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We hope you find this guide useful and welcome feedback!

Where to Begin (Read prior to applying)

All individuals on a Long-Term Care (LTC) Medicaid waiver must have active Medicaid and meet the **financial and medical requirements** for LTC Medicaid. For more on HCBS Medicaid waivers, visit:

<https://www.colorado.gov/pacific/hcpf/long-term-services-and-supports-programs>

- **To meet the medical requirements**, you have two options- apply and be approved for Social Security benefits (SSI and some types of SSDI) or complete the Medicaid Disability application.
 - We will assume you are completing the Medicaid Disability application and NOT applying for SSI, at this time.
 - There is a separate guide available that walks you through the application process for Social Security benefits. Please ask your current case manager for a copy of the guide, if needed.
- Once the application is submitted to Health First Colorado Medicaid, Medicaid will forward it to Arbor/ARG (Action Review Group) to review.
- ARG is contracted by the State of Colorado to review these applications and make a disability determination. If approved, **most disability determinations are good for 7 years. The end date of the approval is known as the disability diary date.**
- If a diary date expires (disability determination date) and the person is not receiving Social Security benefits, a new application is needed to maintain LTC Medicaid approval.
- The application is in a “fillable” format, but you are welcome to print it and hand write your responses.
- **Application link:**

(English) [Disability Application and Medical Records Form \(colorado.gov\)](https://hcpf.colorado.gov/sites/hcpf/files/Disability%20Application%20-%20English.pdf)

<https://hcpf.colorado.gov/sites/hcpf/files/Disability%20Application%20-%20English.pdf>

(Spanish) [Disability Application and Medical Records Form Spanish \(colorado.gov\)](https://hcpf.colorado.gov/sites/hcpf/files/Disability%20Application%20-%20Spanish.pdf)

<https://hcpf.colorado.gov/sites/hcpf/files/Disability%20Application%20-%20Spanish.pdf>

Helpful Resources and Contacts

- Department of Human Services: <https://www.colorado.gov/cdhs/contact-your-county>
- Application Assistance Sites (if you are also completing a Medicaid application):
<https://apps.colorado.gov/apps/maps/hcpf.map>
- **Arbor/ARG (Action Review Group):** 877-265-1864
- Health First Colorado Medicaid: <https://www.healthfirstcolorado.com/>
<https://www.healthfirstcolorado.com/get-help/?tab=member-contacts>

Department of Human Services	Contact Information
Full list of 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 Email: ltcunit@adcogov.org Web: http://www.adcogov.org/human-services-center-resources Note: This county does not accept documents emailed to them.
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 Email: HSCSSCC@arapahoegov.com (PROVIDER USE ONLY) Web: https://www.arapahoegov.com/1906/ArapaSOURCE
Denver County <ul style="list-style-type: none"> • 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 Email: DenverDHS@denvergov.org Web: www.denvergov.org/humanservices Note: This county does not accept documents faxed to them.
Douglas County 4400 Castleton Ct. Castle Rock, CO 80109 *Outside drop box	Phone: 303-688-4825 Fax: 877-285-8988 Web: https://www.douglas.co.us/
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
Jefferson County 900 Jefferson County Pkwy Human Services Building Golden, CO 80401 *Outside drop box	Phone: 303-271-4707 Fax: 303-271-4805
Colorado Medical Assistance Program (CMAP)/Denver Health	Phone: 1-800-359-1991 Fax: 303-602-7639 or 303-893-1780 Email: EEMAPClient@dhha.org Web: https://www.denverhealth.org/patients-visitors/billing-insurance/enrollment-services
Connect for Health Colorado (C4H)	Phone: 855-752-6749

	Email: countypartners@c4hco.com Web: https://connectforhealthco.com/
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Application Tips and Tricks

- Read through this guide, as well as the information pages accompanying the application.
- Write a list of all your questions, so they can be asked at one time.
- 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.
- Submit ALL PAGES of the application. Incomplete applications will be denied by Arbor.**
- Submit strong supporting documentation with your application.** See the supporting document section for more information.
- Sign all places on the application. "Wet signatures" are required. Electronic signatures will NOT be accepted.**
- 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.**
- Submit the signed release page!**
- Keep a copy of all paperwork submitted to Health First Colorado Medicaid and ask for a receipt for any paperwork hand delivered.
- If more space is needed, Section 8 on page 10 can be utilized for additional information or you can attach additional pages with information.

The Application by Section

Section 1 - Information About Your Disability

ANSWER ALL QUESTIONS

- **Questions A thru J:** Applicant's information
- **Question K:** Parent/Caregiver/Friend's contact information
- **Question L:** Complete if the applicant is under the age of 18

Section 2 - Your Physical or Mental Disabling Conditions and Affects

ALL QUESTIONS PERTAIN TO THE APPLICANT

- **Questions A thru H:** Applicant's information
- **Question C:** List all disabling conditions/diagnoses
- **Question D:** Provide as much detail as you can. Depending on age, you may write that the applicant is a minor, if under 18. If the applicant is of working age, include a few examples of what specific challenges the applicant would have if working a full-time job.

Some things to consider about the applicant:

- Can they follow multi-step directions?
- Do they need 24/7 supervision and support?
- Do they have adverse behaviors that would not be acceptable in a workplace?
- Do they have a physical disability that would impact work in any way?
- Do they have any specific executive functioning challenges?
- Does the individual have any mental health conditions that are exacerbated with stress?

- Is the applicant non-verbal?
- Is the applicant visually impaired?
- **Questions F and G:** Some people put the applicant’s date of birth, if applicable, or a specific date if you have one.
- **Question H:** Check Yes or No. **DO NOT SKIP TO SECTION 4. YOU MUST ANSWER QUESTION L ON PAGE 3.**
- **Question L:** Answer all questions
 - L. Have you ever applied for Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)? Yes No
 - If “Yes,” on what date did you file the most recent application? MM/ DD/ YYYY
 - Is your Social Security claim: Approved Denied Still pending
 - What was the date of their most recent decision? MM/ DD/ YYYY
 - If you appealed, on what date did you file the appeal? MM/ DD/ YYYY
 - If your Social Security claim was denied, are you experiencing new or worsening conditions? Yes No
 - If the response to the above question is “Yes,” please provide a brief description of the new or worsening condition(s) in Section 8 Remarks.
 - If you have had SSDI or SSI and are no longer receiving it, why did your benefit stop?

Please include copies of all letters and notices from Social Security Administration (SSA) about your disability application.
- If you checked NO on question H, now you can skip to section 4.

Section 3 - Information About Your Work

- **Question A: If the applicant has never worked, check the box and skip to Section 4.**
 - A. List the jobs (up to five), including sheltered work*, that you have had in the 15 years before you became unable to work because of your physical, mental, emotional or learning disabling conditions. List your most recent job first.
 - *Sheltered work is an employer that employs people with disabilities separately from others.
 - Not applicable if you did not work at all in the 15 years before you became unable to work. Do not answer Section 3 and go to Section 4.
- If the applicant has worked, complete the remaining questions to the best of your ability.

Section 4 - Information About Your Medical Records

- **Question A:**

Have you been|seen by a doctor, hospital, clinic or anyone else for the physical, emotional, mental or learning disabling conditions that limit your ability to work? Yes No

Interpretation: Has the applicant been seen by a **doctor/hospital/clinic** or anyone else for their disability (disabilities)? For most people, the answer is “YES.”
- **Questions B:** This is regarding the applicant.
- **Question C:** Include any doctors/therapists/medical professionals that the applicant has seen **in the last 1-3 years.** Make sure to list the applicant’s primary care physician.
 - If the individual sees several specialists at Children’s Hospital or another hospital, you can list the hospital once and state that the individual sees several different doctors at that hospital.
 - **Date First Seen & Date Last Seen:** Approximate—try to include the month and year or just a year. You do not have to come up with an exact date.
 - **Next Appointment:** Approximate or if it is a doctor the individual sees on a yearly basis, write that in the space provided.
- **Question D:** List each hospital the applicant has used in the **last 1-3 years.**

Section 5 - Information About Your Medical Tests

- List the test(s) the applicant has had **in the last 2-3 years**.

Section 6 - Information About Your Medications

- List all prescribed medications and non-prescribed/supplements the applicant is currently taking, including the doctor who prescribed them. Include the medical provider's name and phone number.
- Side effects of the medicine: list specific side effects the individual experiences from the medication or supplement. If none, write N/A.

Section 7 - Information About Your Education and Training

- **Questions A and B:** complete about the applicant
- **Questions C through G:** complete if the applicant is under the age of 18

Section 8 - Remarks

- Utilize this space for additional information you did not share in earlier parts of the form or did not have room for.

