substance abuse, or if the customer’s is not disabled.

2. **Notes for Qualifying Disability:** This freeform text box becomes required when the Qualifying Disability field is set to “Other”. This information will be populated with what is listed on the Med-9 form.

3. **Social Factors:** This field will capture what the medical professional has determined to be a barrier from the customer gaining employment. This information will be gathered from what is listed on the Med-9 form.

4. **Notes For Social Factors:** This freeform text box become required when “Other” is entered in the Social Factors field. This information is gathered from what is listed on the Med-9 form.

5. **Exam Date:** Enter the date of the customer’s Med-9 exam. This is listed on the Med-9 form.

6. **Physician Details (Data Group):** Eligibility workers will now be able to enter the Name of both the medical professional and the facility that completed the Med-9 form. Eligibility workers will select the Type of Provider that completed the form.

---

**Transitioning to new Med-9 form and updated Medical Conditions Page**

Since the current Med-9 forms have been suppressed for AND-SO RRRs due in November and December, some intervention may be required on AND-SO cases.

- From 09/1/2018 until 10/14/2018, if a VCL is sent to a customer requesting a Med-9, the county will need to manually mail the correct Med-9 to the customer. This will be the version with the (RFCSM) Matrix.

- After 10/14 the new Med-9 will need to be sent to the customer. The new Med-9 form will be sent out to all counties from the EBD inbox.

- Once the October build is implemented, if an old Med-9 is received, the matrix should be completed by the county department and the score should be entered in the new ‘Notes for Social Factors’ field. A detailed case comment must also be entered.
  - If the RFCSM score is 14 or higher the customer will have met the disability criteria.
  - If the RFCSM score is 13 or lower, the county worker should enter the “Able to Work” field as “Yes” and the case will deny for not meeting the disability criteria.

---

**Training Modality**

**Web based training:** Comprehensive training is available in web based training (WBT) modality. Visit TrainColorado.com for information on how to register. This build guide includes high-level information about the project.
Video

Project 11757 CBMS Updates to “In Home” and “Colorado Resident” Logic for CW and AF.

Project Description

Project will make updates to the “In Home” and “Colorado Resident” logic for Colorado Works and Adult Financial for sponsors and spouses.

Why the Change was Requested

These changes will allow users to complete their data entry based on their customer’s circumstances and receive accurate eligibility results for both Colorado Works (CW) and Adult Financial (AF).

In addition, these changes will reduce:
- Incorrectly generated Verification Checklists
- Payment errors
- Claims
- Customer calls
- Customer confusion

Project Summary

Effective November 1st, 2018, CW cases will correctly request verification for required household (HH) members who do not live in Colorado. In addition, the system will correctly deem the income of the required HH member(s) living outside of Colorado when determining the HH’s benefit amount.

In addition, AF, will no longer pend a customer’s case for additional verifications when the drop-down option of Legally Separated is selected. Prior to this build, if Legally Separated was used when completing the data entry for a Customer’s marital status, CBMS treated the customer as if they were married – sometimes creating incorrect requests for additional information. However, with this build, CBMS will no longer request additional verifications and the customer will be treated the same as if they were divorced.

Adult Financial will also deem spouses’ income and resources, even if they are marked as in the home “no”. After this build, if the spouse of an AF customer is identified as NOT in the home, the spouse will be treated the same as if they were listed in the home YES or in the home NO with Temporary Absence as Yes. This update will ensure a spouse’s income and resources are correctly deemed when determining eligibility for AF.

Income and resources will continue to be deemed, regardless of whether a sponsor or sponsors spouse is a resident of Colorado for AF and CW. Please note, that with this build there will be no changes made to the hardship rules, or the way income and resources of a sponsor and or spouse are deemed when determining eligibility for cash assistance programs.
Scenarios

CW Scenario for a New Application

Prior to this build, if a sponsor was identified as not being a Colorado resident, he or she was incorrectly excluded when eligibility was determined for the CW customers. Let’s review a scenario of how this build will impact new applications for CW.

In this example, the Customer applies for Colorado Works on October 24th, 2018.

The household include Mom, Dad and 1 common child and Mom is a Legal Permanent Resident (LPR) and has been for the past 7 years.

Mom’s sister, who is her sponsor, lives in Nevada and works part time and earns $1000 a month gross. The HH reports no other income.

<table>
<thead>
<tr>
<th>10/24/2018</th>
<th>New Application for CW</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH Comp</td>
<td>Mom, Dad and Child</td>
</tr>
<tr>
<td></td>
<td>Mom is an LPR</td>
</tr>
<tr>
<td>Sponsor</td>
<td>Does not live in Colorado</td>
</tr>
<tr>
<td></td>
<td>Monthly income of $1000</td>
</tr>
</tbody>
</table>

When running EDBC on this case, end users will see different results for the first two months. The first month, October 2018, will be approved.

CBMS will exclude Mom’s sponsor for not being a Colorado resident and will approve CW. However, for the month of November the HH is denied.

Mom’s sponsor, and income are correctly deemed to the case, thus resulting in a denial for over income. An earned income disregard is allowed to sponsor - the disregard is either 20% of $175, whichever is less. For this scenario, we will allow the $175 disregard.

Next, subtract $175 from the total income, $1000 equaling $825. Lastly, we compare the countable income of $825 to the Need Standard (NS) for a HH size of 2 adults and 1 child, which is $439.00.

The sponsors countable income of $825.00 exceeds the NS - thus denying the household for the month of November.

Please note that with this build, there are no changes to the hardship rules when working with customers who have sponsors.

<table>
<thead>
<tr>
<th>10/24/2018</th>
<th>New Application for CW</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>HH is approved</td>
</tr>
<tr>
<td></td>
<td>Sponsor is excluded</td>
</tr>
<tr>
<td>November</td>
<td>HH is denied</td>
</tr>
<tr>
<td></td>
<td>Sponsor’s income is deemed to the HH</td>
</tr>
<tr>
<td>Deemed Income</td>
<td>$1000 - $175 = $825</td>
</tr>
<tr>
<td></td>
<td>$825 is over the Need Standard of $439</td>
</tr>
</tbody>
</table>
**CW Scenario for an Ongoing Case**

Now, in this example Mom, Dad and their 1 common child are actively receiving CW, this is an ongoing case. Mom is a LPR and has been for the past 7 years.

Mom’s sister, who is her sponsor, works part time and earns $1000 monthly. She does not live in Colorado. The HH reports no other income.

On 10/29/2018 EDBC is re-ran on the case.

<table>
<thead>
<tr>
<th>Ongoing CW case</th>
</tr>
</thead>
</table>
| HH Comp         | ● Mom, Dad and Child  
                  | ● Mom is an LPR       |
| Sponsor         | ● Does not live in Colorado   |
|                 | ● Monthly income of $1000    |
| EDBC            | ● EDBC is re-run on 10/29/2018 |

The month of October 2018, was already approved. This was because CBMS excluded Mom’s sponsor, for not being a Colorado resident. However, for the month of November the HH will be denied. Mom’s sponsor, and income will be deemed to the HH - resulting in a denial for being over income.

An earned income disregard is allowed to sponsor - the disregard is either 20% of $175, whichever is less. For this scenario, we will allow the $175 disregard. Next, subtract $175 from the total income of $1000, equaling $825. Lastly, we compare the countable income of $825 to the NS for a HH size of 2 adults and 1 child of $439.00. The sponsors countable income of $825.00 exceeds the NS - thus denying the household for the month of November onwards.

<table>
<thead>
<tr>
<th>10/29/2018</th>
<th>Ongoing CW case</th>
</tr>
</thead>
</table>
| October             | ● HH is approved  
                     | ● Sponsor is excluded |
| November            | ● HH is denied   
                     | ● Sponsor’s income is deemed to the HH |
| Deemed Income       | ● $1000 - $175 = $825  
                     | ● $825 is over the Need Standard of $439 |

**Training Modality**

**Video** - Training for this project will be delivered in a short video.

Visit TrainColorado.com for information on how to review this training video. This build guide includes high-level information about the project.
Project 11786 Colorado Works and Need Standard Adjustments

Project Description
This project will allow updates to the Basic Case Assistance (BCA) grant amounts easier in CBMS.

Why the Change was Requested
The increase to the Colorado Works benefit amount will allow customers access to additional financial supports.

Project Summary
The BCA grant standards, also referred to as the benefit amount, increased effective April 1, 2018.

The last change to the Colorado TANF standards last occurred January 1, 2009.

This increase in the benefits amounts will provide additional financial supports to our Colorado Works customers, helping to reduce barriers.

However, with this build there are no changes to the Need Standard (NS), or commonly referred to as the income limits for BCA.

Below is the updated Colorado Works Standard of Assistance Chart, effective April 1, 2018.

Remember the Grant Amount has changed, there are no updates at this time to the Need Standards.
### Grant Standards Chart

Grant Standards Chart Effective September 1, 2018

<table>
<thead>
<tr>
<th>Number of Dependent Children</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Each Add.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Specified Caretaker</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need Standard</td>
<td>0</td>
<td>117</td>
<td>245</td>
<td>368</td>
<td>490</td>
<td>587</td>
<td>678</td>
<td>755</td>
<td>830</td>
<td>904</td>
<td>977</td>
<td>67</td>
</tr>
<tr>
<td>Grant Amount</td>
<td>0</td>
<td>141</td>
<td>296</td>
<td>444</td>
<td>593</td>
<td>711</td>
<td>821</td>
<td>915</td>
<td>1004</td>
<td>1095</td>
<td>1195</td>
<td>74</td>
</tr>
<tr>
<td><strong>One Specified Caretaker</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need Standard</td>
<td>253</td>
<td>331</td>
<td>421</td>
<td>510</td>
<td>650</td>
<td>697</td>
<td>770</td>
<td>844</td>
<td>920</td>
<td>992</td>
<td>1065</td>
<td>67</td>
</tr>
<tr>
<td>Grant Amount</td>
<td>306</td>
<td>400</td>
<td>508</td>
<td>617</td>
<td>732</td>
<td>844</td>
<td>932</td>
<td>1022</td>
<td>1113</td>
<td>1201</td>
<td>1289</td>
<td>74</td>
</tr>
<tr>
<td><strong>Two Specified Caretakers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need Standard</td>
<td>357</td>
<td>439</td>
<td>533</td>
<td>628</td>
<td>716</td>
<td>787</td>
<td>861</td>
<td>937</td>
<td>1009</td>
<td>1082</td>
<td>1155</td>
<td>67</td>
</tr>
<tr>
<td>Grant Amount</td>
<td>431</td>
<td>531</td>
<td>645</td>
<td>760</td>
<td>866</td>
<td>952</td>
<td>1042</td>
<td>1135</td>
<td>1222</td>
<td>1309</td>
<td>1398</td>
<td>74</td>
</tr>
</tbody>
</table>

### Scenarios

**Scenario 1**

Prior to this build a 1 Adult and 1 Child household with zero income would receive a max benefit amount of $364.00.

Effective April 1, 2018 this same family would be eligible to receive $439.00 in BCA.

### Training Modality
Video: Training for this project will be delivered in a short video. Visit TrainColorado.com for information on how to review this training video.

This build guide includes high-level information about the project.

Project 12196 MA - Receive the Medicare Beneficiary Identifier (MBI) from InterChange

Project Description
This project will modify one of the files exchanged between the interChange (billing system) and the Colorado Benefits Management System (CBMS) to start including the Medicare Beneficiary Identifier (MBI) which replaces the social security number on Medicare cards.

Why the Change was Requested
The purpose of this project is for CBMS to be able to receive the MBI from the interChange and display this number in CBMS and back to members in PEAK when they are assigned the number from CMS.

Project Summary
CBMS will now have the ability to accept/receive the MBI from CMS via the interChange.

The client will still be able to provide their MBI in PEAK and directly to the county/eligibility site for entry as implemented with Project 11646 (March 2018).

Reminder that the MBI should be treated the same as any other Protected Health Information (PHI), Personally Identifiable Information (PII) or confidential information and handled as such in accordance with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules.

The weekly file received by CBMS from the interChange will now include the MBI from CMS. CBMS will use the State ID in the file to locate the Client ID.

