Overview

This document provides a step-by-step guide for how to enter an Adult Financial PNA for Long Term Care recipients.

Process

1) Login to **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) If applicable- On the **Case Questions** page, mark the '*Yes*' radio button for *Does anybody have income* (this will be used if SSI PNA has decreased to $30 and AF PNA will be a supplement)

    a) If the member has no income, select *'No'*

    b) Remember, if *'Yes'* was previously selected, you will not change this

7) From the **Name** drop-down, select the applicant's name

8) Navigate to the pages listed below and take appropriate actions

    a) Complete the applicable fields on the **SSI** page

    b) Complete all applicable fields on the **Potential Income – AF/SSA** page

9) Navigate to the **Attributes Page**

10) Complete the appropriate fields on the **Attributes Page**

    a) Select the appropriate option from the **Living Arrangements** drop-down menu

        i) The following options will trigger eligibility for Adult Financial PNA:

            (1) Hospital

            (2) Nursing Facility

            (3) Nursing Facility - Both in NF

            (4) Nursing Facility with Community Spouse, or

            (5) AF Approved Setting-PNA

11) Navigate to the **Long-Term Care Institution** Page

    a) Complete the appropriate fields on the **Long-Term Care Institutions** page

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12) Navigate to the **Long-Term Care Level of Care** Page

   a) Complete the appropriate fields on the **Long-Term Care Level of Care** page

13) Navigate to the **Income Page**

   a) Complete appropriate fields and related lists for all Income received

Note: If the Institution will be the payee of the Adult Financial PNA benefit, the **Authorized Representative** page should be completed with applicable information for the agency. This will transfer over to the **Authorization Eligibility Program Benefit** page as the *First Payee*.

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