

Process Manual
Entering a Med-9 Form

Overview

This document provides a step-by-step process for how to enter a completed Med-9 Form into the Medical Conditions page in CBMS.

Process

- 1) Log into **CBMS**
- 2) Navigate to the Case by entering the Case Number in the **Global Search** bar on the Home Page
- 3) Click on Case Number in the results table to access the **Members** page
- 4) From the Members page, hover over the **Actions** button
- 5) Select **Begin Interactive Interview** to initiate the II queue
- 6) On the **Case Questions** page, be sure the *Medical Condition /Disability* box is marked in the *Does anybody have/received/need* section
- 7) Navigate to the **Medical Conditions** page
- 8) From the **Name** drop-down, select the person who is requesting Medical Assistance
- 9) To add a new record, click the plus (+) sign in the blue detail header
- 10) Enter the **Effective Begin Date**
 - a) Refer to **Online Help** for assistance with which date you should use
- 11) Select the 'No' radio button for **Able to Work**
- 12) Select the appropriate option in the **Disability Type Menu**
 - a) Select '*Permanent*' if the impairment will last 6 months or longer
 - b) Select '*Temporary*' if the impairment will last less than 90 days
 - c) Select '*Undetermined*' if you are pending the case for a new Med-9
- 13) Enter the **Begin Date**
- 14) Select the appropriate **Qualifying Disability** from the drop-down menu
- 15) Select the appropriate **Disability Indicator** from the drop-down menu
- 16) Select the appropriate **Social Factor** from the drop-down menu
- 17) Enter the **Exam Date**
- 18) In the **Length of Disability** field, select the appropriate option from the drop-down menu
 - a) Example: If the MED-9 Indicates a 9-month disability, select '*No Work Cap 9 Months*'
- 19) Select the appropriate **Verification** option from the drop-down menu
- 20) Select the appropriate **Source** option from the drop-down menu

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- 21) Enter the **Name of the Physician**
- 22) Enter the **Name of their Practice/Facility**
- 23) Select the appropriate **Type of Provider** from the drop-down menu
- 24) Enter the **Date Reported**
- 25) Enter the **Date Verified**
- 26) Click **Save**

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



Release	Version 1
January 2022	Page 2 of 2