

Interviews

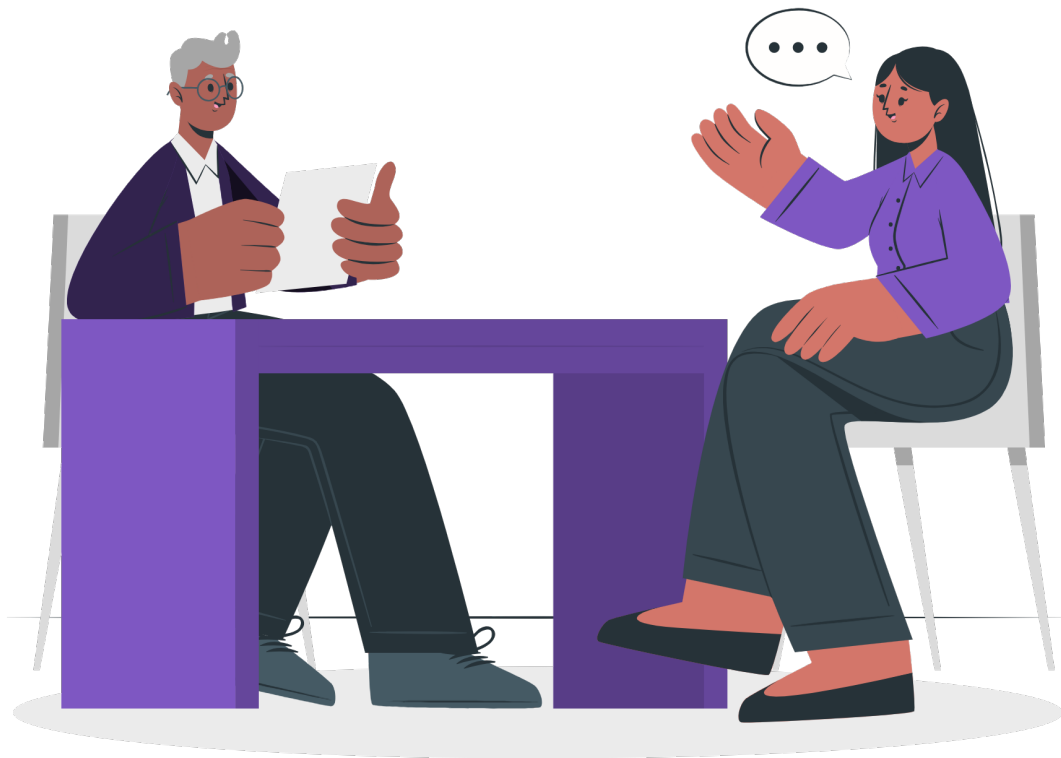
About this document

This interactive document is designed to serve as a guide for note-taking during client interviews and as a reference for key topics to discuss with your clients. This is not a script but rather a helpful tool to assist you.

For the best interactive experience, download this PDF and open it using Adobe Reader.

Instructions

- Use the check boxes to keep track of the questions you have asked.
- Use the text fields to take notes.
- Hover over topics to view additional information at the bottom of each page.



COLORADO

Healthcare & Economic Security
Staff Development Division

Interviews Checklist | Version 1 | August 2024

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Medical Assistance

MA - Initial Questions

Technician Name, Eligibility Site & Contact:

Household Composition:

Living Arrangement:

Marital Status:

Prior Aid:

How DRA was met for each individual applying for MA:

Reasonable Opportunity given?:

Non-Citizen Status:

EMS/RHCS/Family Planning:

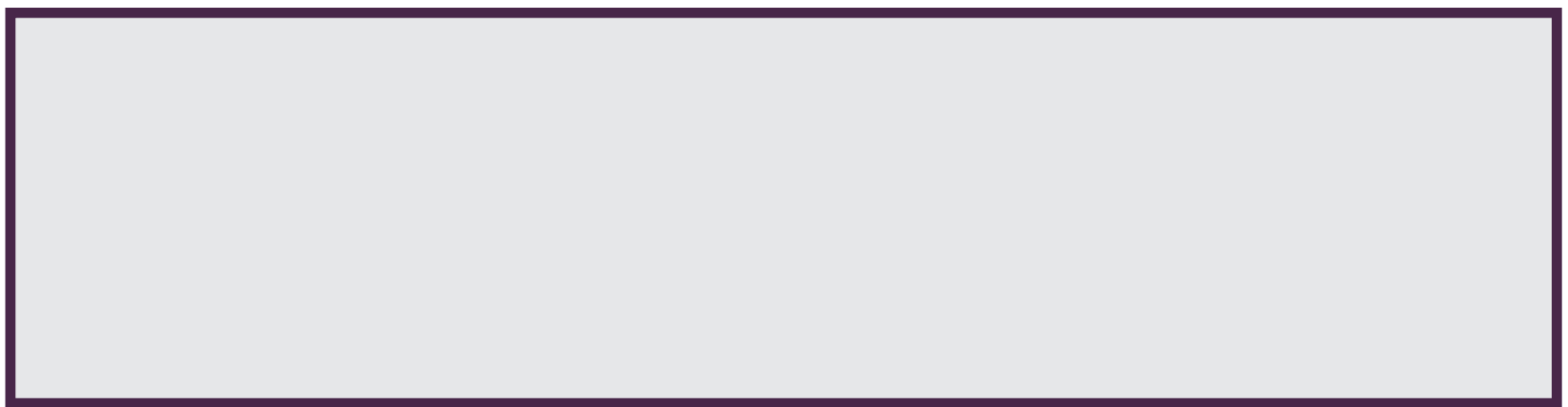
Sponsor/Spouse Information:

Ethnicity/Race:

Tax Filer Status:

Retro Med Request:

Pregnancy or Disability:



MA - Initial Questions *(continued)*

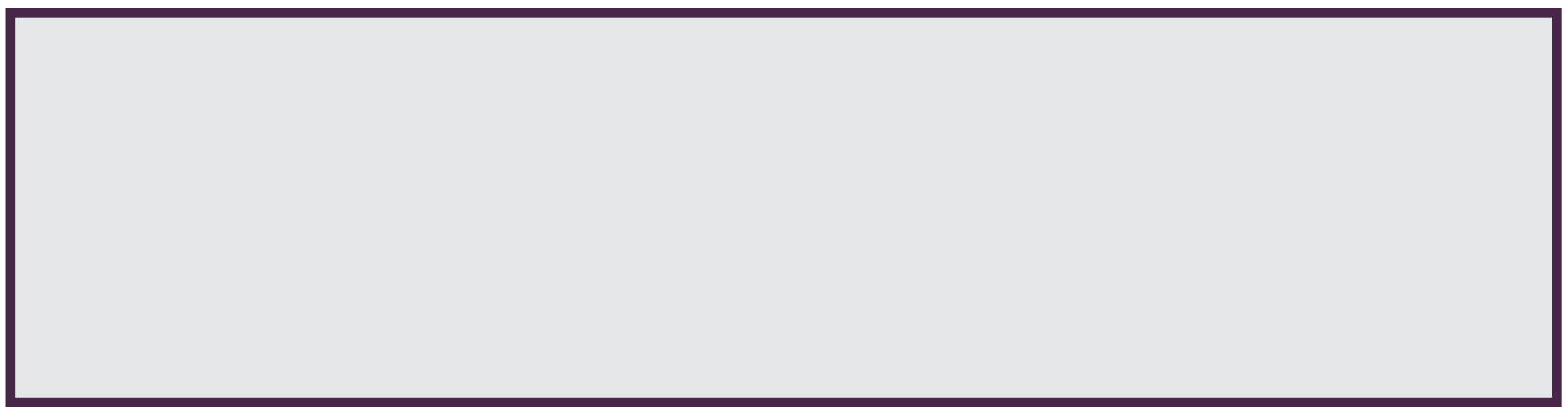
Authorized Representative:

Other Health Insurance:

Client has agreed to the Rights and Responsibilities
Portion of the application, including 10-day
Reporting for MA.

Voter Registration:

Notes:



MA - Income

Employed Individual, Employer Name, and Employment Details:

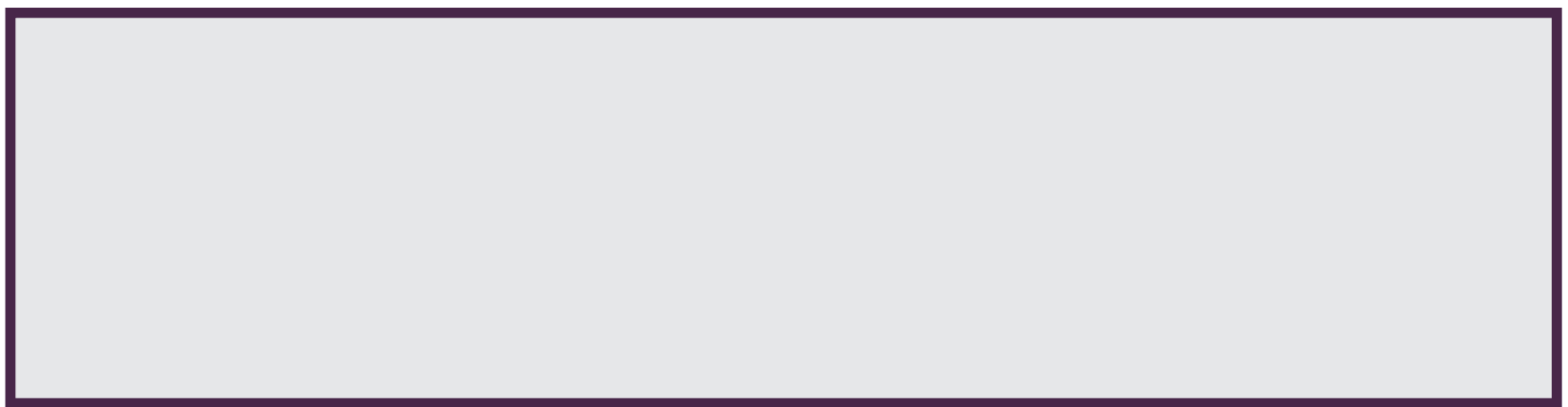
Checks Received/Gross Amounts and Pay Frequency:

Unearned Income Recipient, Type & Gross Amount:

In-Kind Income:

Countable Income (document countable income for each member's MBU):

Notes:

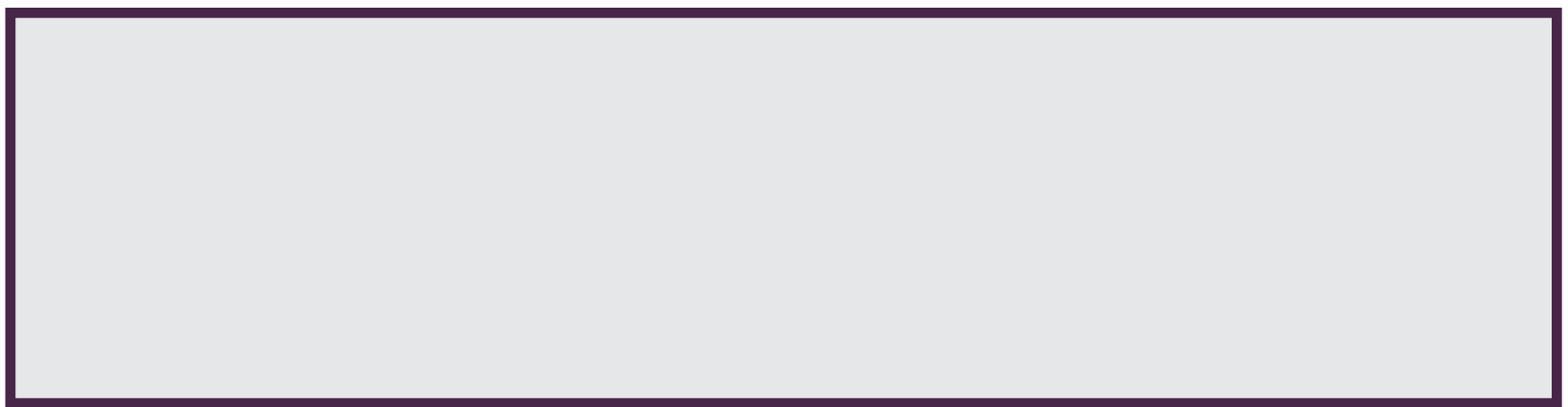


MA - Students

Student Status:

Financial Aid:

Notes:



MA - Resources

Resource Name, Type and Details:

Resource Fair Market Value:

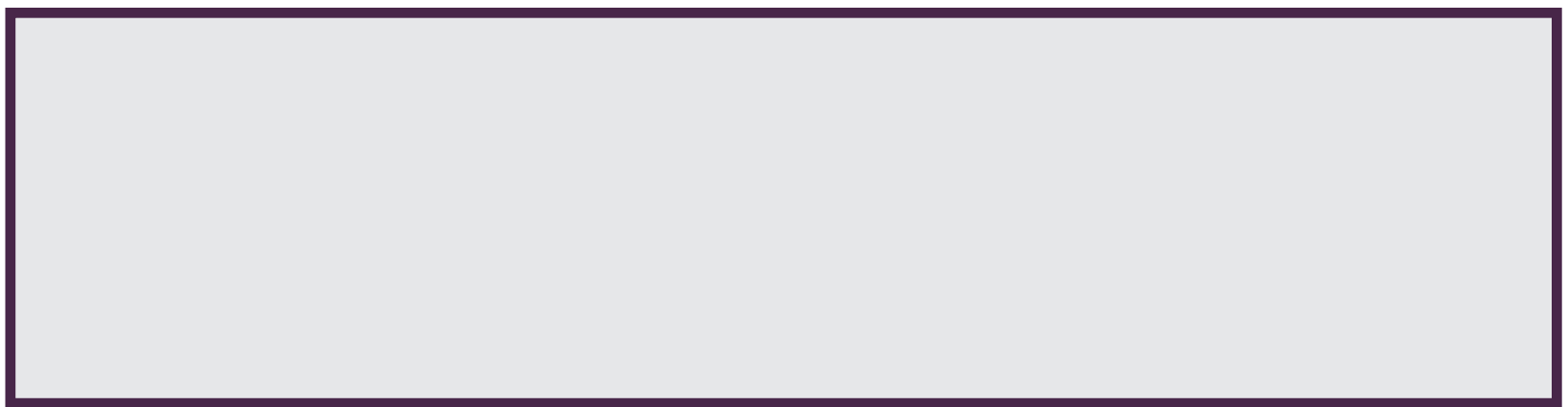
Resource Owner(s):

Amount Considered Current Income and Countable Value of Resource:

Transfer Without Fair Consideration:

Disposed Resources:

Notes:

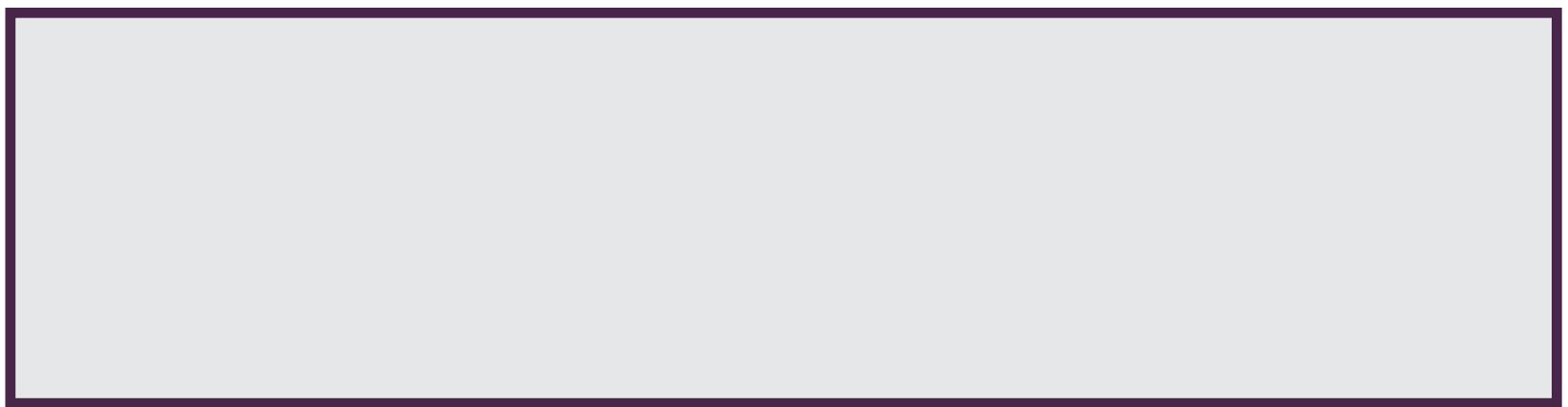


MA - Shelter

Rent/Mortgage/Taxes & Insurance:

Utilities:

Notes:



MA - Expenses

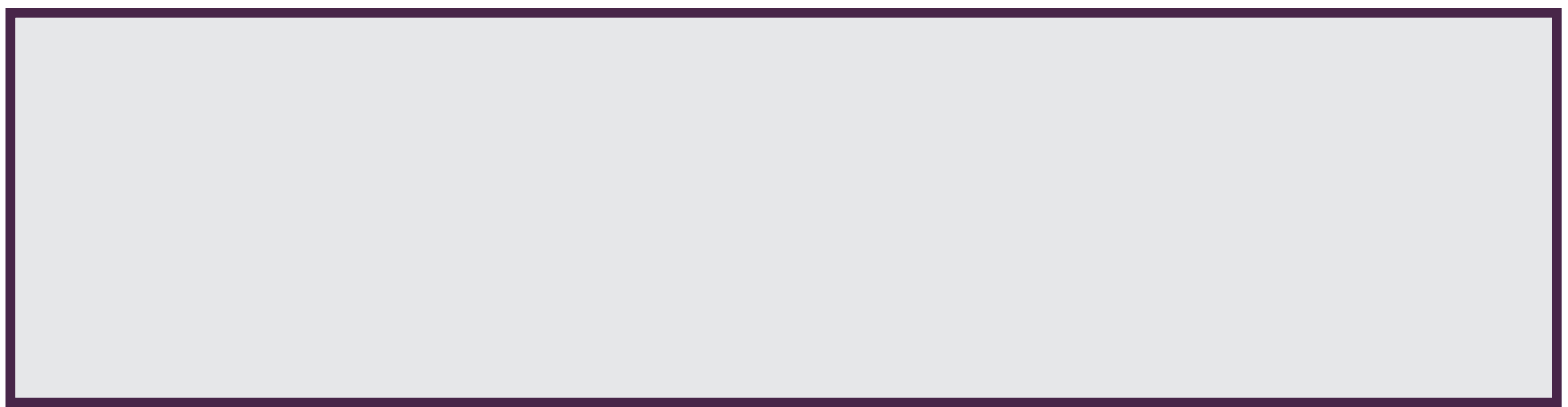
Dependent Care/ Daycare/ CCCAP:

Dependent Care Mileage:

Medicare or Medical Expense:

Child Support:

Notes:



MA - Interfaces

Data Conflicts:

IVES:

SDX/Bendex/SVES:

PARIS:

NDNH:

AVP:

SAVE:

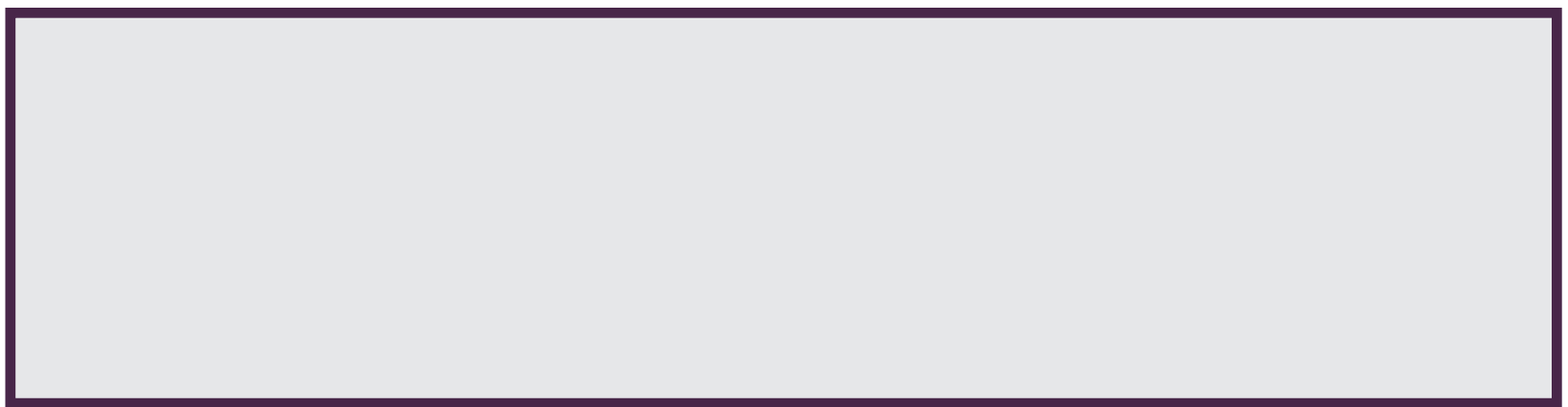
UIB:

CDOLE:

DMV:

Inquiry/Companion Cases:

Notes:



MA - Other

Self-Employment Name and Type (Sole Proprietor, LLC or S-Corp):

LLC/S-Corp:

Business Expenses:

Additional Household Member Working:

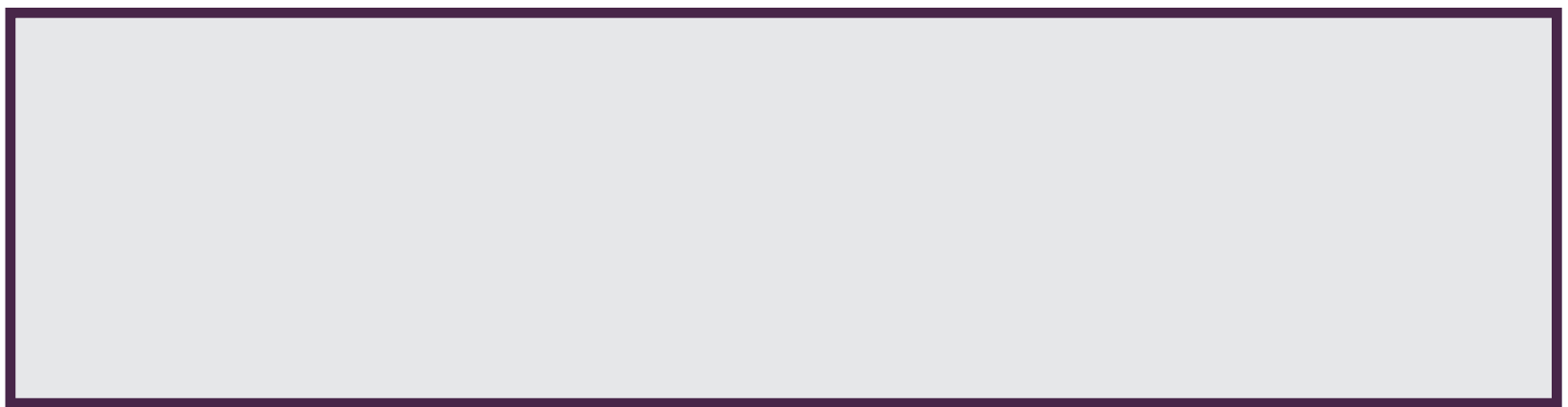
Additional Employed Individual, Employer Name, and Employment Details:

Checks Received/Gross Amounts and Pay Frequency:

Additional Unearned Income:

Unearned Income Recipient, Type & Gross Amount:

Notes:



MA - Change of Address

New Address:

Voter Registration:

Technician Name, Eligibility Site and Contact:

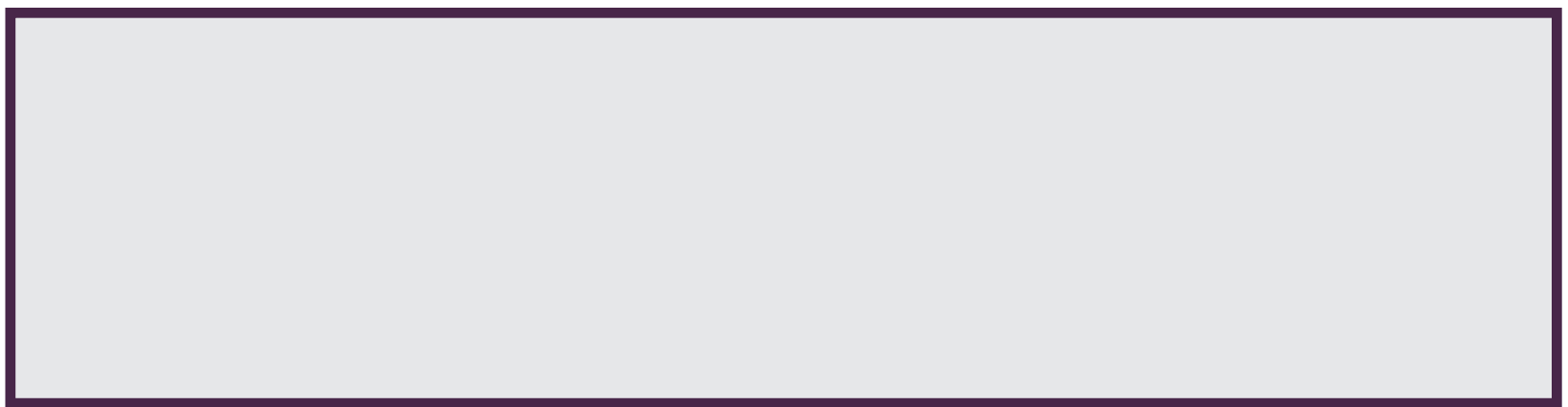
Additional Resource Name, Type and Details:

Resource Fair Market Value:

Resource Owner(s):

Amount considered Current Income & Countable Value of Resource:

Notes:



ALL HLPGs

All HLPGs - Initial Questions

Technician Name, Eligibility Site & Contact:

Interview Date/Type:

Household Composition:

Living Situation and Purchase & Prepare:

Marital Status:

Prior Aid:

Identity verified for Head of Household:

How DRA was met for each individual applying for MA:

Reasonable Opportunity given?:

Non-Citizen Status:

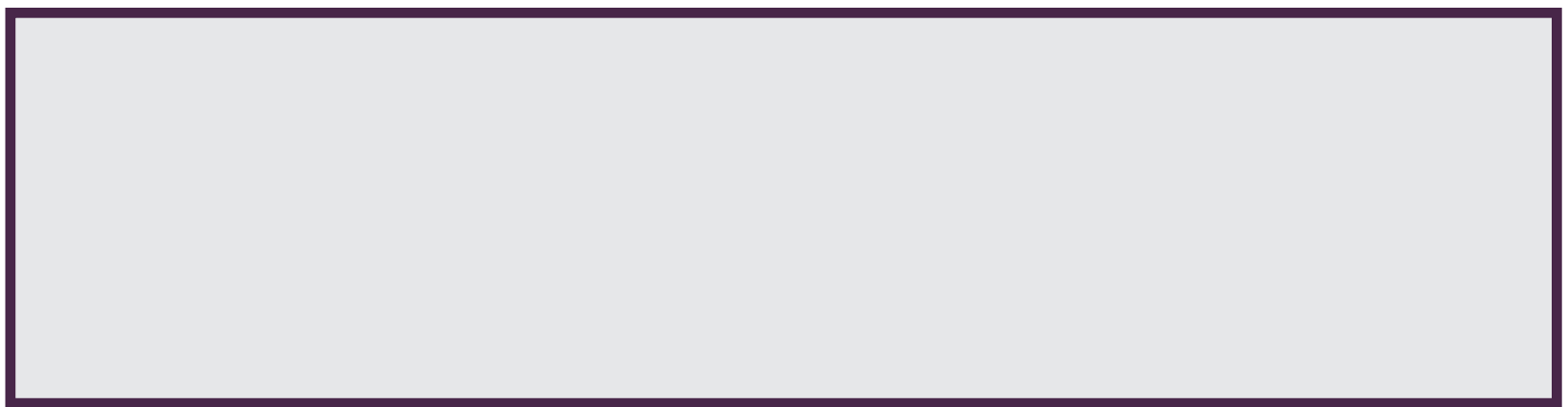
EMS/RHCS/Family Planning:

Sponsor/Spouse Information:

Ethnicity/Race:

Tax Filer Status:

Retro Med Request:



ALL HLPGs - Initial Questions *(continued)*

Pregnancy or Disability:

Authorized Representative:

Other Health Insurance:

Fleeing Felon:

Declared Medical Condition:

Verify Address/Phone Number

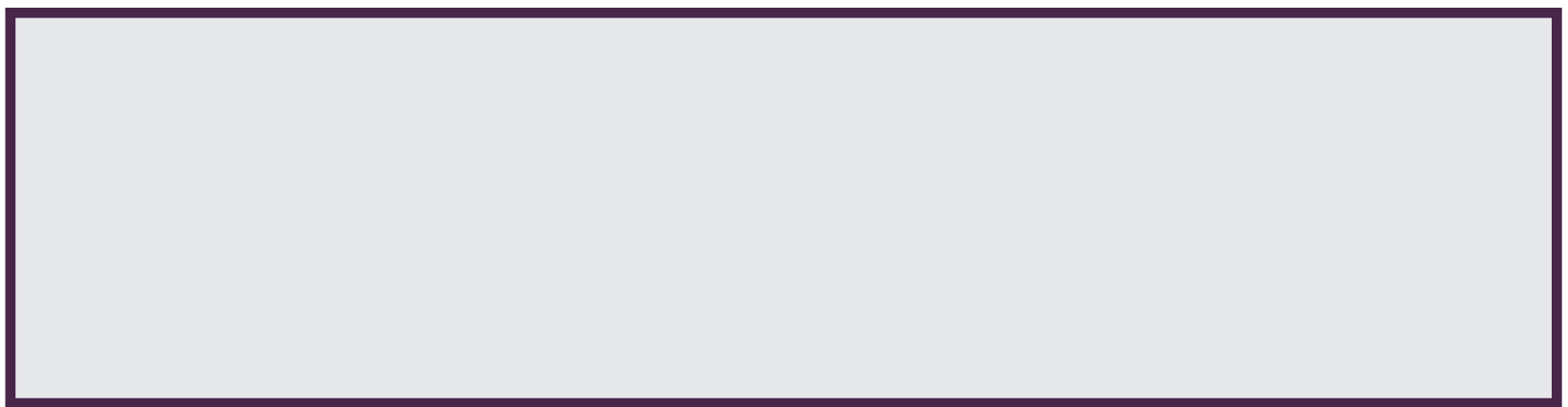
EBT Prohibited Locations & EBT Access:

Simplified Reporting (SNAP) | Limited Reporting (CW) | Other reporting:

Client has agreed to the Rights and Responsibilities portion of the application.