If there is an existing MBI record within the Medicare Expense page for the Client ID, the record may be updated.

If there is no record, a new record will be created.

This is an automated update process that does not require user action.
Scenarios

The scenarios below will illustrate four examples of what to expect when the interChange file is uploaded into CBMS, which contain the MBI.

<table>
<thead>
<tr>
<th>Example 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Client does not</strong> have data entered on the Medicare Expense page.</td>
</tr>
</tbody>
</table>

| Step 1 | **The interChange file is received and has a Medicare Beneficiary ID (MBI) for the Client.** |
| Step 2 | An automatic system search will be done to match the State ID with the Client ID to verify the MBI is for the correct Client. |
| Step 3 | When the search identifies a match but there is no Medicare Expense page record, a record will be created. |

**Results:** A new Medicare Expense page record will be created and the Medicare Beneficiary ID field will be populated with the MBI from the interChange file. The Effective Begin Date populated for this record will be the date CBMS receives the file.
### Example 2

The Client **does** have data entered on the Medicare Expense page, but **does not** have a Medicare Beneficiary (MBI) entered.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>The interChange file is received and has a Medicare Beneficiary ID (MBI) for the Client.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>An automatic system search will be done to match the State ID with the Client ID to verify the MBI is for the correct Client.</td>
</tr>
<tr>
<td>Step 3</td>
<td>When the search identifies a match and a Medicare Expense page record exists, but the Medicare Beneficiary ID field is blank, the existing record will be updated.</td>
</tr>
</tbody>
</table>

**Results:** The existing Medicare Expense page record will be updated to populate the Medicare Beneficiary ID field with the MBI from the interChange file.

### Example 3

The Client **does** have data entered on the Medicare Expense page and **does** have a Medicare Beneficiary (MBI) entered.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>The interChange file is received and has a Medicare Beneficiary ID (MBI) for the Client.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2</td>
<td>An automatic system search will be done to match the State ID with the Client ID to verify the MBI is for the correct Client.</td>
</tr>
<tr>
<td>Step 3</td>
<td>When the search identifies a match and a Medicare Expense page record exists, but the Medicare Beneficiary ID field is not blank, another match process will occur.</td>
</tr>
<tr>
<td>Step 4</td>
<td>If the MBI received from the file <strong>does not</strong> match the current MBI entered, the existing record <strong>will be</strong> updated.</td>
</tr>
</tbody>
</table>

**Results:** The existing Medicare Expense page record will be updated to populate the Medicare Beneficiary ID field with the MBI from the interChange file.
Example 4

The Client does have data entered on the Medicare Expense page and does have a Medicare Beneficiary (MBI) entered.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>The interChange file is received and has a Medicare Beneficiary ID (MBI) for the Client.</td>
</tr>
<tr>
<td>Step 2</td>
<td>An automatic system search will be done to match the State ID with the Client ID to verify the MBI is for the correct Client.</td>
</tr>
<tr>
<td>Step 3</td>
<td>When the search identifies a match and a Medicare Expense page record exists, but the Medicare Beneficiary ID field is not blank, another match process will occur.</td>
</tr>
<tr>
<td>Step 4</td>
<td>If the MBI received from the file does match the current MBI entered, the existing record will not be updated.</td>
</tr>
</tbody>
</table>

Results: The existing Medicare Expense page record will not be updated to populate the Medicare Beneficiary ID field with the MBI from the interChange file.

Training Modality

Video - Training for this project will be delivered in a short video.

Visit TrainColorado.com for information on how to review this training video.

This build guide includes high-level information about the project.
Build Guide Only

Project 11805 CBMS Ancillary Members and HOH Logic Updates for CW

Project Description

Project will update the ancillary member logic used for AF and CW cases.

Why the Change was Requested

This project is disabling the Ancillary Member fields on the Case Individual page, for Colorado Works (CW), however, will still be selectable for all other programs. The system will now rely on the data entry completed in the Requesting Assistance and In Home fields included on the Case Individual page in combination with the relationships selected on the Household Relationships Details. CBMS will then determine which customers are required members of the Assistance Unit (AU) and which customers are excluded.

Additionally, this build will make changes to ensure the Head of Household (HOH) receives correspondences concerning their case, even if they are not included in the AU. Meanwhile, CBMS will no longer create Verification Checklists (VCL) for excluded customers, including customers who are no longer in the home or part of the AU, regardless of their relationship.

Please note: On 11/1/2018 a mass update will run and will clear both Yes and No selections for the Ancillary Member question for all CW cases. Users will need to review the MUE Report as this update may add members to the AU and they may be Work Ford Development (WFD) required referrals. If additional action is required, Regional Representatives will contact your County department directly.
**Scenarios**

**Excluded HOH**

Grandpa and Grandma have an active CW case for their grandchild. Grandpa is the HOH and is marked as **No** for **Requesting Assistance**. Grandma is also marked as not requesting assistance, however, she is identified as **Exercises the Responsibility for** their grandchild on the **Household Relationships Details** page. Although Grandpa is excluded from the AU, he is listed as the HOH and will receive all appropriate correspondences, including VCLs, related to the case.

**Excluded Parent**

Mom, Son and Grandmother are all on the case. Mom is the HOH and is marked as **No** for **Requesting Assistance**. Grandmother is not requested assistance, she is **In Home - Yes**, and is identified as **Exercises the Responsibility for** Son. A VCL is created for Mom for unearned income. However, the VCL will not pend the CW case. Mom is determined excluded from the AU since Grandmother is exercising responsibility over the child. Excluded parents, even if they are in the home, will not be sent a VCL requesting additional information for CW.

**Excluded Individuals**

Mom, Dad, and Daughter were all on a case together. Mom and Child are now reapplying for CW. Dad is no longer in the home and has his own case. Information for Dad is updated to reflect **In Home as No** on the **Case Individual** page. Dad’s case is pending for proof of earned income. When EDBC is ran on Mom’s case, Dad is identified as an excluded member from the AU and a VCL will not be created for Dad’s income.

Another scenario may include a Dad is applying for CW for himself and his son. Previously his daughter was on the case, however, she has since moved out and is applying for assistance on her own. Information for the daughter is updated to reflect **In Home as No** on the **Case Individual** page. The daughter’s case is currently pending for proof of pregnancy. When EDBC is ran on Dad’s case, Daughter is identified as an excluded member from the AU and a VCL will not be created for her proof of pregnancy.

**Non-Common Child(ren)**

Mom has a child from a previous relationship. Dad has a child from a previous relationship. Mom and Dad are married and have applied for CW. When EDBC is ran for this case it will approve payment for 2 parents and 2 children. Both parents will be required referrals to WFD. These households will be paid as a Two Parent household and will not be included in the Federal Work Participation Rate (FWPR).

**Training Modality**

**CBMS Build Guide only.** This Project Guide includes all the information about the change. This project will not be delivered live during the build webinar.
**Project 12147 CBMS FA Alimony Expense Updates**

**Project Description**

Updates are needed for Food Assistance (FA) to ensure that Alimony payments are an ongoing allowable expense.

**Why the Change was Requested**

To communicate to end users that when entering a verified alimony expense, CBMS will now allow the expense to count on an on-going basis as long as it is verified and has an open record. Current functionality only allows the expense to count for one month.

**Project Summary**

Food Assistance functionality will be modified to allow Alimony payments to count as an allowable expense for future months, when determining eligibility. This expense will now count for future months until the record is Effective End Dated.

On current cases, the alimony expense will not count unless there is a change to the case and EDBC has to be run. The case will run back to the application date. A restoration could be generated for the previous month when there is an open and verified Alimony record.

The Alimony payment types are Alimony Arrears, Alimony Current and Alimony Direct. The Alimony record is on the Child Spousal Expense page.
**Scenarios**

The scenarios below will illustrate four examples of what to expect when an applicant has an Alimony expense.

### Example 1

An individual submits a FA application that was received and processed on October 29, 2018.

The application is data entered into CBMS with a verified Alimony expense that has an Effective Begin Date of October 2018.

The case runs for the months of October 2018, November 2018 and December 2018.

**Results**

Food Assistance will use the Alimony expense to determine the Food Assistance Benefit Allotment for October 2018 forward. FA use month is set to 10/2018.

### Example 2

An individual submitted a Food Assistance application that was received and processed on November 1, 2018.

A verified Alimony expense record is data entered for $100 with an Effective Begin Date 11/01/2018.

Case runs for the months of November 2018 and December 2018. FA use month will be set 11/2018.

**Results**

On 01/29/2019 a verified Alimony Expense record is data entered for $150 with an Effective Begin Date of 01/29/2019, reported and verified the same day.

Food Assistance will use the new Alimony Expense amount of $150 that was entered on 01/29/2019 to determine the Food Assistance Benefit Allotment for February 2019 forward. FA use month will be set to 02/2019.
Example 3

Before this project: An Ongoing Food Assistance case (FA Approved 05/01/2018) with a verified Alimony payment that has an open record.

Food Assistance used the Alimony expense to determine the Food Assistance Benefit Allotment for 05/2018 only.

FA Use Month was set to 05/2018 when the Alimony record was created.

<table>
<thead>
<tr>
<th>Date</th>
<th>Alimony Expenses use to determine Food Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/2018</td>
<td>Alimony Expenses use to determine Food Assistance</td>
</tr>
<tr>
<td>06/2018</td>
<td>No Alimony Expense used to determine Food Assistance</td>
</tr>
<tr>
<td>07/2018</td>
<td>No Alimony Expense used to determine Food Assistance</td>
</tr>
<tr>
<td>08/2018</td>
<td>No Alimony Expense used to determine Food Assistance</td>
</tr>
<tr>
<td>09/2018</td>
<td>No Alimony Expense used to determine Food Assistance</td>
</tr>
<tr>
<td>10/2018</td>
<td>No Alimony Expense used to determine Food Assistance</td>
</tr>
<tr>
<td>11/2018</td>
<td>No Alimony Expense used to determine Food Assistance</td>
</tr>
</tbody>
</table>

After implementation of this project the Technician makes an update to the case 9/2018 and the case is ran back to application date 05/01/2018.

Results

The Alimony payment will be used for each month. FA use month remain as 5/2018.

<table>
<thead>
<tr>
<th>Date</th>
<th>Alimony Expenses used to determine Food Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/2018</td>
<td>Alimony Expenses used to determine Food Assistance</td>
</tr>
<tr>
<td>06/2018</td>
<td>Alimony Expenses used to determine Food Assistance</td>
</tr>
<tr>
<td>07/2018</td>
<td>Alimony Expenses used to determine Food Assistance</td>
</tr>
<tr>
<td>08/2018</td>
<td>Alimony Expenses used to determine Food Assistance</td>
</tr>
<tr>
<td>09/2018</td>
<td>Alimony Expenses used to determine Food Assistance</td>
</tr>
<tr>
<td>10/2018</td>
<td>Alimony Expenses used to determine Food Assistance</td>
</tr>
<tr>
<td>11/2018</td>
<td>Alimony Expenses used to determine Food Assistance</td>
</tr>
</tbody>
</table>
### Example 4

<table>
<thead>
<tr>
<th>10/2018</th>
<th>Alimony Expenses used to determine Food Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/2018</td>
<td>Alimony Expenses used to determine Food Assistance</td>
</tr>
</tbody>
</table>

**Ongoing Food Assistance case (FA Approved 05/01/2018). A verified Alimony payment is data entered on 06/18/2018 and are reported and verified on the same day.**

**Results**

Food Assistance used the Alimony expense to determine the Food Assistance Benefit Allotment for 7/2018 forward. FA use month will be set to 7/2018.

**Training Modality**

**CBMS Build Guide only** - This Project Guide includes all the information about the change. This project will not be delivered live during the build webinar.
Project 12159 - Old Age Pension (OAP) Personal Needs Allowance Updates

Project Description

Project will update OAP, State AND, and AND/AB aid codes when clients are living in assisted living facilities.

Why the Change was Requested

Currently, to be processed for one of the PNA aid codes, the individual must have a valid living arrangement of Hospital, Nursing Facility, Nursing Facility-Both in NF or Nursing Facility-with community spouse. Also, a record must be entered in the Long-Term Care screen. If both criteria are meet and the individual meets all other criteria, they will pass for PNA rather than OAP, AND or AND/AB.

With the implementation of this project, if a client has a living arrangement of Assisted Care Facility Dept. Contracted Facility or Assisted Care Private Pay Facility the individual will be evaluated for the PNA aid codes. There is no need to enter a record in the Long-Term Care window. This change will be effective November 2018

Project Summary

This project will update Old Age Pension (OAP), State Aid for the Needy (AND), Aid for the Needy/Blind (AND/AB) aid codes when clients are living in assisted living facilities. These clients will no longer be eligible for OAP, State AND, AND/AB aid codes, and they will now be evaluated for Personal Needs Assistance (PNA) Aid codes

Scenarios

<table>
<thead>
<tr>
<th>Example 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2018 ongoing OAP case.</td>
</tr>
<tr>
<td>Client enters an assisted living facility on 9/24/2018</td>
</tr>
<tr>
<td>Data entry:</td>
</tr>
<tr>
<td>Individual Attributes</td>
</tr>
<tr>
<td>• Living Arrangement = Assisted Care Facility Department Contracted Facility</td>
</tr>
<tr>
<td>• Long Term Care screen does not need to be completed</td>
</tr>
<tr>
<td>Results:</td>
</tr>
<tr>
<td>Client does not pass for PNA in September or October. Client will pass PNA effective 11/2018 (implementation month)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Example 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2018 ongoing OAP case</td>
</tr>
<tr>
<td>Client enters an assisted living facility on 11/12/2018</td>
</tr>
</tbody>
</table>
Data entry:
 Individual Attributes

- Living Arrangement = Assisted Care Facility Department Contracted Facility
- Long Term Care screen does not need to be completed

Results:
Client passes for PNA effective 12/01/2018

Example 3
October 2018 ongoing OAP case
Client enters an assisted living facility on 10/1/2018
Data entry:
 Individual Attributes

- Living Arrangement = Assisted Care Facility Department Contracted Facility
- Long Term Care screen does not need to be completed

Results:
Client does not pass for PNA October 2018. Client passes for PNA effective 11/01/2018

Training Modality

CBMS Build Guide only - This Project Guide includes all the information about the change. This project will not be delivered live during the build webinar.
## Release Notes Only

Project Subject Matter Experts have determined Release Notes are sufficient for the following projects:

<table>
<thead>
<tr>
<th>Project Number</th>
<th>Project Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>11772</td>
<td>Update TOP Reports</td>
</tr>
<tr>
<td>11824</td>
<td>Prevention of IAR Restorations for AND-PNA</td>
</tr>
<tr>
<td>11983</td>
<td>Modifications to Connecting Colorado interface for Colorado Works</td>
</tr>
<tr>
<td>11984</td>
<td>EBT prohibited use exception report</td>
</tr>
<tr>
<td>12007</td>
<td>CBMS FA Net Cash Grant Calculations (CHG1460)</td>
</tr>
<tr>
<td>12093</td>
<td>Discrepancy clean-up for EBD</td>
</tr>
<tr>
<td>12110</td>
<td>PEAKHealth - Suite of Approved Apps</td>
</tr>
<tr>
<td>12187</td>
<td>Modifications to EBT Prohibited Use Process</td>
</tr>
<tr>
<td>12195</td>
<td>PEAKHealth - RTD Photo ID</td>
</tr>
<tr>
<td>12207</td>
<td>CBMS MA Drop (IEVS) Report</td>
</tr>
<tr>
<td>12237</td>
<td>CBMS Demographics Report for MA Revisions</td>
</tr>
<tr>
<td>12313</td>
<td>MA Buy-in Premium Change Notice of Action (NOA) Updates</td>
</tr>
<tr>
<td>12317</td>
<td>COLA Modifications</td>
</tr>
<tr>
<td>12318</td>
<td>PARIS Reports Clean Up</td>
</tr>
<tr>
<td>12326</td>
<td>Updates to SOLQ Verification Source</td>
</tr>
</tbody>
</table>

Information about these projects can be found on the Portal under the CBMS tab.