

TIMELINES

SNAP, Adult Financial, Colorado Works, & Medical Assistance

Click each topic below to view or download timeline requirements for each program, including new applications, mid-certification changes, verifications, renewals, and interviews.



SNAP

SNAP
Initial Application

SNAP
Ongoing

SNAP
Renewal/RRR



Adult Financial & Colorado Works

AF & CW
Initial Application

Adult Financial
Ongoing

Colorado Works
Ongoing

AF & CW
Renewal/RRR



Medical Assistance

MA
Initial Application

MA
Ongoing

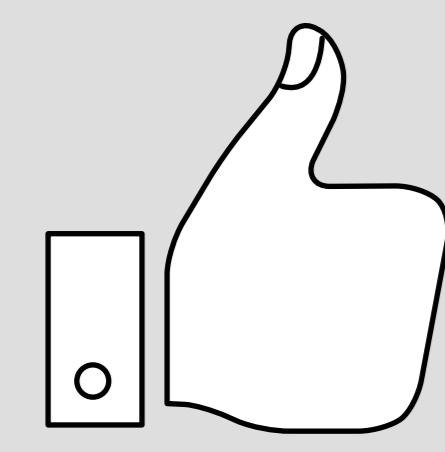
MA
Renewal/RRR



SNAP INITIAL APPLICATION

main menu

ACTION



VERIFICATIONS

IF RECEIVED **WITHIN 30 DAYS** OF THE APPLICATION, **RESCIND** BACK TO THE ORIGINAL APPLICATION DATE.

IF **NOT RECEIVED WITHIN 30 DAYS** OF THE APPLICATION, CBMS WILL **AUTO-DENY ON DAY 30**.

IF RECEIVED **BETWEEN 31 AND 60 DAYS** AFTER APPLICATION RECEIVED, **REOPEN**.

IF RECEIVED **OVER 60 DAYS** AFTER APPLICATION RECEIVED, **CLIENT NEEDS TO REAPPLY**.



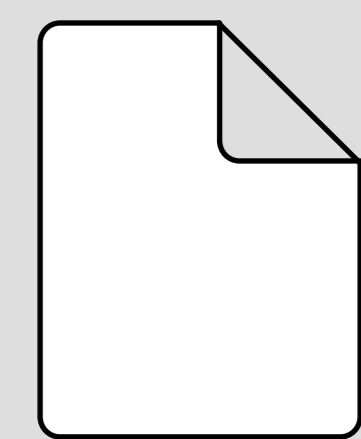
INTERVIEW

IT IS BEST PRACTICE TO CONDUCT ALL INTERVIEWS **WITHIN 7 DAYS**, IF MANAGEABLE.



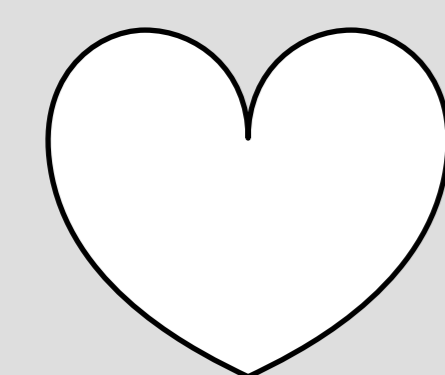
MISSED INTERVIEW

MISSED INTERVIEW FOR REGULAR APPLICATION? PEND FOR **30 DAYS** FROM THE APPLICATION DATE.



REGULAR SNAP APPLICATION

BENEFITS MUST BE ISSUED BY THE **30TH CALENDAR DAY** FROM THE APPLICATION DATE. CLIENT MUST HAVE THEIR EBT CARD BY THE 30TH DAY (OR IN THE MAIL BY DAY 28) TO BE TIMELY.



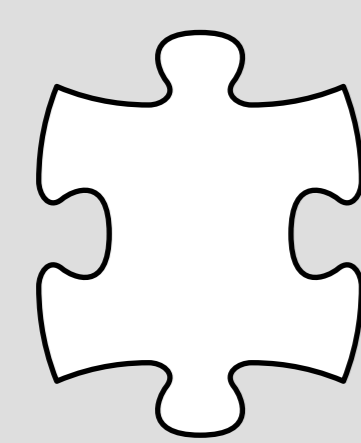
EXPEDITED SNAP APPLICATION

BENEFITS MUST BE ISSUED BY THE **7TH CALENDAR DAY** FROM THE APPLICATION DATE. CLIENT MUST HAVE THEIR EBT CARD BY THE **7TH CALENDAR DAY** (OR IN THE MAIL BY DAY 5) TO BE TIMELY. *MISSED INTERVIEW WILL BE DENIED FOR EXPEDITED SNAP APPLICATIONS.



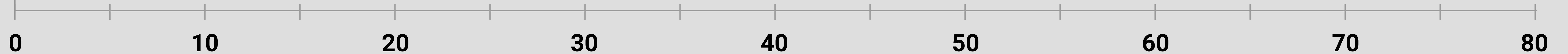
DISASTER SNAP APPLICATION

BENEFITS MUST BE PROCESSED **WITHIN FIVE (5) BUSINESS DAYS** TO DETERMINE ELIGIBILITY.



REPLACEMENT ISSUANCE

HOUSEHOLD MUST REPORT LOSS WITHIN 10 DAYS OF THE MISFORTUNE/DISASTER AND COUNTY OFFICE MUST ISSUE REPLACEMENT BENEFITS **WITHIN 2 DAYS** OF BEING NOTIFIED.



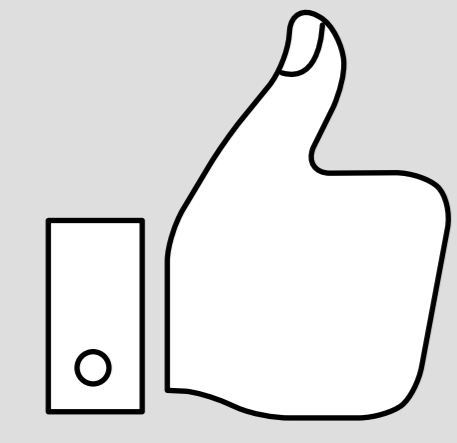
NUMBER OF DAYS



SNAP ONGOING

main menu

ACTION



VERIFICATIONS

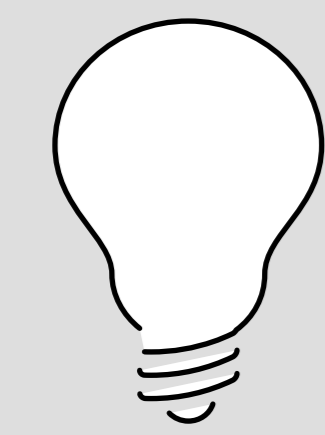
IF RECEIVED **WITHIN 30 DAYS** OF CASE CLOSURE, **REINSTATE**.

IF RECEIVED **31 OR MORE DAYS** AFTER CASE CLOSURE, **CLIENT NEEDS TO REAPPLY**.



EXCEEDING 130% FPL

IF CLIENT REPORTS THEY WILL EXCEED 130% FPL AND VERIFICATION NOT PROVIDED, UPDATE INFORMATION USING CLIENT STATEMENT TO GENERATE VCL. **21-DAY COUNT BEGINS THE DAY VERIFICATION IS RECEIVED.**



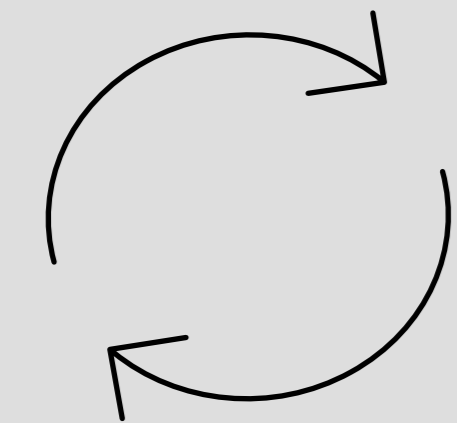
MID-CERTIFICATION POSITIVE CHANGES

IF THE CHANGE WILL INCREASE BENEFITS, REQUEST VERIFICATION IF REQUIRED. **VCL DUE DATE IS THE 10TH OF THE RRR/PR DUE MONTH (10+5 FOR ACP).**



ADVERSE ACTION

TAKE ACTION ON THE CASE **WITHIN 10 DAYS** AND SEND THE NOAA TO THE HOUSEHOLD **WITHIN 11 DAYS** BEFORE THE ACTION IS TO TAKE EFFECT.



REPLACEMENT ISSUANCE

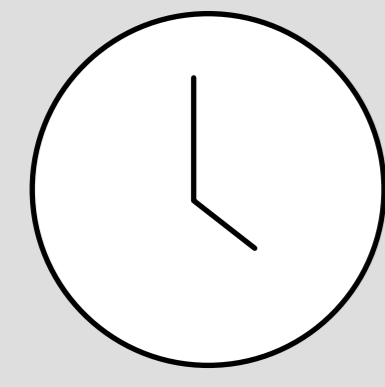
HOUSEHOLD MUST REPORT LOSS WITHIN 10 DAYS OF THE MISFORTUNE/DISASTER AND COUNTY OFFICE MUST ISSUE REPLACEMENT BENEFITS **WITHIN 2 DAYS**

0 10 20 30 40 50 60 70 80

NUMBER OF DAYS



ACTION

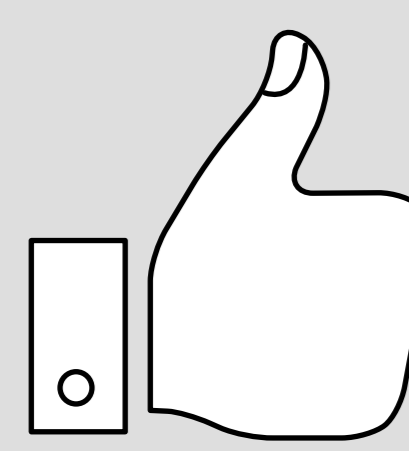


LATE RRR VERIFICATION RECEIVED...

IF RECEIVED **WITHIN 30 DAYS** OF THE LATE RRR, **RESCIND**

IF RECEIVED **BETWEEN 31 AND 60 DAYS** AFTER PACKET RECEIVED, **REOPEN**.

IF RECEIVED **OVER 60 DAYS** AFTER THE LATE PACKET RECEIVED, **CLIENT NEEDS TO REAPPLY**.



TIMELY/UNTIMELY VERIFICATION RECEIVED

IF RECEIVED **BEFORE END OF RRR DUE DATE**, **RESCIND** BACK TO ORIGINAL PACKET RECEIVED DATE.

IF RECEIVED **AFTER RRR DUE MONTH, BUT WITHIN THE FIRST 30 DAYS** OF NEW CERTIFICATION PERIOD, **REOPEN**.

IF NOT RECEIVED, CBMS WILL AUTO-DISCONTINUE AFTER DUE DATE, PLUS 3 DAYS. CBMS WILL CLOSE 1-3 DAYS IF THE VCL DUE DATE IS PRIOR TO THE END OF THE MONTH TO AVOID SNAP GOING OVERDUE.

IF RECEIVED **31 DAYS AFTER** RRR MONTH/NEW CERTIFICATION



SCHEDULING RRR INTERVIEWS

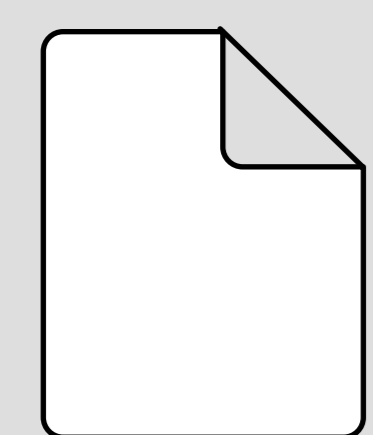
IT IS BEST PRACTICE TO CONDUCT ALL INTERVIEWS **WITHIN 7 DAYS**, IF MANAGEABLE. REQUIRED WITHIN **12 MONTHS** OF THE CERTIFICATION PERIOD.

MISSED INTERVIEW - TIMELY/UNTIMELY RRR

SNAP WILL DENY IF CLIENT RESCHEDULES **BEFORE RRR DUE DATE**, CASE WILL BE RESCINDED AFTER INTERVIEW. IF INTERVIEW SCHEDULED **AFTER RRR DUE DATE DUE TO COUNTY DELAY**, CASE WILL BE RESCINDED; IF CLIENT RESCHEDULED **AFTER RRR DUE DATE BUT WITHIN 30 DAYS**, CASE WILL BE AI'D FOR THE DATE THE INTERVIEW WAS COMPLETED.

MISSED INTERVIEW - LATE RRR

FOLLOW PROCESS AND TIMELINE FOR INTAKE.



TIMELY RRR

RECEIVED BY THE 15TH OF THE DUE MONTH.

ELIGIBILITY DETERMINATION MUST BE MADE **BY THE LAST DAY** OF THE CERTIFICATION.

UNTIMELY RRR

RECEIVED BETWEEN THE 16TH AND THE LAST DAY OF THE DUE MONTH.

ELIGIBILITY DETERMINATION SHOULD BE MADE ASAP, BUT **NO LATER THAN 30 DAYS** FROM THE DATE RECEIVED.

LATE RRR

RECEIVED AFTER THE LAST DAY OF THE RRR DUE MONTH.

CLIENT MAY COMPLETE LATE RRR PACKET **WITHIN 30 DAYS OF THE RRR DUE DATE**. ELIGIBILITY DETERMINATION MUST BE MADE **WITHIN 7 DAYS FOR EXPEDITED SNAP** AND **WITHIN 30 DAYS FOR REGULAR SNAP**, BASED ON THE DATE THE RRR IS RECEIVED.

