Electronic Med-9 Forms: Overview for County Workers

The Employment and Benefits Division (EBD) oversees the administration of Adult Financial (AF) and Colorado Works (CW) programs in 64 county Human Services departments across the state. The AF programs provide financial grants to low-income aged, blind and/or disabled persons in the state of Colorado. Applicants for Aid to the Needy Disabled-State Only (AND-SO) must meet financial, disability and SSI application requirements for the program. Clients establish a qualifying disability using a Med-9 form that is completed by a licensed professional. For more information on qualifying disabilities, please review the Adult Financial Categories and Special Circumstances web-based training (WBT) in COLearn.

Clients may have a Med-9 form completed manually with a licensed provider or providers can can submit an electronic Med-9 form on behalf of the client. The electronic Med-9 form is available on the PeakPro website. The electronic Med-9 is generated from the Colorado Benefits Management System (CBMS) into the PEAKPro provider portal to allow providers to complete and submit it to the county department.

The complete Med-9 training for providers, "PeakPro Electronic Med-9 Form: Provider Training" can be found in <u>TrainColorado.com</u>

Electronic Med-9 forms can be submitted by providers at any time, and all of the same information contained on the paper Med-9 form is also collected by the electronic Med-9.

If the client is known to CBMS and has an AF application that is pending at intake, or if it is within sixty days of their recertification, the Med-9 information will be automatically uploaded into the Medical Conditions Screen in CBMS.

edical Conditions				0 C 🖨
Detail				0
Effective Begin Date		Effective End Date		
	õ		â	
ED Verification		EED Source		
Select EED Verification	Ŷ	Select EED Source		
bility to Work				
Able to Work		*Disability Type	Percent of Disability	
) Yes 🔘 No		Select Disability Type	Ý.	
Begin Date		End Date	RFCSM Score	
	ä	i	â	
ualifying Disability		Disability Indicator		
Select Qualifying Disability	~	Select Disability Indicator	Ý.	
otes for Qualifying Disability				
				le
ocial Factors				
Select Social Factors	~			
otes for Social Factors				
				2
512				



COLORADO Healthcare & Economic Security Staff Development Division

If the client is not known to CBMS, or if it is not within sixty days of their next Adult Financial certification period, the electronic Med-9 will be sent to the Program Eligibility Application Kit (PEAK) Inbox to be worked manually by the county worker.

County workers are able to search for electronic Med-9s in the PEAK Inbox by selecting the Med-9 checkbox (highlighted in red) in the search criteria. If the individual associated with that Med-9 later applies for an AF program, an informational message will display in CBMS that states, "There is an unlinked Med-9 for this client in the PEAK inbox".

Search Criteria				
Tracking #	*County	User Assigned Status Assigned Ubassigned - Both	User Assigned	
	ADAMS	Character C. crambles . con	A.	
Program Type	Expedited	Telephonically Signed	Office	
Select Program Type			Select Office "	
AF Late RRR	CW Late RRR	SNAP Late RRR	MA Late RR	
Program(s) Ended	CW Extension	Med.9	CW child-only	
First Name	Last Name	SSN	Case #	
RTE Status	Application Status	Application Type Select Application Type	MA Type MAGI O Non-MAGI All	
Select RTE Status v	Submitted ~			
Application Source	*App Submit From Date	'App Submit To Date		
Select Application Source	07/23/2022	08/22/2022	Search	
App Type Tracking # User Assigned Program(s) R., Program(s) A., Pr	Its offreconts = 0 / Page 0 of 0 > oppend(s) E RRR Program RTE Case # Non RTE Case # RMC Case # Exped	ited SNK09Kopy Submit/		