Signature: The application MUST be signed and dated.

- If the applicant is over 18 and their own legal guardian, they will need to sign the application.
- If the applicant is over 18 and has a court-appointed legal guardian, include a copy of the guardianship paperwork with the application.
- A witness is not needed in the State of Colorado.

Page 11: Designation of Personal Representative form

Complete if you needed help with the application and/or you need to appoint someone else to answer questions about the application, should Arbor need more information.

Pages 12 and 13: Medical Records Release Form

This page **MUST** be completed and signed and submitted with the application.

Supporting Documents

Below is a list of suggested supporting documents to include with a Medicaid Disability application. This is not an exhaustive list.

- You are strongly encouraged to submit strong supporting documentation with your application, as it may lessen the review processing time. Applications submitted without supporting documentation may take Arbor longer to review.
- Documentation should be current—within ONE to TWO years. Arbor wants to know how the person's disability affects them TODAY. Things to keep in mind:
 - If the applicant is an adult, how does their disability affect their ability to work and earn substantial gainful activity? How does it affect their daily living skills? What does a difficult day look like for this person?

- If the applicant is a child and not of working age, how does their disability affect their daily living skills? How do they compare to other children the same age who do not have a disability? What does a difficult day look like for this person?
 - You CAN include original diagnosis/testing paperwork, even if it is more than one to two years old.
- IQ testing report (if over the age of 16, include testing done after the age of 16)
 - Adaptive Skills and/or functional testing reports
 - Most current **Triennial** Individualized Education Plan (IEP) report (if applicant is still in school or recently graduated)
 - Doctor/Therapist/Psychologist/Psychiatrist letters and/or written opinions describing how the applicant's disability affects them
 - Laboratory testing and results (if related to the applicant's disability)
 - Medical Reports
 - Statements/letters from teachers about functional limitations (if applicant is still in school, or recently in school)
 - A copy of a Professional Medical Information Page (PMIP)
 - A copy of the completed 100.2 assessment (if completed with the CCB)
 - A copy of the determination paperwork from the Intake Team, which determined that the applicant meets Colorado's definition of a disability

Final Checklist

YOU MADE IT! CONGRATULATIONS!

- We suggest you re-read the Tips and Tricks section.
- 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 using blue or black ink?
- Did you sign and date page 10 and the Release of Information page? If the applicant is an adult and their own legal guardian, they must sign.
- 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?
- Did you include a copy of court appointed legal guardianship paperwork (as applicable)?

Application Submission

1. Submit a copy of the following to Health First Colorado Medicaid:

- Completed Disability application (signed and dated)
- Completed, signed, and dated Release of Information form (pages 12 and 13)

Page heading:

Medical Records Release Form



- Supporting documentation (see above)

- Designation of Personal Representative form (page 11)

**If you want or need someone to help with your
Disability Determination Application, please complete this form.**

Page heading: You have the right to be assisted in the application process by the person of your choice.

2. Submit to Health First Colorado in one of the following ways:

- Directly to your local Department of Human Services/Medicaid office (fax; mail; hand deliver)
- 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.
- If you are only submitting a Medicaid Disability application, you must submit it to the entity/county that holds your Medicaid.

Review and Disability Determination

- The Medicaid Disability Application will be reviewed by a third party, who contracts with the State of Colorado, by the name of Arbor/ARG.
 - Prior to Medicaid forwarding the application to Arbor/ARG, they will review it for completeness. If they find that something is missing, they will call the member to notify them. Follow-up must be completed timely, so that the when the application is forwarded to Arbor, it is complete. This will lessen the likelihood of a denial.
- Once the application has been reviewed, the decision letter will come from ARG. An example of the first two pages of an approval letter is below.
 - **If you receive a DENIAL letter**, review the entire letter to see if it gives the reason(s) for a denial. It could be that the wrong person signed the application, the signature was blank, the person didn't submit strong enough supporting documentation to show a disability, a signed release page wasn't included, medical proxy or medical POA paperwork was not included/signed, etc.

Denial language:

The Social Security Administration has decided you do not have a disability and you do not meet Colorado's disability standards.

- As a reminder, Arbor/ARG is using the same definition of a disability as Social Security uses.
- **If the person receives a disability application denial (and has not obtained a disability determination through the Social Security Administration), they will NOT be approved for an LTC Medicaid waiver (or receive continued approval, if already on the waiver). The person will also not be approved for Medicaid Buy-in, if that is desired.**
- For people already receiving LTC Medicaid, the individual's LTC Medicaid should be held open by Medicaid during the review period.
- The review period can take up to 60 days by Arbor/ARG. Medicaid has 90 days to make a determination for eligibility. **The key for a shorter determination time**—submit a COMPLETE application with STRONG supporting documentation, and SIGNATURES in all the right places of the application/release pages. If the adult applicant is their own legal guardian, they must sign the application with blue or black ink. Electronic signatures are not accepted. **See the guide for more tips and tricks!**
- Important information to be aware of:
 - **Qualifying Impairment Codes:** If determined to meet the definition of having a disability, the letter from Arbor will list out the specific qualifying impairment codes citing how the individual meets the criteria.

- The Qualifying Impairment Code definitions can be found on Social Security's website, or by following the links below.
 - ✓ Children: <https://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm>
 - ✓ Adults: <https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>
- **Right to appeal:** If the applicant does not agree with the decision made by Arbor, they have the right to appeal the decision. The determination letter includes direction on how to file an appeal and the specific deadline an appeal must be filed within.

Example determination letter from Arbor (first 2 pages of letter):

** Example Letter **

STATE OF COLORADO, DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
 Arbor E&T, LLC
 dba Action Review Group
 P.O. Box 340
 Olyphant, PA 18447
 (877) 265-1864, FAX: (877) 672-2077

DISABILITY DETERMINATION NOTICE

Date: July 9, 2019

To The Parent(s) of _____

**** PLEASE KEEP THIS DOCUMENT FOR YOUR RECORDS ****
 ***** IMPORTANT DATES ARE INCLUDED *****

We received your medical disability application. We reviewed your application and the medical records we received from your providers, and made this disability decision:

- You have a disability. You will receive a different letter that will tell you if you qualify for Health First Colorado benefits.

Listing(s) of Impairment: MEETS 112.11, 112.02

- You meet Colorado's standards for limited disability, but you do **not** meet the Social Security Administration's full disability standards.

Listing(s) of Impairment: _____

- The Social Security Administration has decided you do not have a disability and you do **not** meet Colorado's disability standards.

Reason: Individual does not meet the definition of disability for longer than 12 months.

- The Social Security Administration (SSA) has already decided you do not have a disability.
- If you disagree with that decision, you can appeal that decision with Social Security.
 - If you have new critical and / or disabling conditions, you can submit a new disability application to your local COUNTY Department of Human or Social Services OR Medical Assistance SITE OFFICE.
 - For a listing of County Department of Human or Social Services OR Medical Assistance Site locations, please see <https://ahps.colorado.gov/apps/maps/hcpf.map>
- The Social Security Administration has already approved your disability application. Colorado accepts that you have a disability.

If you have any questions about this letter, please contact the State Disability Contractor at 877-265-1864

If you disagree with your disability determination, you have the right to appeal. Please see the Appeal Information section of this letter for more information.

Sincerely,


 Antionette Zimmerman
 Disability Review Case Developer ARG,
 State Disability Contractor
 Cc: Arapahoe County Dept. of Human Services

Your Case File #: _____

Your SSN: _____

***** IMPORTANT DATES *****

Disability Application Date: **06/04/2019**

This is the most recent date on the disability application we received.

Disability Decision Date: **07/09/2019**

This is the date we made your disability determination.

Disability Onset Date: **07/01/2010**

This is the date at which you became unable to work as a result of a disabling medical condition.

Disability Diary Date: **07/09/2026**

This is the due date for the periodic review of your disability claim, which will determine whether you still qualify as medically disabled under Social Security Administration rules.

The Diary Date is the deadline for your case review. If this date passes without a case review,

Optional Cover Page for the application

You are welcome to utilize the below document to submit with your application. It can be submitted to your local Department of Human Services/Medicaid Office. You will need to fill in the BLANK spaces, highlighted for your convenience.

Attention: The LTC Team**Medicaid Entity:**

This packet contains a Medicaid Disability Application and supporting documentation. Please forward to Arbor/ARG for review.

Name of applicant:**Applicant's DOB:****Applicant's phone:**

Please review and reach out if additional information is needed.

FYI: I am working with Developmental Pathways. They can be reached at CMBenefits@dpcolo.org.