RRR RECEIVED AFTER CERTIFICATION PERIOD EXPIRES?

FOLLOW THE TIMELINES FOR NEW APPLICATIONS, AND EXPEDITED CRITERIA MUST BE APPLIED.



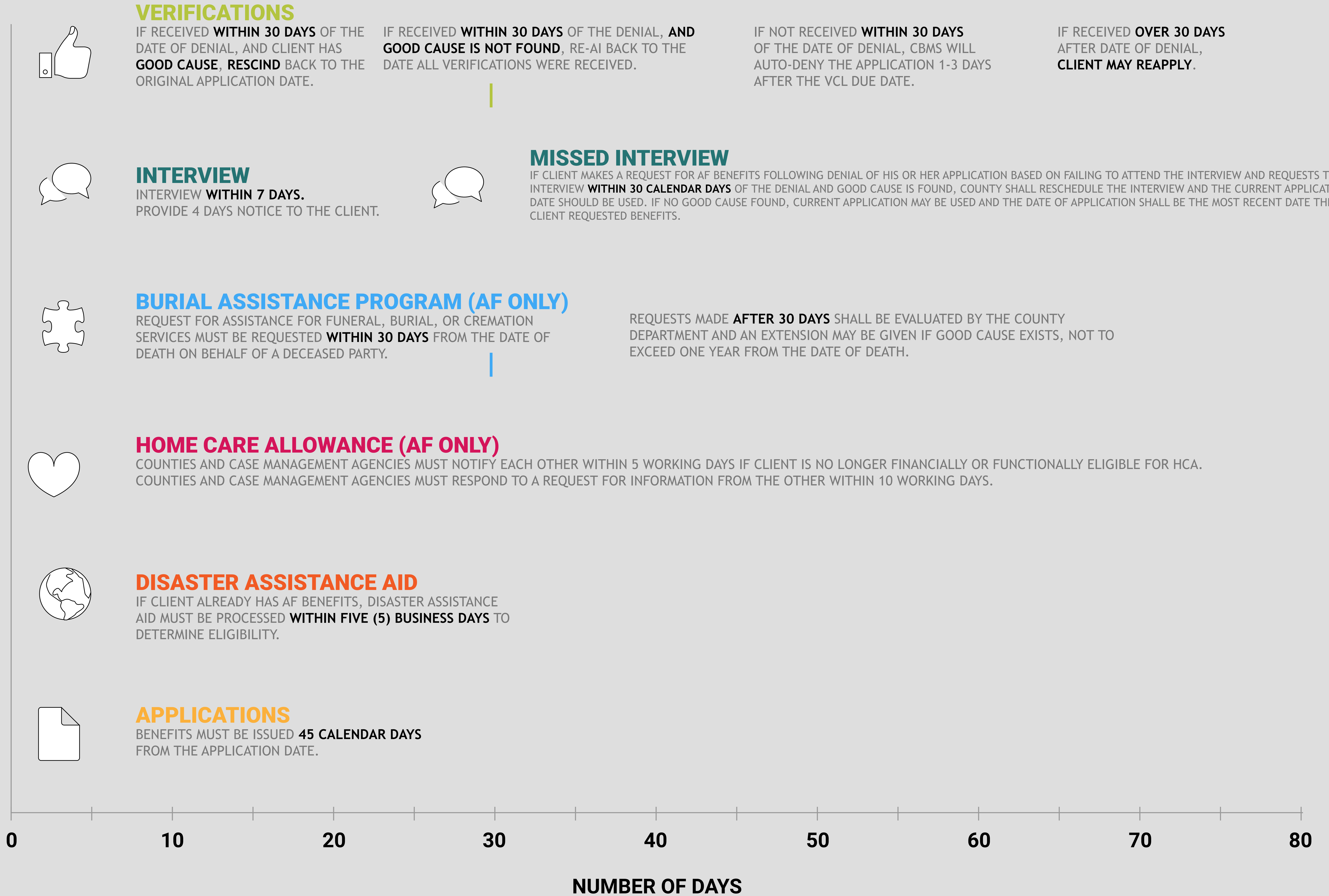
NUMBER OF DAYS



AF & CW INITIAL APPLICATION

main menu

ACTION



ADULT FINANCIAL ONGOING

main menu

CERTIFICATION PERIODS

Aid to the Needy Disabled - State Only (AND-SO)
VARIES BETWEEN 6-12 MONTHS AND ALIGNS WITH MED-9



Aid to the Needy Disabled - Colorado Supplement (AND-CS)
12 MONTH CERTIFICATION



Old Age Pension (OAP)
12-24 MONTHS DEPENDING ON THE INCOME



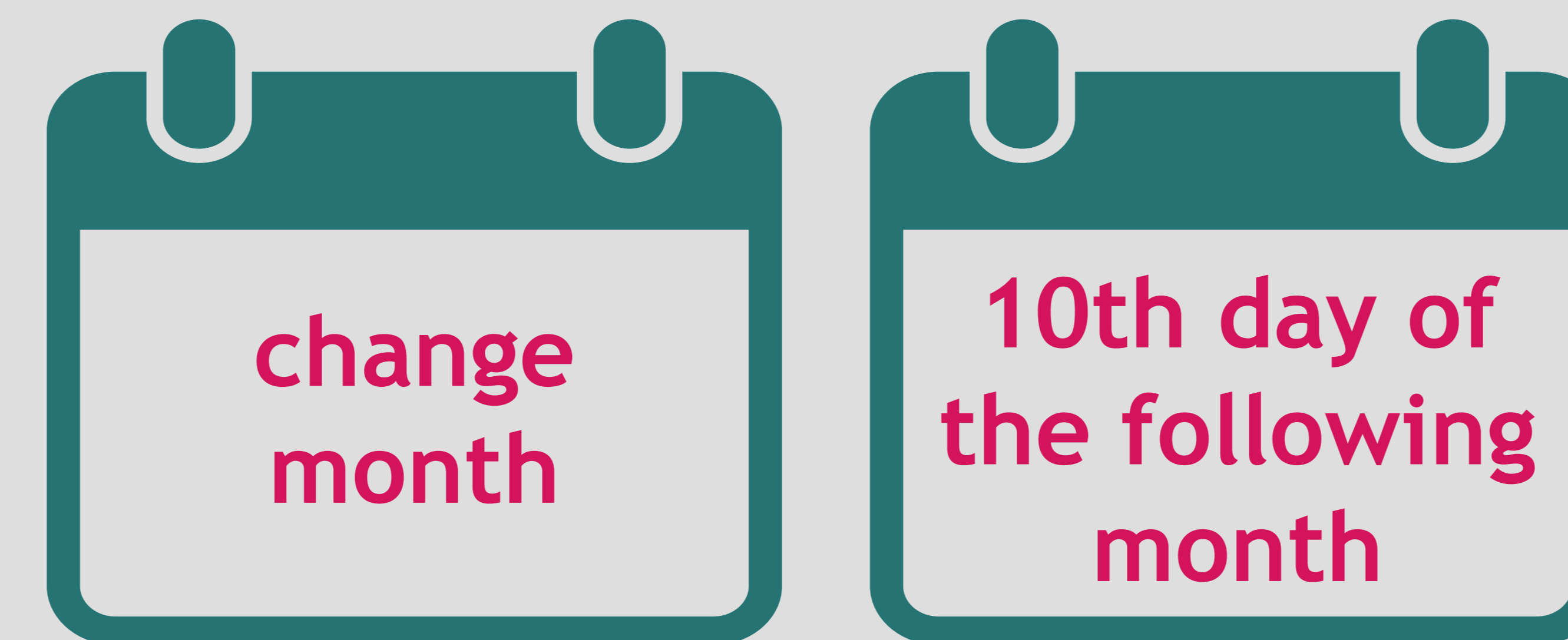
Home Care Allowance (HCA)
12 MONTHS (EXCEPT FOR SSI HCA)



Personal Needs Allowance (PNA)
FOLLOWS EITHER THE OAP OR AND CRITERIA

CHANGES

CLIENTS MUST REPORT AND VERIFY ANY CHANGES IN THEIR CIRCUMSTANCES BY THE 10TH OF THE MONTH FOLLOWING THE CHANGE.



IF THE CHANGE **IS REPORTED BY THE 10TH** OF THE MONTH FOLLOWING THE CHANGE, **BUT IS NOT VERIFIED**, THE CLIENT WILL BE ALLOWED 11 DAYS TO PROVIDE VERIFICATION.

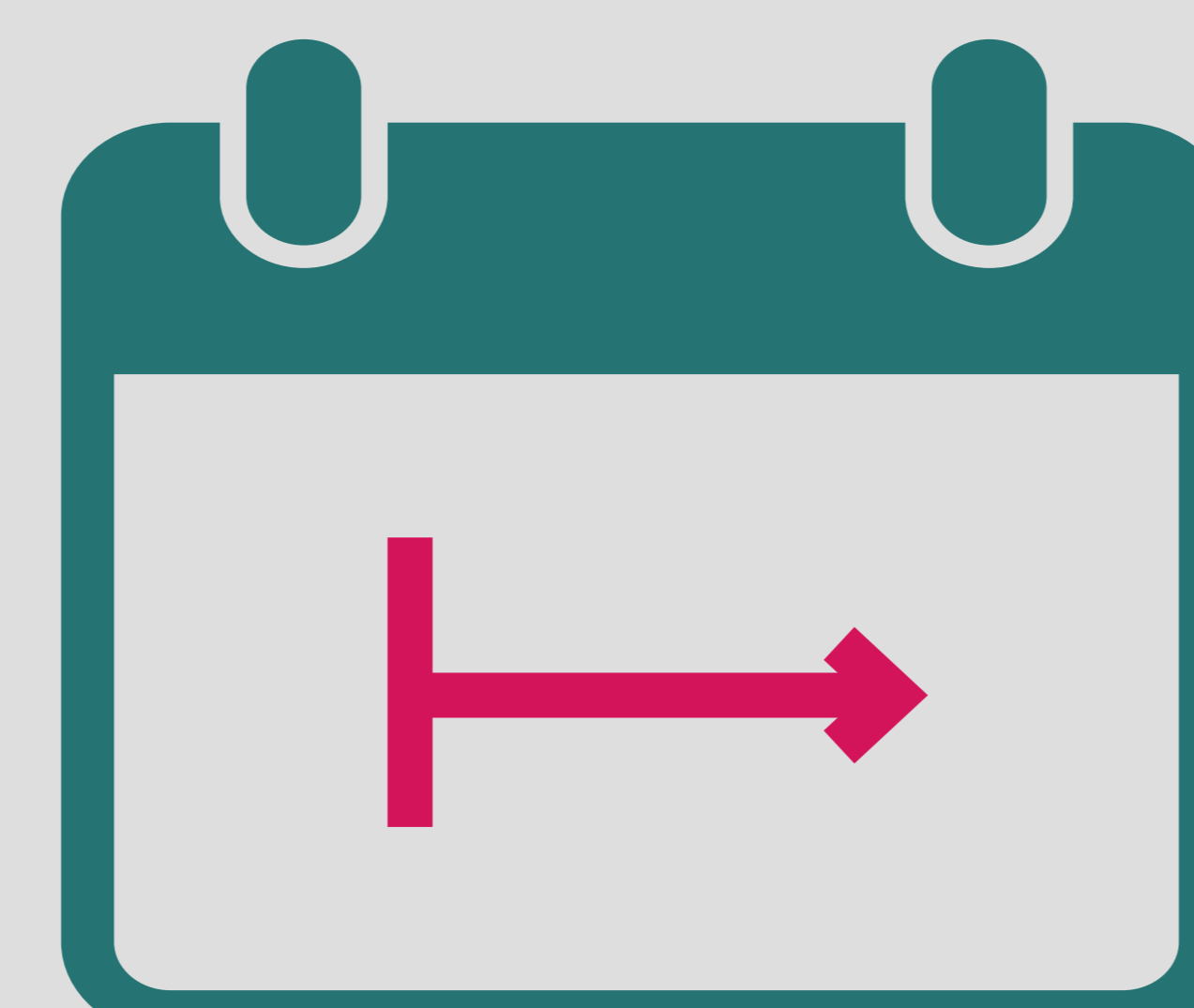
IF THE **CHANGE IS NOT VERIFIED**, ANY INCREASE IN BENEFIT WILL NOT GO INTO EFFECT UNTIL THE VERIFICATION IS RECEIVED.

IF VERIFICATION OF THE CHANGE IS NOT RECEIVED PRIOR TO THE VCL DUE DATE, AN ELIGIBILITY DECISION WILL BE MADE WITHOUT THE REQUIRED VERIFICATION AND THE CLIENT MAY FAIL OR BE DENIED/TERMINATED.

VERIFICATIONS

IF A CLIENT HAS **NOT** GONE A FULL MONTH WITHOUT BENEFITS, OR THERE IS **GOOD CAUSE**, **RESCIND.**

IF A CLIENT HAS GONE A FULL MONTH WITHOUT BENEFITS, **CLIENT NEEDS TO REAPPLY.**



TIMELY NOTICING

TIMELY NOTICING IS ONLY APPLIED IN ONGOING MODE AND WILL BE DETERMINED USING THE VERIFICATION DUE DATE + 11 DAYS TO DETERMINE WHEN BENEFITS WILL END.

Verification due date +11 days

WHEN A CHANGE WILL CAUSE A REDUCTION IN BENEFITS BECAUSE OF A VERIFIED CHANGE, THE REDUCTION NOTICE WILL BE SENT BASED ON TIMELY NOTICING.

IF VCL DUE DATE +11 DAYS (+5 DAYS FOR ACP CASES) IS **PRIOR** TO THE LAST DAY OF THE VCL DUE MONTH, THE CASE WILL BE DENIED OR TERMINATED **AT THE END OF THE VCL DUE MONTH.**



IF VCL DUE DATE +11 DAYS (+5 DAYS FOR ACP CASES) IS **AFTER** THE LAST DAY OF THE VCL DUE MONTH, THE CASE WILL BE DENIED OR TERMINATED **AT THE END OF THE MONTH FOLLOWING THE VCL DUE DATE.**



COLORADO WORKS ONGOING

[main menu](#)

CERTIFICATION PERIODS

BEGINNING WITH THE FIRST MONTH THE HOUSEHOLD RECEIVES A COLORADO WORKS BENEFIT (PRORATED FROM THE APPLICATION DATE) AND CONTINUES THROUGH THE LAST DAY OF THE 6TH MONTH.

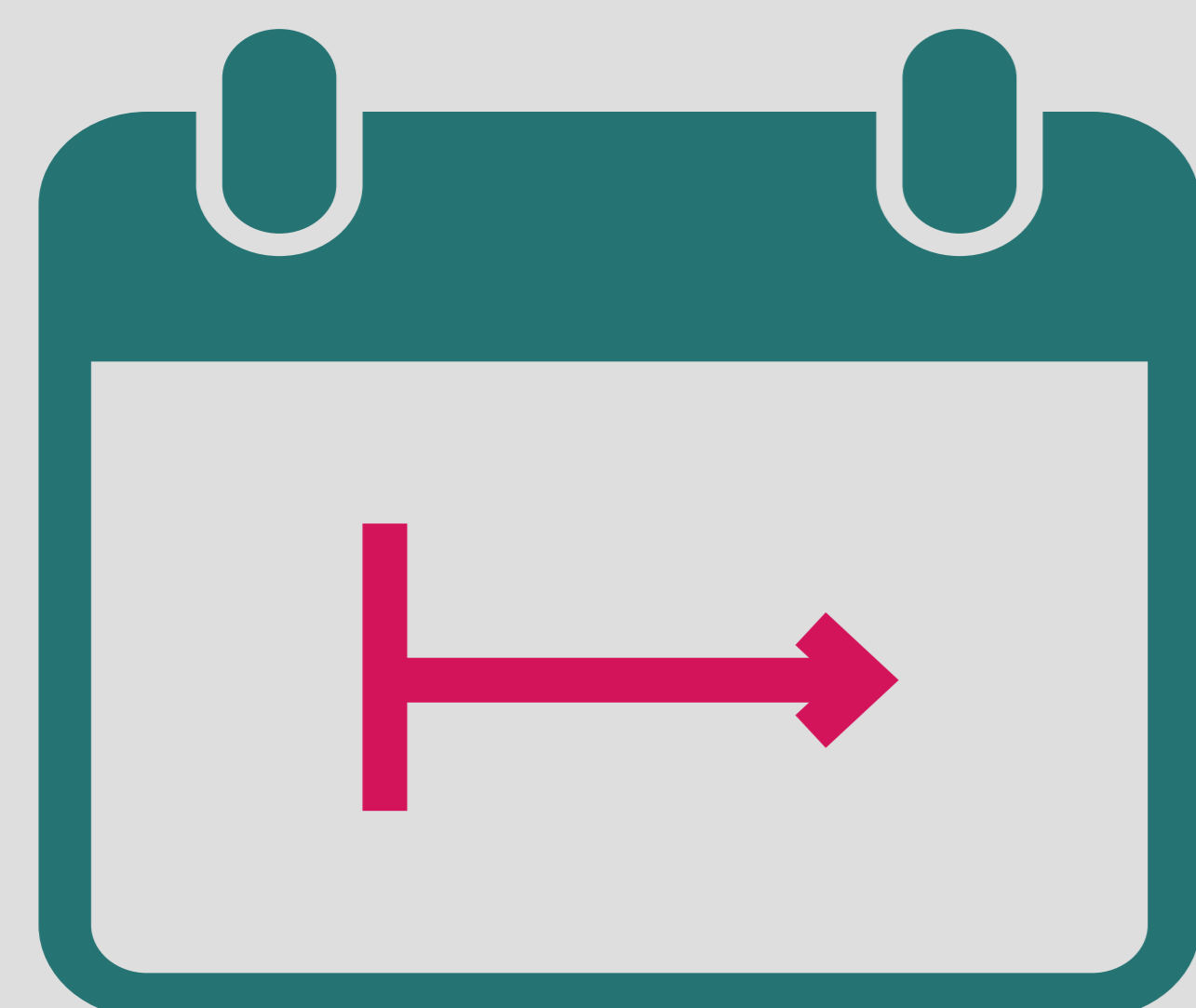
NOTE: CERTIFICATIONS MAY BECOME LONGER THAN 6 MONTHS TO ALIGN WITH SNAP, BUT NEVER SHORTER.



VERIFICATIONS

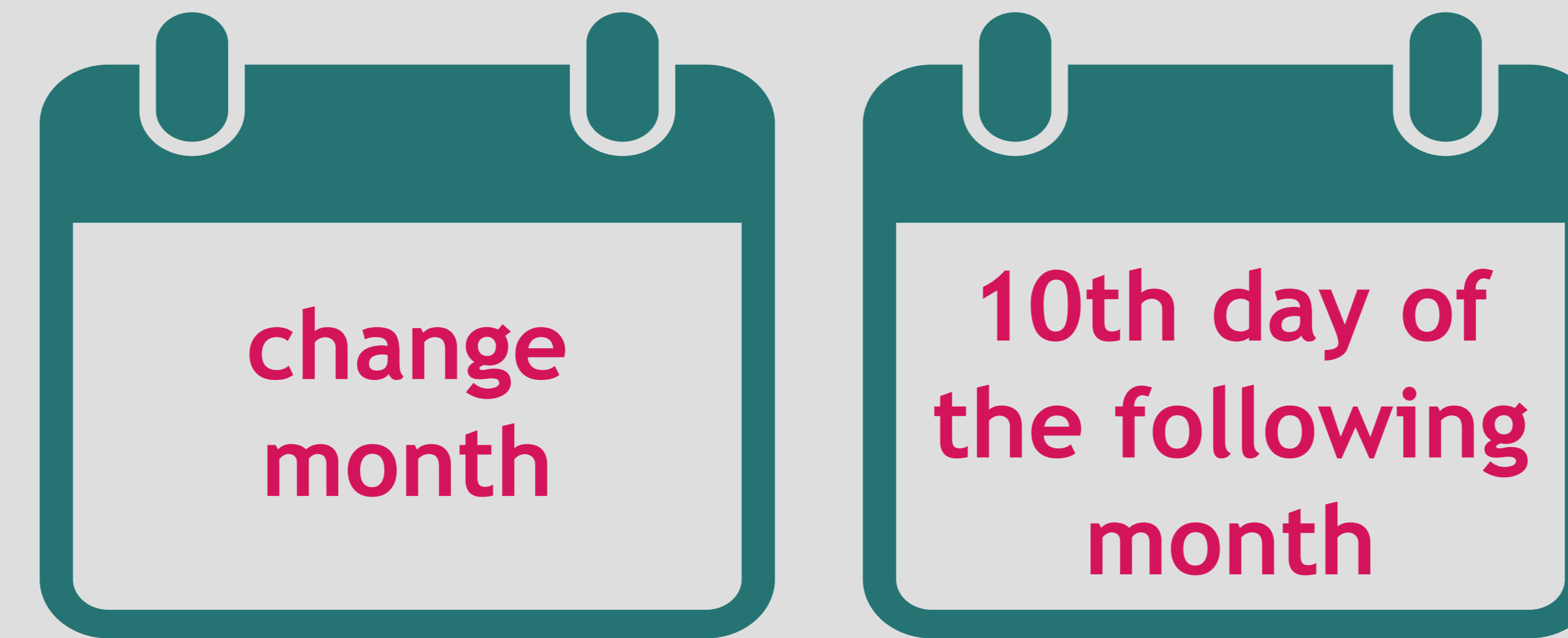
IF A CLIENT HAS **NOT** GONE A FULL MONTH WITHOUT BENEFITS, OR THERE IS **GOOD CAUSE**, **RESCIND**.