Voter Registration:

Notes:



Income - ALL HLPGs

Employed Individual, Employer Name, and Employment Details:

Checks Received/Gross Amounts and Pay Frequency:

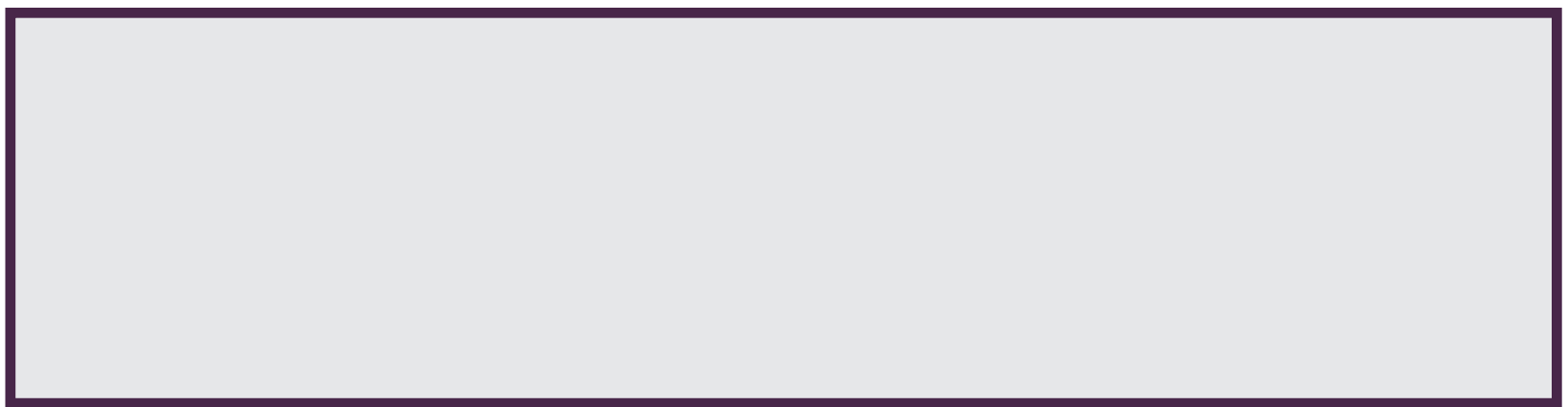
Unearned Income Recipient, Type & Gross Amount:

In-Kind Income:

Countable Income (document countable income for each member's MBU):

Work Number Results:

Notes:



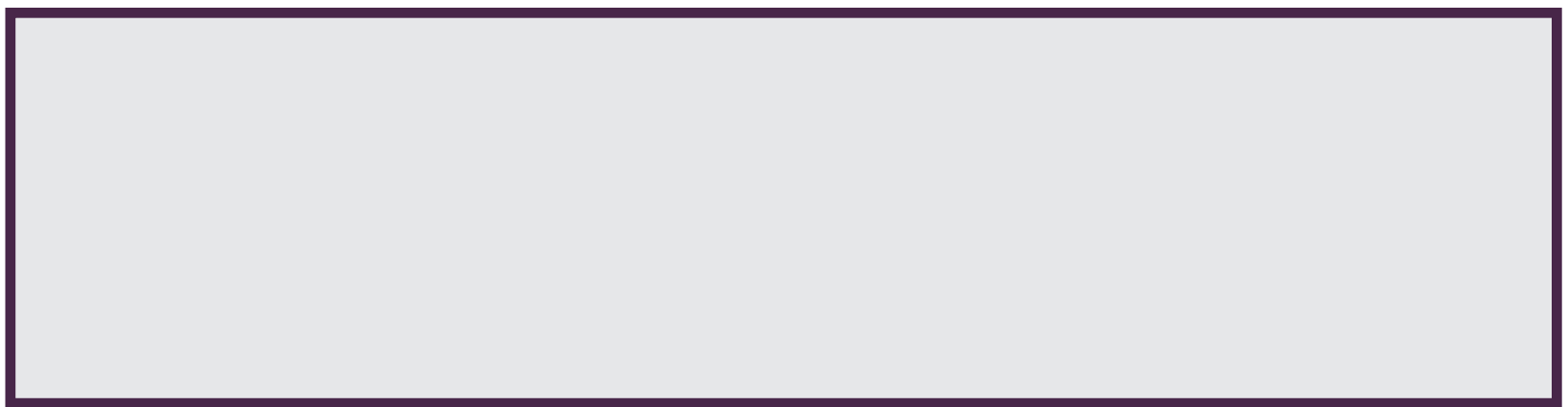
Students - ALL HLPGs

Student Status:

Financial Aid:

Is client an eligible/ineligible student? If eligible, why?:

Notes:



Resources - ALL HLPGs

Resource Name, Type and Details:

Resource Fair Market Value:

Resource Owner(s):

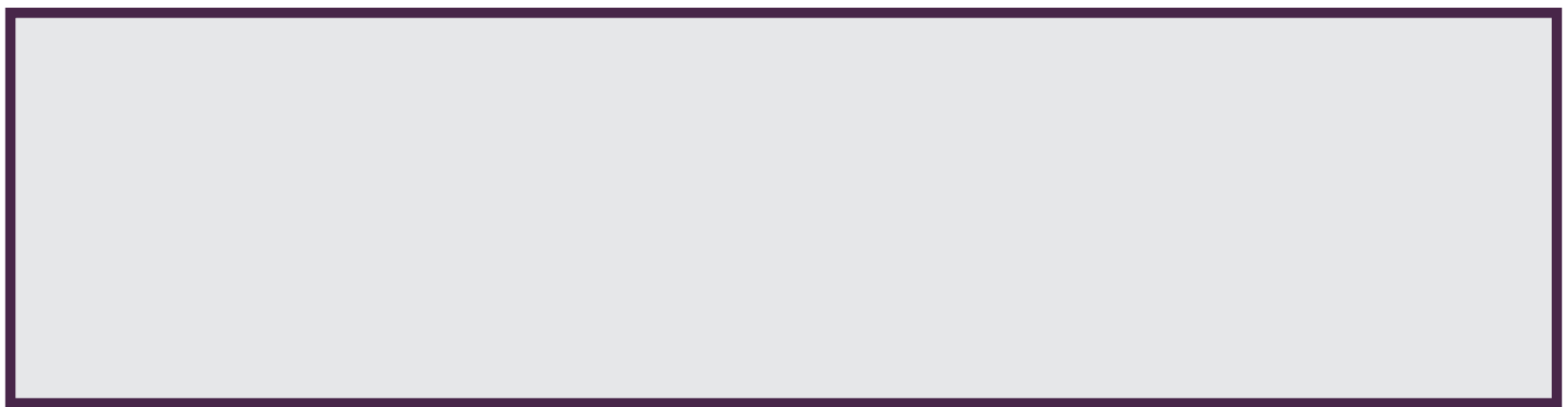
Amount Considered Current Income and Countable Value of Resource:

Transfer Without Fair Consideration:

Disposed Resources:

Life Insurance or Burial policies?:

Notes:



Shelter - ALL HLPGs

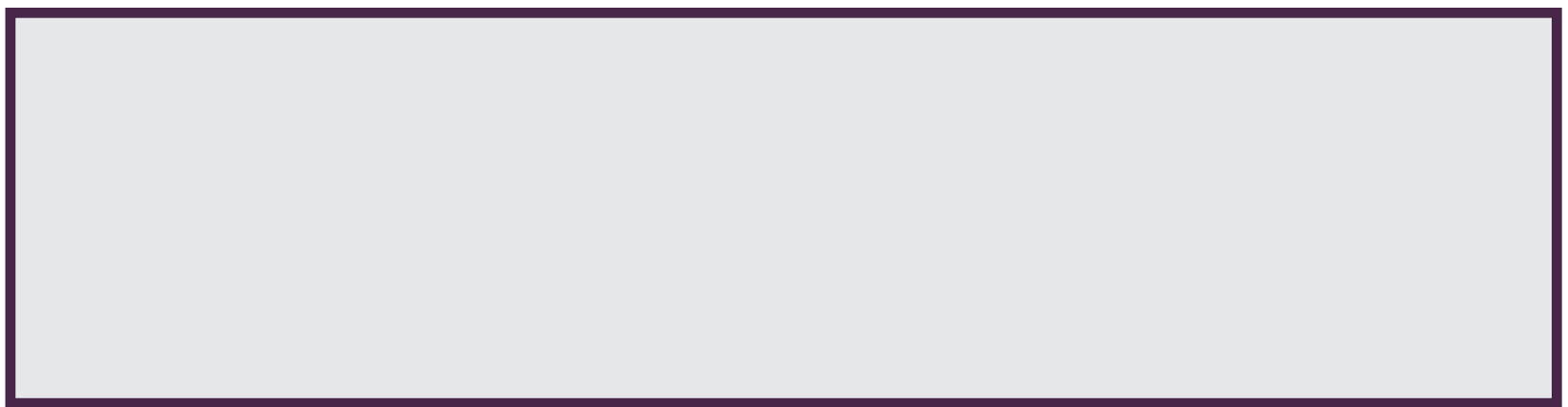
Rent/Mortgage/Taxes & Insurance:

Utilities:

Homeless Shelter Disregard Given:

Contribution:

Notes:



Expenses - ALL HLPGs

Dependent Care/ Daycare/ CCCAP:

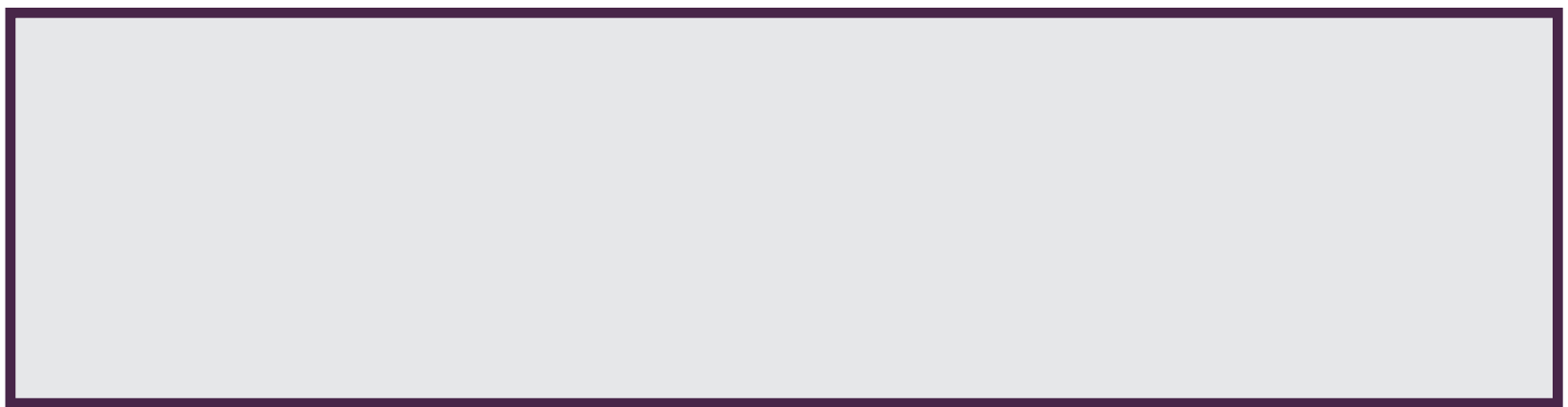
Dependent Care Mileage:

Medicare or Medical Expense:

Child Support:

If expenses exceed the income, how are they meeting their needs (for SNAP):

Notes:



Interfaces - ALL HLPGs

Data Conflicts:

IVES:

SDX/Bendex/SVES:

DRS/FA Disqualification:

PARIS:

NDNH:

AVP:

LEAP Received:

SAVE:

UIB:

CDOLE:

DMV:

Inquiry/Companion Cases:

Address Clearance:

Notes:

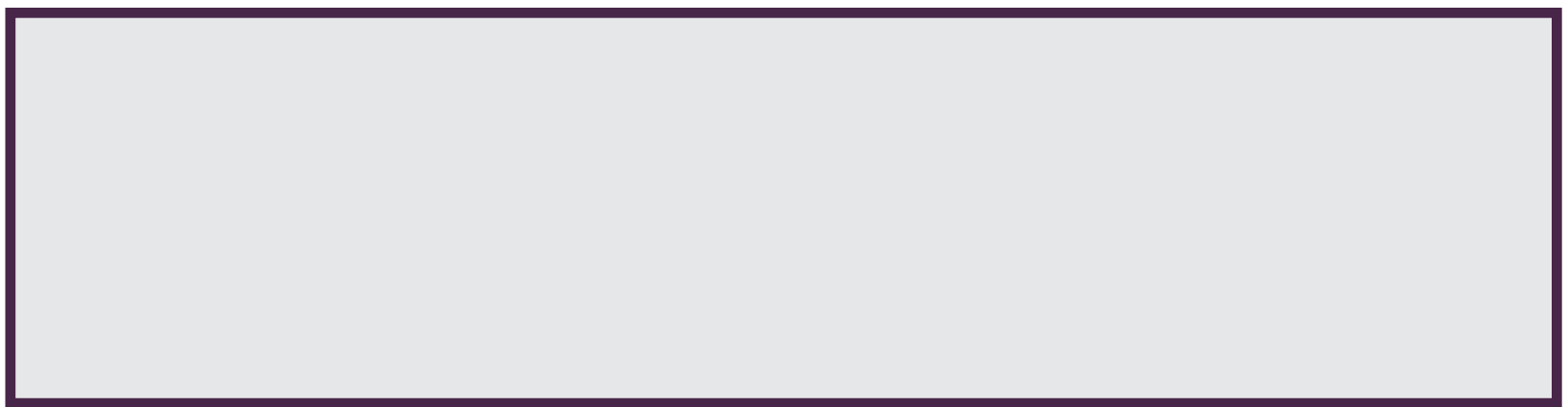
Work Requirements - ALL HLPGs

EF work registrant or if exemption is met, how?

ABAWD or if exemption is met, how?

WD registration:

Notes:



Colorado Works

16+ school verification:

Highest Grade Completed by each Household Member:

Family Violence Option (FVO):

Absent Parent(s):

Lawful Presence:

CW Case Management Initial Appointment:

Good Cause:

TANF Months Used:

Assessed Needs for Supportive Payments (non-work eligible clients):

Other Referrals:

CW Diversion

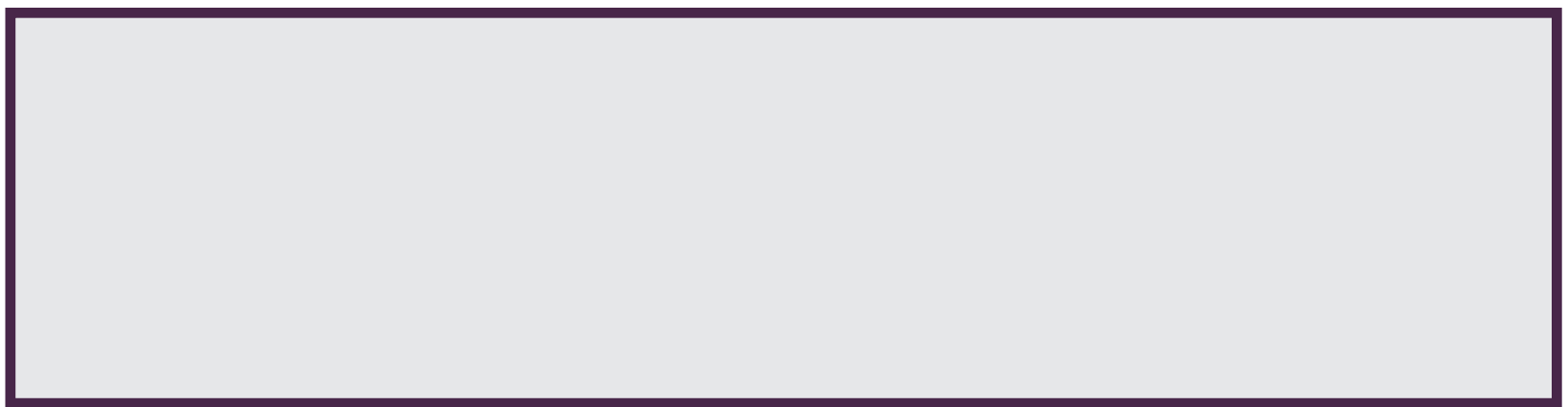
Diversion Reason and Reason Why Client Does Not Need BCA:

Diversion Amount:

Diversion Ned Amount Broken Down by Need:

Period of Ineligibility:

Client Agrees and Understands POI and Diversion Lump Sum:



Adult Financial

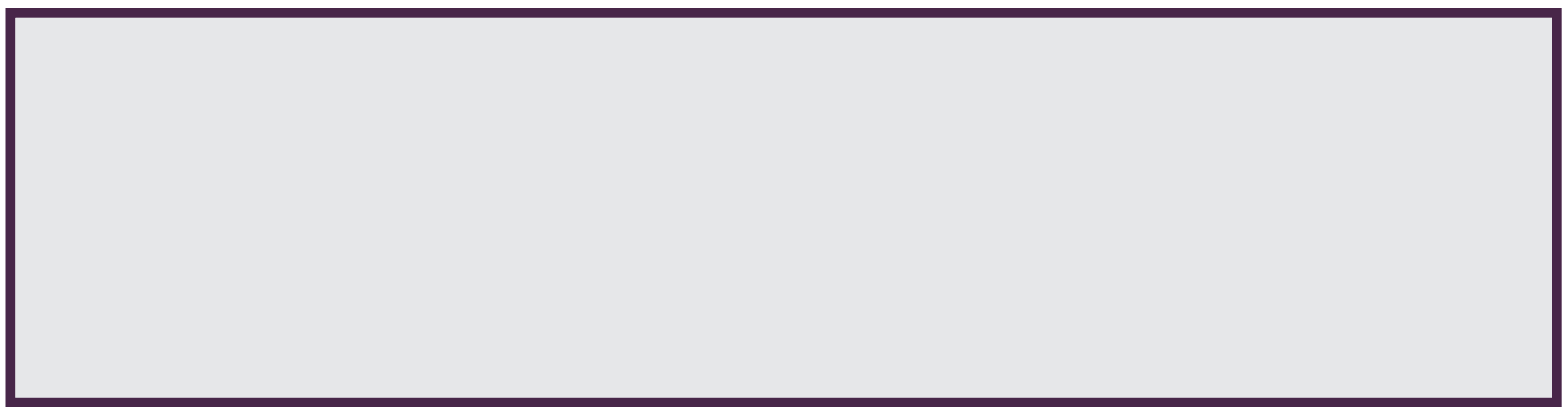
SSI Application/Appeal:

Potential Income:

IM-14:

Other Referrals:

Notes:



Long Term Care

Name of Nursing Facility:

Patient Payment:

Spousal Calculation Needed:

Trust/Type:

5615 Form:

Waiver Program:

POI - Start/End Date:

Transfer Without Fair Consideration:

Undue Hardship:

Good Cause:

Additional Resource Name, Type, and Details:

Resource Fair Market Value:

Resource Owner(s):

Amount considered Current Income & Countable Value of Resource:

Notes:

