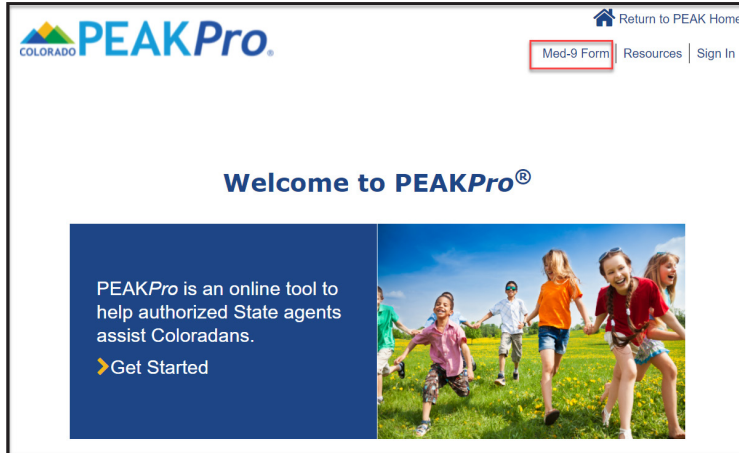


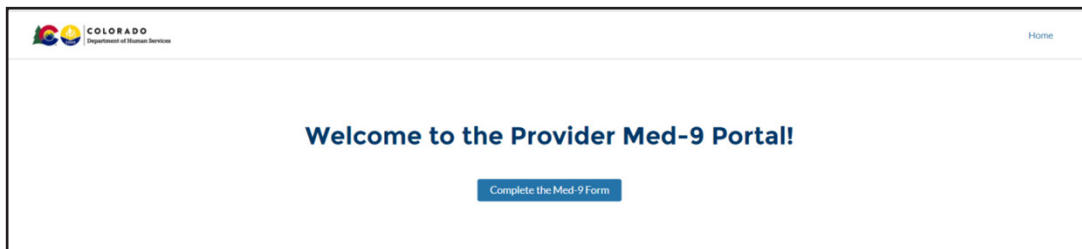
PeakPro Electronic Med-9 Form: Provider Training

A provider portal was added to the PeakPro website, which means providers are now able to submit electronic Med-9 (medical certification) forms to the county department for clients that are applying for the Adult Financial (AF) Aid to the Needy Disabled (AND) program. Here's how providers can complete and submit the Med-9 form.

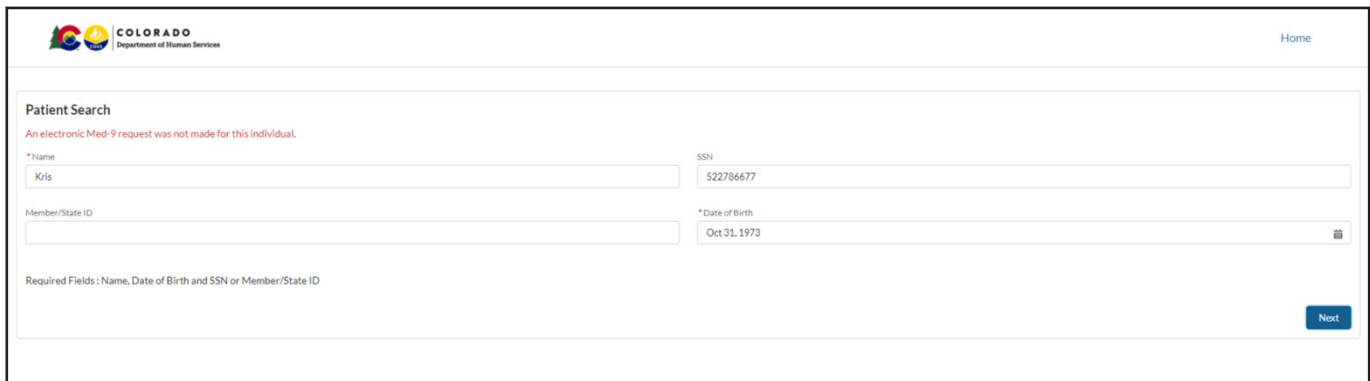
Step 1: Begin by going to the *PeakPro Website* (<https://coloradopeak.secure.force.com/PRHME>). Then select "*Med-9 Form at the top of the page.*"



Step 2: Now you're on the Provider Med-9 Portal. Click the "*Complete the Med-9 Form*" button.



Step 3: Search for the patient by entering their information (name and date of birth are mandatory fields). Please note that the patient must have requested that the county department allow an electronic Med-9 for their case. If they did not, they will not be able to be found in the provider portal.



Step 4: This screen has instructions for completing the Med-9 form. Click *Next* to advance to the next screen

The screenshot shows the top portion of the Med-9 Form. At the top left is the Colorado Department of Human Services logo. The title "Med-9 Form" is centered. Below the title, there is introductory text explaining the program's purpose and that the form must be completed by a licensed medical professional. A section titled "Important Information" provides details about the program's requirements and the definition of "total disability". A section titled "Instructions" lists the steps: evaluate the client's disability, complete all sections, and submit the form by clicking the next button.

Step 5: Enter your provider license/certification information. All of the fields on this screen are mandatory fields. Then click next to advance to the next screen.

The screenshot displays the "License/Certification" section of the form. It includes a dropdown menu for selecting the type of license/certification. Below this, there are several text input fields for "Printed Name", "Date of Exam", "License Number", "Provider Phone", "Address Line 1", "City", "State", "Zip", "Address Line 2", "First Name", and "Last Name". A "Next" button is located at the bottom right of the form.

Step 6: Select the patient's medical diagnosis(es) and expected length of disability. Then select next to advance to the next screen.

This screenshot shows two overlapping sections of the form. The left section, titled "Individual Diagnosis(es)", contains a list of medical conditions with checkboxes, including "Alcohol/Controlled Substance Addiction", "Cancer", "Cardiovascular disorders", "Digestive disorders", "Genitourinary disorders", "Hematological disorders", "Immune System disorders", "Mental or Cognitive disorders", "Musculoskeletal disorders", "Neurological disorders", "Respiratory disorders", "Vision, Hearing, or Speech disorders", and "Other". The "Other" checkbox is checked. Below the list is a text area for specifying other diagnoses. The right section, titled "Disability Level Options", has two radio button options: "The individual has a physical or mental disability(diagnoses) in combination with other factors..." (which is selected) and "This individual does not have a physical or mental disability(diagnoses) that will last 6 months or longer...". Below this is a dropdown menu for "How long will the condition last?".

Step 7: Select the patient's medical diagnosis(es) and expected length of disability. Then select next to advance to the next screen.

The screenshot shows the "Social Factors" section of the form. It includes a list of factors with checkboxes: "Age", "Training", "Experience", "Social Setting", and "Other". The "Other" checkbox is checked. Below the list is a text area for specifying social factors.



Step 8: The Social Factors page captures additional information that contributes to the individual's inability to obtain employment. At least one value is required. When "Other" is selected, the provider is required to provide a reason supporting their other findings/observation.

Click *Next* to initiate the submission of the Med-9 form.

****Review or edits must be done prior to clicking Next from this page. The provider will NOT have the ability to make edits if the submission is successful.***

The screenshot shows the 'Med-9 Form' page for 'Social Factors'. The header includes the Colorado Department of Human Services logo and a 'Home' link. The main content area is titled 'Med-9 Form' and contains a section for 'Social Factors'. Below this, there is a prompt: '* Please Identify the social factors that are preventing the individual from employment:'. A list of checkboxes follows: 'Age', 'Training', 'Experience', 'Social Setting', and 'Other'. The 'Other' checkbox is selected. Below the list is a text input field with the prompt '* Please specify'. At the bottom right of the form area are 'Previous' and 'Next' buttons. The footer contains links for 'Transparency Online', 'Accessibility', 'Privacy Statement', 'Security Statement', and a copyright notice for '© 2015 State of Colorado'.

Step 9: Submissions Page If your electronic Med-9 submission was successfully submitted, this page will say "Success!" If not, you will need to direct your patient to their county department for assistance if technical issues arise and the submission was not successful.

The screenshot shows the 'Med-9 Form' page displaying a success message. The header includes the Colorado Department of Human Services logo and a 'Home' link. The main content area is titled 'Med-9 Form' and contains a message box with the text: 'Success! The electronic Med 9 request is submitted successfully!'. The footer is the same as the previous screenshot.