IF A CLIENT HAS GONE A FULL MONTH WITHOUT BENEFITS, **CLIENT NEEDS TO REAPPLY**.



CHANGES

CLIENTS MUST REPORT AND VERIFY ANY CHANGES IN THEIR CIRCUMSTANCES BY THE 10TH OF THE MONTH FOLLOWING THE CHANGE.



IF THE CHANGE **IS REPORTED BY THE 10TH** OF THE MONTH FOLLOWING THE CHANGE, **BUT IS NOT VERIFIED**, THE CLIENT WILL BE ALLOWED 11 DAYS TO PROVIDE VERIFICATION.

IF THE **CHANGE IS NOT VERIFIED**, ANY INCREASE IN BENEFIT WILL NOT GO INTO EFFECT UNTIL THE VERIFICATION IS RECEIVED.

IF VERIFICATION OF THE CHANGE IS NOT RECEIVED PRIOR TO THE VCL DUE DATE, AN ELIGIBILITY DECISION WILL BE MADE WITHOUT THE REQUIRED VERIFICATION AND THE CLIENT MAY FAIL OR BE DENIED/TERMINATED.

TIMELY NOTICING

A NOTICE MUST BE SENT TO THE CUSTOMER 10 CALENDAR DAYS PLUS 1 FOR MAILING BEFORE THE EFFECTIVE DATE OF CERTAIN CHANGES

10 + 1 days



ADVERSE ACTION

THE CW CLIENT HAS UNTIL THE 10TH OF THE FOLLOWING MONTH TO REPORT A REQUIRED CHANGE IF THE CLIENT'S REPORTED CHANGE RESULTS IN A BENEFIT REDUCTION OR LOSS OF ELIGIBILITY.

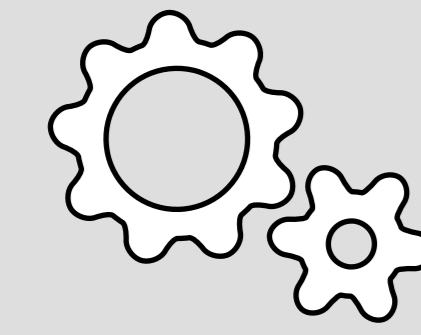
THE ELIGIBILITY WORKER HAS 10 DAYS TO WORK THIS CHANGE.

THERE IS 10 DAYS FOR NOTICING WITH AN ADDITIONAL 1 DAY FOR MAILING.



ADULT FINANCIAL & COLORADO WORKS RRR

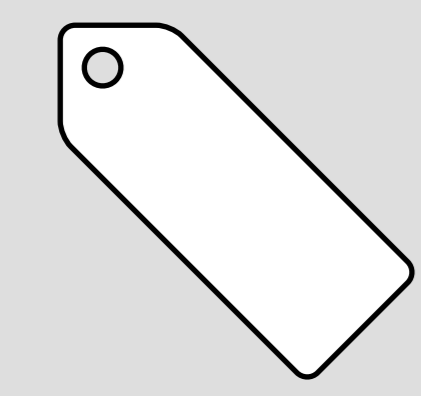
ACTION



COLORADO WORKS ONLY

VCLS FOR ADDITIONAL VERIFICATIONS
 CASE LEVEL VERIFICATIONS 10+1 DAYS; I
 INDIVIDUAL LEVEL VERIFICATIONS 30 DAYS.

RRR/RENEWALS
 EVERY 6 MONTHS



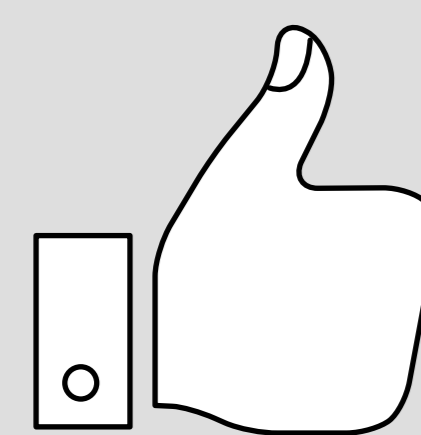
ADULT FINANCIAL ONLY

AND-SO VERIFICATIONS
 DATA ENTRY MUST BE COMPLETED TO SHOW THE
 CURRENT MED-9 STATUS.
 DATA ENTRY MUST BE COMPLETED TO SHOW A
 CURRENT IM-14 **WITHIN 30 DAYS** OF RECEIPT.

THE **MED-9** AND **IM-14** ARE SENT TO THE CLIENT WITH THEIR RRR PACKET, ALONG WITH A SPEED LETTER THAT TELLS THE CLIENT THAT THEY MUST RETURN THESE DOCUMENTS COMPLETED WITH THEIR RRR PACKET (OR BEFORE). IF THE CLIENT DOES NOT PROVIDE THESE DOCUMENTS WITH THEIR RRR, IT IS NOT NECESSARY TO REQUEST THESE ITEMS AGAIN VIA VCL, IT IS ACCEPTABLE TO DISCONTINUE UNLESS THE CLIENT INDICATES GOOD CAUSE DURING THEIR INTERVIEW.

RRR/RENEWALS

EVERY 12 MONTHS FOR MOST AF CASES
 AND-SO CLIENTS HAVE A 6-12 MONTH CERTIFICATION PERIOD BASED ON MED-9
 CERTAIN OAP CLIENTS HAVE A 24 MONTH CERTIFICATION



VERIFICATION RECEIVED...

PAST THE DUE DATE, BUT RECEIVED **BEFORE END OF THE RRR DUE MONTH**, THE CASE SHOULD BE **RESCINDED**.

IF NOT RECEIVED OR ENTERED BY THE DUE DATE, CBMS WILL AUTO-DISCONTINUE THE CASE 1-3 DAYS AFTER THE DUE DATE.

IF RECEIVED **WITHIN 30 DAYS** OF THE DISCONTINUATION, AND GOOD CAUSE IS FOUND, THE CASE SHOULD BE RE-AI'D USING THE FIRST DAY OF THE NEW CERTIFICATION PERIOD.

IF RECEIVED **31 DAYS AFTER** DISCONTINUANCE, **NEW APPLICATION IS REQUIRED**.

IF NO GOOD CAUSE IS FOUND, THE CASE SHOULD BE RE-AI'D USING THE DATE VERIFICATION WAS PROVIDED.

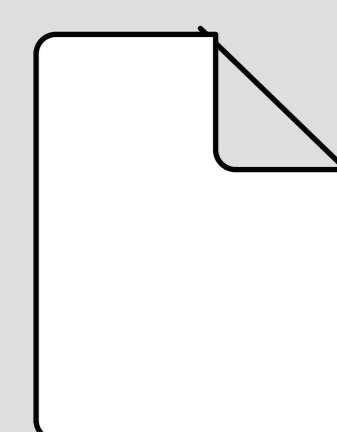


SCHEDULING RRR INTERVIEWS

INTERVIEW WITHIN **7 DAYS**.
 REQUIRED **AT EVERY RRR** FOR ADULT FINANCIAL
 REQUIRED **EVERY 12 MONTHS** FOR COLORADO WORKS.
 PROVIDE **4 DAYS** NOTICE TO THE CLIENT.

MISSED INTERVIEW

IF CLIENT MAKES A REQUEST FOR AF BENEFITS FOLLOWING DISCONTINUATION OF HIS OR HER BENEFITS BASED ON FAILING TO ATTEND THE INTERVIEW AND REQUESTS THE INTERVIEW **WITHIN 30 CALENDAR DAYS** OF THE DISCONTINUATION AND GOOD CAUSE IS FOUND, COUNTY SHALL RESCHEDULE THE INTERVIEW AND THE CURRENT APPLICATION DATE SHOULD BE USED. IF NO GOOD CAUSE FOUND, CURRENT APPLICATION MAY BE USED AND THE DATE OF APPLICATION SHALL BE THE MOST RECENT DATE CLIENTS REQUESTED.



TIMELY RRR

RECEIVED BY THE 15TH OF THE DUE MONTH.

MUST BE PROCESSED BY THE END OF THE MONTH.

UNTIMELY RRR

RECEIVED BETWEEN THE 16TH AND THE LAST DAY OF THE DUE MONTH.

MUST BE PROCESSED WITHIN 30 CALENDAR DAYS.

IF THE RRR IS NOT RECEIVED BY THE LAST DAY OF THE RRR DUE MONTH, CBMS WILL AUTOMATICALLY DISCONTINUE ON THE 1ST DAY OF WHAT WOULD HAVE BEEN THEIR NEW CERTIFICATION.

LATE RRR

RECEIVED AFTER THE LAST DAY OF THE RRR DUE MONTH.

IF CLIENT TURNS IN RRR PACKET **WITHIN 30 DAYS OF DISCONTINUATION**, BEGIN THE RRR. CBMS WILL AUTO-RESCIND AND BENEFITS "MAY" BE PRORATED BASED ON WHETHER OR NOT GOOD CAUSE IS FOUND.

RRR RECEIVED OVER 30 DAYS AFTER DISCONTINUATION?

A NEW APPLICATION IS REQUIRED.



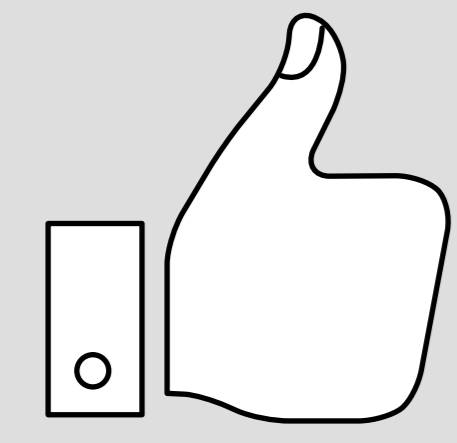
NUMBER OF DAYS



MA INITIAL APPLICATION

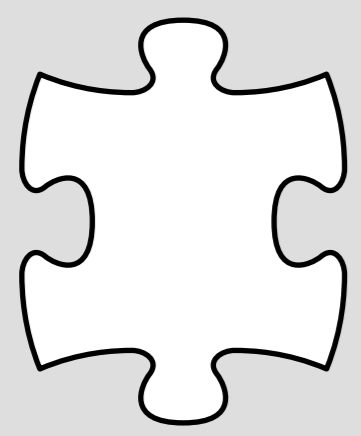
main menu

ACTION



VERIFICATIONS

MOST VERIFICATIONS FOR MEDICAL ASSISTANCE PROGRAMS NEED TO BE PROVIDED **WITHIN 10+1 CALENDAR DAY + 5 BUSINESS DAYS**. TAKE ACTION IN CBMS TO SHOW THAT THE VERIFICATION HAS BEEN RECEIVED **WITHIN 10 DAYS**.



AFTER DENIAL/TERMINATION

IF IT HAS **NOT BEEN MORE THAN 30 DAYS** SINCE MEMBERS WERE DENIED OR TERMINATED, AND THE MEMBER **IS PART OF AN ACTIVE CASE**, **REAPPLY**.

IF IT HAS **NOT BEEN MORE THAN 30 DAYS** SINCE MEMBERS WERE DENIED OR TERMINATED, AND THE MEMBER **IS NOT PART OF AN ACTIVE CASE**, **RESCIND**

IF IT HAS BEEN **MORE THAN 30 DAYS** SINCE MEMBERS WERE DENIED OR TERMINATED, **REAPPLY**.

IF VERIFICATION FOR DISABILITY APPLICATIONS, CITIZENSHIP, OR IDENTITY IS RECEIVED WITHIN 90 DAYS OF THE DENIAL, YOU MAY RESCIND BACK TO THE APPLICATION DATE.



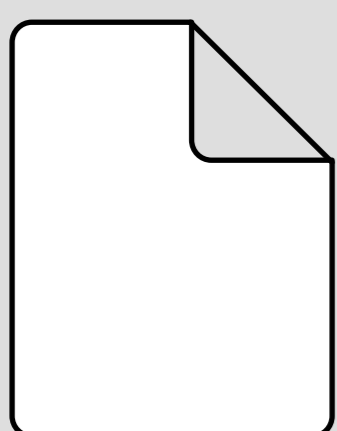
CERTIFICATION PERIODS

WITH THE EXCEPTION OF **QMB** AND **LTC AID CODES**, CERTIFICATION BEGINS ON THE 1ST DAY OF THE MONTH OF APPLICATION AND CONTINUES THROUGH THE LAST DAY OF THE MONTH THAT THE CERTIFICATION ENDS.

QMB STARTS THE 1ST DAY OF THE FOLLOWING MONTH.

LTC AID CODES BEGIN WHEN THE MEMBER MEETS ALL ELIGIBILITY REQUIREMENTS - THE LATEST OF THE THREE DATES.

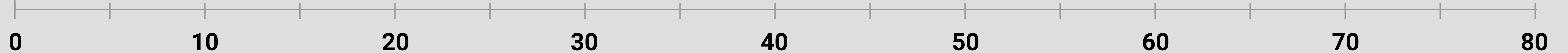
FOUR MONTH EXTENDED MA HAS A CERTIFICATION PERIOD OF **FOUR (4) MONTHS**. **MAGI PREGNANT** COVERAGE EXTENDS THROUGH POSTPARTUM PERIOD UNLESS THERE IS A CHANGE IN RESIDENCY (PARIS HIT). POSTPARTUM PERIOD IS 365 DAYS FROM THE END OF THE PREGNANCY (EXPIRING ON THE LAST DAY OF THAT MONTH).



APPLICATIONS

BENEFITS MUST BE AUTHORIZED **BEFORE 45 CALENDAR DAYS** FROM THE APPLICATION DATE.

FOR AN APPLICATION THAT REQUIRES A **DISABILITY DETERMINATION**, BENEFITS MUST BE ISSUED **BEFORE 90 CALENDAR DAYS** FROM THE APPLICATION DATE.



NUMBER OF DAYS



MEDICAL ASSISTANCE ONGOING

main menu

REPORTING CHANGES



If a member has a change to their situation that may impact their case. They should report that change within 10 days.

Eligibility workers will have 10 calendar days to process the change and redetermine eligibility based on the new information.

Transitional Medical Assistance (TMA)



12 Months starting the day the member fails to meet income eligibility for MAGI Parent/Caretaker.

When TMA ends, the case will be re-evaluated for all other categories of Medical Assistance.

Four Month Extended MA



Eligibility for Medical Assistance will be extended four months (beginning with the first month of ineligibility) for certain families who become ineligible for MA due solely or partially to the receipt of support income.

MAGI Children, Needy Newborn and CHP+



Eligible to receive 12 months of continuous eligibility coverage; regardless of changes in income and household size unless there is a change in residency.

A 14-day no fault period shall begin on the date the child is determined eligible for Medical Assistance.

VERIFICATIONS

MOST VERIFICATIONS FOR MEDICAL ASSISTANCE PROGRAMS NEED TO BE PROVIDED WITHIN 1 + 10 CALENDAR DAY + 5 BUSINESS DAYS.



TAKE ACTION IN CBMS TO SHOW THAT THE VERIFICATION HAS BEEN RECEIVED WITHIN 10 DAYS.

IF VERIFICATION IS NOT RECEIVED, CBMS WILL AUTO-DENY/DISCONTINUE AFTER DUE DATE HAS PASSED.

LATE VERIFICATIONS

IF VERIFICATION IS RECEIVED WITHIN 90 DAYS OF THE DISCONTINUANCE, YOU MAY **RESCIND** BACK TO THE APPLICATION DATE.



TIMELY NOTICING



MEMBERS SHOULD BE NOTIFIED OF THEIR CHANGES IN BENEFITS WITH A 10-DAY TIMELY NOTICING.

Circumstances that allow for prospective end of month MA termination without timely 10-day noticing include:

- Not requesting assistance,
- Whereabouts unknown,
- Not a Colorado resident, or,
- Not in the home

For a detailed list of exceptions from advance notice, please refer to section 431.213 of the Federal Code of Regulations.

POSITIVE & NEGATIVE CHANGES



Positive changes take effect the month following the month it was reported and verified.



10 - day noticing applies to negative changes resulting in termination of benefits or the members rolling into a lower benefit category of Medical Assistance.

AFTER DENIAL/TERMINATION

If it has **not been more than 30 days** since members were denied or terminated, and the member **is** part of an active case, **reapply**. Note: If it has been more than 30 days since members were denied or terminated and the member is part of an active case, the system will not allow them to reapply.

If it has **not been more than 30 days** since members were denied or terminated, and the member **is not** part of an active case, **rescind**.

If it **has been more than 30 days** since members were denied or terminated, **reapply**. If verification is received within 90 days of the discontinuance, you may rescind back



REDETERMINATIONS



Beginning as of the case approval date, a redetermination shall be completed every 12 months for Medical Assistance only cases.

CBMS will attempt to determine a member's eligibility with up-to-date information ("Ex-Parte") before triggering a renewal packet.

RECONSIDERATION PERIOD

Members who are terminated at RRR/Renewal will have a reconsideration period of **90 days** and the option to request retroactive coverage if there is a gap.

If the signed renewal packet and/or signed signature page is not returned, CBMS will terminate the case. Members will have **90 calendar days** from the date of termination to provide missing documents to be reconsidered for eligibility.

RRR/RENEWAL APPROVED THROUGH EX PARTE

If CBMS is able to approve a member's eligibility through electronic verifications, it will trigger an approval NOA **by the 15th of the 3rd month prior to the renewal due month**. For example, a renewal that is due September 30th would go through the Ex Parte process on July 1st (since September counts as the first month).



Approval NOA triggered if member's eligibility approved through electronic verifications



1 month prior to Renewal due month



Renewal due month

RRR/RENEWAL NOT APPROVED THROUGH EX PARTE

If CBMS cannot approve the member's eligibility through electronic verifications, or if the determination would result in a negative action, a renewal packet will be pre-populated and sent. This correspondence will include a cover letter, the renewal packet, and a verification checklist (VCL). The member will have 30 days to respond.

30 days

The member has 30 days to return the Renewal Packet to the eligibility site and provide any necessary information.

The renewal packet includes a signature page that is required to be signed and returned, even if the member does not have any changes to report.

10 days

The eligibility site has 10 working days to thoroughly review the packet and verification for completeness, accuracy, and consistency.

Some Non-MAGI programs may need to have an updated disability determination completed

15th day of renewal due month

Signature page must be received, and data entry must be completed by the 15th of the Renewal Due Month, or the case will terminate.

RESCIND OR REAPPLY?

If it **has been more than 90 days** since members were denied or terminated, **reapply**.

If it **has been more than 90 days** since members were denied or terminated, and the termination was not due to either a missing renewal, missing signature, missing verification or agency error, **reapply**.

If it **has been more than 90 days** since members were denied or terminated, and the termination was not due to either a missing renewal, missing signature, missing verification or agency error, **and** the signed renewal packet and all required verifications are provided within 90 days of termination, **rescind**.

If it **has been more than 90 days** since members were denied or terminated, and the termination was **not** due to a missing renewal, missing signature, missing verification, a discrepancy between what the member added versus what the member turned in, or an agency error, **but** the signed renewal packet and all required verifications are **not** provided within 90 days of termination, **reapply**.

