Developmental Pathways

Health First Colorado Medicaid Application Guide

Contents (Press Control and Click to follow link)

We hope you find this guide useful and welcome feedback!

Where to Begin (Read prior to applying)

- More information can be found here: Applying for and Maintaining Medicaid - Developmental Pathways (dpcolo.org)
- Document from Colorado PEAK-- **Before You Begin** https://coloradopeak.secure.force.com/resource/1435499948000/StaticPdfs_HomePage/HomePage/BeforeYouBegin.pdf
- **Developmental Pathways is NOT Medicaid.** We created this guide to provide some tips and tricks with the Medicaid application. However, this does not take the place of direct/expert assistance from Health First Colorado Medicaid, a Certified Application Assistance Site, or an Eligibility Application Partner (EAP).
- **When you apply for Health First Colorado Medicaid,** all the information provided in the application is entered into the Medicaid database (CBMS) and the system will choose which Medicaid program you qualify for. Medicaid may ask for a "level of care" which is also known as a "cert page" and "LOC" to show that you are enrolling onto a Long-term Care Medicaid (LTC) waiver. A member of the DP Benefits team will submit this to Medicaid as soon as you have completed the 100.2 assessment. Until then, you may qualify for a different type of Medicaid, until you are switched over to LTC.
- If you navigate to the "HOW TO APPLY" page on Health First Colorado's site you will see a list of ways to apply, including a few different types of applications. **CLICK HERE to find the link to the application** or here: https://hcpf.colorado.gov/how-to-apply#by-mail
  There are two types of Applications for Public Assistance (Medicaid application) listed on the site.
  - You will need to decide which application best fits your situation, as it is ultimately your decision.

    [IMAGE OF WHAT YOU WILL SEE]

- **Application #1**: Application for Medical Assistance only [use this one if you plan to get assistance from Colorado Access-AMES, an Eligibility Application Partner]
  - Health First Colorado, Child Health Plan *Plus* (CHP+) Paper Application - English
  - Health First Colorado, Child Health Plan *Plus* (CHP+) Paper Application - Spanish
- **Application #2**: Application for multiple programs OR Medical Assistance only
  - Health First Colorado, Child Health Plan *Plus* (CHP+), Cash, and Food Assistance Paper Application - English (or Large Print Version)
  - Health First Colorado, Child Health Plan *Plus* (CHP+), Cash, and Food Assistance Paper Application - Spanish

- **The Medicaid Disability Application is also listed on the Health First Colorado Medicaid application page.** This application will be needed if you are hoping to enroll onto a Long-Term Care Medicaid waiver or qualify for Medicaid Buy-in. However, if you are receiving SSI, you won't need this application. It is best to discuss this with a person from AMES or Health First Colorado, so they can properly advise you. **You can find a link to the Disability application guide here: https://www.dpcolo.org/programs-services/applying-for-medicaid/**

  [IMAGE OF WHAT YOU WILL SEE]
  ## Disability Applications

  If you believe you have a disability, even if you have been denied disability status by the Social Security Administration, please also fill out the Disability Application:
  - **English Disability Application** (or Large Print Version)
  - **Spanish Disability Application** (or Large Print Version)

- ❖ If you need to complete both a Medicaid application and a Medicaid Disability application, they CAN be submitted together.

How to Apply

You can apply in one of three ways:
- ➢ **[FREE APPLICATION SUPPORT!]** **With the assistance of Colorado Access-AMES, an Eligibility Application Partner**, or an application assistance site.
- ➢ **Directly with your local Department of Human Services (DHS)/Medicaid office.** Submit a completed paper application to your local Department of Human Services via mail, drop-off/hand deliver, or fax. You can also call and complete an application by phone. **Services in other languages are provided by use of their *Language Line.***
- ➢ **Online through Colorado PEAK.** (NOT RECOMMENDED, as there are limitations with PEAK.)
  - o You can only complete the Medicaid Application for Public Assistance on PEAK and not the Medicaid Disability application. You will need to submit that separately to your local Department of Human Services.
  - o The PEAK site does not evaluate for the Health First Colorado Buy-in Medicaid programs.

- ❖ **Tell Medicaid or AMES that you are working with Developmental Pathways to enroll onto an LTC Medicaid waiver.**

Application Support and Submission

Submit to Health First Colorado in one of the following ways:
- ✓ To an application assistance site or eligibility application partner, such as Colorado Access-AMES, if you are submitting BOTH a Medicaid application and a Medicaid Disability application or just a Medicaid application.

✓ Directly to your local Department of Human Services/Medicaid office. See the Medicaid contacts section for each county's contact information and options for application submission. If you hand deliver the application, ask Medicaid for a receipt.
✓ DP will not collect, review, or submit applications for individuals.

MEDICAID APPLICATION SUPPORT	(your county DHS office can provide limited application support)	Check out DP's Medicaid Application web page! https://www.dpcolo.org/programs-services/applying-for-medicaid/
Colorado Access-AMES (Access Medical Enrollment Services)	• **An Eligibility Application Partner (EAP)** • Provide no-cost help with completing and processing medical applications for medical assistance to see if individuals qualify for Health First Colorado (Colorado's Medicaid Program) or the Advance Premium Tax Credit and is certified by the Department of Health Care Policy and Financing. • Services are free and are available in both Spanish and English. • <mark>They can also answer questions about Medicaid Renewals.</mark> • Appointments preferred. Walk-ins are accepted. • Complete as much of the applications as you can prior to your appointment. • They can process your application on site.	• **Phone:** 303-755-4138 • **Fax:** 720-744-5227 • **Email:** appassist@accessenrollment.org • **Web:** http://www.accessenrollment.org/about-ames • **Mailing address:** PO Box 5818, Denver, CO 80217 • **Hand deliver/physical address:** 11100 E. Bethany Dr. Aurora, CO 80014
Benefits in Action	• **Certified Application Assistance Site (CAAS)** • Services include case management of benefits including health benefits navigation and eligibility, benefits application assistance and submission, and follow-up to ensure benefits were received. • Services are free and are available in both Spanish and English. • <mark>They can also answer questions about Medicaid Renewals.</mark> • By appointment only.	• **Phone:** (720)-221-8354 • **Fax:** 303-232-2219 • **Email:** info@benefitsinaction.org • **Web:** https://www.benefitsinaction.org/ • **Physical/Mailing address:** 12157 W Cedar Dr, Suite 100 Lakewood, CO 80228

	• Complete as much of the applications as you can prior to your appointment. • They will forward the Medicaid application to your local DHS office.	

Medicaid Contacts

Department of Human Services	Contact Information
List of local Counties/Department of Human Services	https://www.colorado.gov/pacific/cdhs/contact-your-county
Adams County 11860 Pecos St. Westminster, CO 80234 *Outside drop box	Phone: 720-523-2000 Fax: 720-523-2158 **Web:** http://www.adcogov.org/human-services-center-resources **Note: This county does not accept documents emailed to them.** **Application Submission:** Submit by fax, hand-deliver, mail, or place the packet in the outside drop box.
Arapahoe County (2 locations) (1) 14980 E Alameda Dr, #007 Aurora, CO 80012 (2) 1690 W Littleton Blvd, #123 Littleton, CO 80120 *Both office locations have an outside drop box	Phone: 303-636-1170 Fax: 303-734-4301 **Web:** https://www.arapahoegov.com/1906/ArapaSOURCE **Application Submission:** Submit by fax, hand-deliver, mail, or place the packet in the outside drop box.
Denver County • Castro office (primary location): 1200 Federal Blvd, Denver, CO 80204 • East office: 3815 Steele St, Denver, CO 80205 • Taylor Office: 4685 Peoria St, Denver, CO 80239 *Outside drop box at each location	Phone: 720-944-3666 Fax: 720-944-3094 (they do not accept documents faxed to them) Email: DenverDHS@denvergov.org **Web:** www.denvergov.org/humanservices **Application Submission:** Submit by mail, hand-deliver, or place the packet in the outside drop box.
Douglas County 4400 Castleton Ct. Castle Rock, CO 80109 *Outside drop box	Phone: 303-688-4825 Fax: 877-285-8988 Email: Dhs.inbox@douglas.co.us *(size limit)* **Web:** https://www.douglas.co.us/ **Application Submission:** Submit by fax, email, hand-deliver, mail, or place the packet in the outside drop box.
Elbert County 215 Comanche St Kiowa, CO 80117 **outside drop box	Phone: (303) 621-3206 Fax: (303) 621-0122 Email: elbert.assistance@state.co.us **Application Submission:** Submit by fax, email, hand-deliver, mail, or place the packet in the outside drop box.

Jefferson County 900 Jefferson County Pkwy Human Services Building Golden, CO 80401 *Outside drop box	Phone: 303-271-4707 Fax: 303-271-4805 ==Application Submission:== Submit by fax, hand-deliver, mail, or place the packet in the outside drop box.
Colorado Medical Assistance Program (CMAP)/Denver Health	Phone: 1-800-359-1991 Fax: 303-602-7639 or 303-893-1780 Email: CMAPbuyin@dhha.org (INDIVIDUALS/FAMILIES) **Web:** https://www.denverhealth.org/patients-visitors/billing-insurance/enrollment-services ==Application Submission:== Submit by fax or email.
Connect for Health Colorado (C4H)	Phone: 855-752-6749 Fax: 855-346-5175 Email: countypartners@c4hco.com **Web:** https://connectforhealthco.com/ ==Application Submission:== Submit by fax or email.

Application Tips and Tricks

- ☐ Read through this guide, as well as the information pages accompanying the applications.
- ☐ Write a list of all of your questions, so they can be asked at one time. If you are working with AMES or another assistance site, they can answer your questions!
- ☐ All documents provided should be clear and legible.
- ☐ Hand-written applications must be written legibly **using blue or black ink.**
- ☐ Answer every question on the application or write N/A, as appropriate.
- ☐ When answering questions on the application specific to the person seeking waiver supports, check YES for these two questions:

If using Application #1~

20. *Do you have a medical, physical, mental, or developmental condition that has lasted, or is expected to last, more than 12 months, including blindness? 🛈 ☐ Yes ☐ No

21. *Do you have a medical, physical, mental, or developmental condition that causes you to regularly need help with some or all of your self-care activities (such as bathing, dressing, eating, using the bathroom)?
☐ Yes ☐ No

If using Application #2~

Disability Details

Does anyone in your home have a disability?	☐Yes ☐No	Name:
■ If yes, does this person need help with self-care activities (bathing, dressing, eating, using the bathroom, etc.)?	☐Yes No☐	
■ Does anyone have a medical or developmental condition that has lasted, or is expected to last more than 12 months?	☐Yes No☐	Name:

- ☐ Sign all places on the application.

☐ **If the applicant seeking Medicaid coverage is over 18 and does not have a court appointed legal guardian, then they must sign the application as their own guardian.**

☐ Financial verifications may be needed. See the Supporting Document section below.

☐ If you work with Colorado-Access-AMES, they will tell you exactly which financial verifications they need.

☐ **All trusts connected to the person seeking Medicaid waiver supports must be submitted and approved by the State of Colorado (Health Care Policy and Financing-HCPF)** prior to the applicant enrolling onto a Long Term Care (LTC) Medicaid Waiver. See the Trust Submission information below.

☐ Keep a copy of all paperwork submitted to Health First Colorado Medicaid and ask for a receipt for any paperwork hand-delivered.

☐ If the applicant has **other health insurance**, provide a copy of the FRONT and BACK of the health insurance card.

☐ Medicaid may be able to **retro-date your coverage back 90 days** from the date of application. If you need that to happen, be sure to write that on the application.

☐ **You will be completing the application for all members of the household.** However, you can indicate which household members are requesting Medicaid.

☐ **If you are a parent assisting an adult** with the application, you may be required to include and submit financial information about yourself, even if you are not applying for Medicaid. This is determined by whether you declare your adult child as a dependent on your taxes. AMES or your local Medicaid office can tell you what is needed.

☐ **If you are a parent assisting a child** with the application, you may be required to include and submit financial information about yourself, even if you are not applying for Medicaid. AMES or your local Medicaid office can tell you what is needed.

☐ Use the optional cover page at the end of the packet.

☐ Use the checklist to double check your work.

Frequently Asked Questions- FAQ

➢ Q: **Can the person seeking Long-term Care Medicaid waiver supports own a home?**
A: Yes, owning one home and using it as your primary residence is acceptable to Medicaid and does not count as an asset/resource. However, if you own a home and use it for income purposes, then it does count as an asset/resource.

➢ Q: **Can a person have both Medicaid, Medicare, and private health insurance?**
A: Yes. Medicaid is always the payer of last resort.

➢ Q: **Private health insurance can be expensive. Can Medicaid help me to pay for it?**
A: Check out the HIBI Program for more information about assistance with private health insurance premiums. The link to their website is under *Other Health First Colorado/Medicaid Information*.

➢ Q: **Can AMES review my applications if that is all I need help with?**
A: Yes, AMES can review the applications and let you know what pieces are missing, if any. They can also process the completed applications for you.

➢ Q: **How/where do I submit the application?**
A: You can submit the application to AMES or to the county DHS office where you live. See the county list on previous pages.

➢ Q: **What should I do if I get denied by Medicaid?**
A: Call Medicaid to get more information about why you were denied. You are encouraged to **APPEAL the denial**. The denial letter should have instructions for appealing. You can also find appeal information in DP's LTC Medicaid and SSA Guide, which can be found here-- https://www.dpcolo.org/resources/tools/

More FAQs can be found on DP's website: https://www.dpcolo.org/programs-services/applying-for-medicaid/

Trust Submission Information

HCPF= Health Care Policy and Financing

For an individual seeking Medicaid coverage, they must submit all trusts they are connected with to be reviewed by HCPF, whether they are funded or not. Not reporting all assets and resources to Medicaid can be considered Medicaid fraud. Waiting to submit a trust could delay an enrollment.

→**IF YOU DON'T ALREADY HAVE MEDICAID**
Note: The attorney who created the trust can submit it on your behalf to both Medicaid and HCPF (Health Care Policy and Financing)
Option 1: Submit the FULL trust to your local Department of Human Services or Eligibility Application Partner (AMES), with the completed Health First Colorado Medicaid application. Ask them to forward a copy of the trust to HCPF.
Option 2: Submit the FULL trust to your local Department of Human Services or Eligibility Application Partner (AMES) with the completed Health First Colorado Medicaid application **and** submit a copy of the trust to HCPF.

→**IF YOU ALREADY HAVE ACTIVE MEDICAID**
Note: The attorney who created the trust can submit it on your behalf to both Medicaid and HCPF.
Option 1: You can submit the FULL trust to your local Department of Human Services and HCPF.
Option 2: You can submit the FULL trust to your local Department of Human Services and ask them to forward a copy to HCPF.

Include a **cover letter** with the following information: the individual's full name, date of birth, contact information, and Medicaid ID (if no Medicaid ID, include the social security number).

➢ Trusts can be faxed, emailed, mailed, or hand delivered to HCPF.
➢ Trusts can be faxed, mailed, or hand delivered to your local Department of Human Services.
➢ If the individual does not have Medicaid yet, note that you are submitting this trust with the expectation that they will have Medicaid in the future.

If extra support is needed, please contact your case manager at Developmental Pathways.

Medicaid Trust Department with Health Care Policy and Financing (HCPF):
WEB: https://hcpf.colorado.gov/medicaid-trusts
Email: Medicaid.trusts@state.co.us
Fax #: 303-866-3552
Address: HCPF Trust Unit, 303 E. 17th Avenue, Denver, CO 80203

NOTE: We do not have a direct phone number for the trust department at HCPF.

For more Trust information, please refer to the LTC Medicaid and SSA Guide, which is linked to this page: https://www.dpcolo.org/resources/tools/

Supporting Documents and Financials

Depending on how and where you apply, you may be asked to provide ID documents, financials, and other verifications. This is a list (not a comprehensive list) of what you may be asked to provide. Copies are generally accepted by Medicaid, but must be legible and include all pages.

Document Type	Additional Information
Adoption paperwork	If applicable
Birth Certificate	Proof of citizenship or legal residency
Current Photo ID	State issued; valid school ID; passport photo; if under 16, the Affidavit to Establish Identity
Financial Statements You should be on the look-out for a **Verification request from Medicaid, should Medicaid need more financials.** Full statements (all pages) may be needed with nothing crossed out. The owner(s) of the account, the current balance, transaction history, and at least the last four digits of the account number must be visible.	Common Examples (not an exhaustive list) • Current pay stubs showing gross amount earned (if working). • Current checking and/or savings account statements. • All accounts attached to the individual's name and/or the account SSI/SSDI payments are directly deposited into. Medicaid will need proof of all open accounts and the current balances, as well as where social security is deposited. • Current Direct Express Account statement (as applicable). Some people's SSI/SSDI payments are deposited into a Direct Express account. A receipt from an ATM, showing the current balance is acceptable or a printed statement from the online account. • Current life insurance policy or burial policy statement showing current cash value. • Current trust account statement. • Current ABLE account statement. • Proof of a bank account closure if closed within the last year. Specific accounting of how the money was spent may be requested.
Guardianship Paperwork	If applicable
Name Change Paperwork	If applicable
Proof of Social Security benefits	If applicable; Award letter for SSI and/or SSDI or bank statement showing direct deposit of funds
Private Insurance Card	If applicable; Including Medicare
Social Security Card	
Trust Approval Letter	• If the individual is attached to a trust in any way, the trust must be submitted to the State of Colorado for review. Unfunded trusts must also be submitted. • Once reviewed, a letter is sent out to the individual/family regarding the approval or denial of the trust.

Other Health First Colorado/Medicaid Information

Topic	What They Can Help With	Contact Information
Health First Colorado Customer Service	• All Medicaid questions • <mark>Prescription/Medical care issues</mark> • Request reimbursement for out-of-pocket expenses	**WEB:** https://www.colorado.gov/hcpf/contact-hcpf **Customer Contact Center:** https://www.colorado.gov/hcpf/medicaid-customer-contact-center **PHONE:** 1-800-221-3943 **TTY:** 1-800-659-2656 **FAX:** 303-866-4411
Health First Colorado FAQ	Frequently Asked Questions about Medicaid	**WEB:** https://www.colorado.gov/pacific/hcpf/member-faqs
Health First Colorado Member benefit videos	Videos to help members learn about program benefits.	**WEB:** https://www.healthfirstcolorado.com/videos/
Health First Colorado State Plan Covered Services	A list of all benefits covered under the State Medicaid plan.	**WEB**: https://www.healthfirstcolorado.com/benefits-services/
Health First Colorado Member handbook	**Spanish version:** https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook-Spanish.pdf	**English version:** https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook.pdf
Doctors who participate with Health First Colorado	A search engine to find medical professionals who participate with Health First Colorado Medicaid.	**WEB:** https://www.colorado.gov/hcpf/find-doctor
The Colorado Health Insurance Buy-In Program (HIBI)	• This program is not to be confused with Health First Colorado Buy-in program. • A premium assistance program for Medicaid recipients. • Monthly payments are given to individuals for all or a portion of the cost of their commercial health insurance premiums, and in some cases, also reimburses for deductibles, coinsurance, and co-pays.	**WEB:** http://www.mycohibi.com/ **EMAIL:** CustomerService@MyCOHIBI.com **PHONE:** (855) MyCOHIBI or (855) 692-6442
Colorado PEAK Website	• Apply for benefits • Check application status • Get a copy of a Medicaid card	**WEB:** https://coloradopeak.secure.force.com/ • If you experience **technical issues** with **PEAK** or have questions about how to navigate the PEAK

An online portal where Coloradans can apply for and manage several benefits including food assistance, cash assistance, transportation, and health care.	• Check status of Medicaid benefits • Update Medicaid with changes (such as address) • Receive a copy of the yearly Renewal documents • Submit Renewal documents	site, **please contact PEAK customer support.** The number and link are available on the PEAK site. **They are NOT able to assist with Medicaid issues.** • Check out DP's guide to creating a PEAK account. You can find it on DP's website. https://www.dpcolo.org/resources/tools/
Health First Colorado Mobile App	A mobile application that members can download to their phones and use to manage their Health First Colorado or CHP+ benefits.	https://www.healthfirstcolorado.com/mobileapp/ The Health First Colorado mobile app is available in the Apple App Store and Google Play Store. Members can download the app directly from the app stores, or by updating their PEAK*Health* app. This member-facing app replaces PEAK*Health*.
Supplemental Nutrition Assistance Program (SNAP)	The Supplemental Nutrition Assistance Program (SNAP) is a Food Assistance program in Colorado, SNAP provides food assistance benefits as part of a federal nutrition program to help low-income households purchase food.	**WEB:** https://colorado.gov/pacific/cdhs/supplemental-nutrition-assistance-program-snap
Health First Colorado Enrollment	• As a member of Health First Colorado (Colorado's Medicaid Program), you can choose how you get your health care. • Health First Colorado Enrollment is **not** a resource for information on Medicaid benefits or to find out if you qualify for Medicaid or Child Health Plan *Plus* (CHP+).	**WEB:** https://www.colorado.gov/pacific/hcpf/choose-plan **PHONE: 303-839-2120** or **1-888-367-6557** **TTY:** 1-888-876-8864

Arbor/ARG
Arbor E & T, LLC dba Action Review Group (ARG)
	• Arbor is contracted by the state of Colorado to review Medicaid Disability applications and make a disability determination. See this section for more information.
	  *Do **NOT** submit disability applications directly to Arbor/ARG.
	  *We do not recommend submitting a disability application through Colorado PEAK.
		• **Phone:** 1-877-265-1864
		• **Fax:** 1-877-672-2077
		• **Email:** actionreviewgroupmrt@arboret.com
		Mailing address: P.O. Box 340, Olyphant, PA, 18447

*Please inform us if any of the above links are broken.

Final Checklist

YOU MADE IT! CONGRATULATIONS!

☐ We suggest you re-read the Tips and Tricks section, just to be sure you got everything!

☐ Did you answer every question or write n/a if not applicable?

☐ Are the application pages in order and all pages are included?

☐ Did you write legibly and use blue or black ink?

☐ Did you sign and initial all places of the application using blue or black ink?

☐ Did you make a copy of everything, to keep for your records?

☐ Do you have copies of the necessary supporting documents to submit with the application?

Optional Cover Page for the Application Submission to Medicaid

We suggest printing and submitting the cover page with your application. This will help direct your application to the correct team within Medicaid and inform them that you are working with Developmental Pathways. You will need to fill in the BLANK spaces, highlighted for your convenience.

See the next page for the template.

Attention: The LTC Team
<mark>Medicaid Entity:</mark>

This packet contains a Medicaid Application for Public Assistance.

<mark>Name of applicant:</mark>
<mark>Applicant's DOB:</mark>
<mark>Applicant's phone:</mark>

Please review and reach out if additional information is needed.

FYI: I am working with Developmental Pathways to enroll onto a Long-term care (LTC) Medicaid waiver. For now, please review my application to see what kind of Medicaid I qualify for. DP will forward the 100.2 LOC cert page as soon as it is available.

You can send a DSS1 referral to: intake@dpcolo.org