

TIMELINES All HLGP's

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

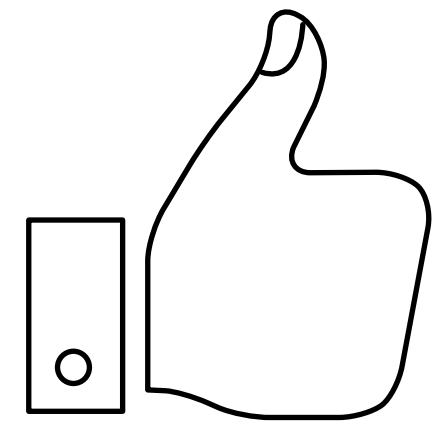
**MA
Initial Application**

**MA
Ongoing**

**MA
Renewal/RRR**

SNAP INITIAL APPLICATION

main menu



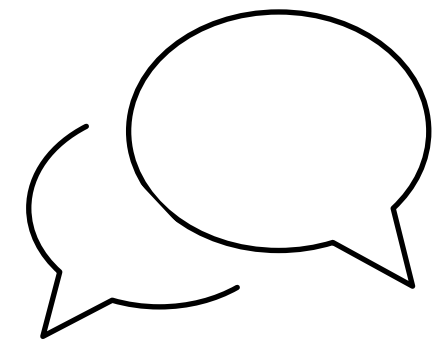
VERIFICATIONS

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.

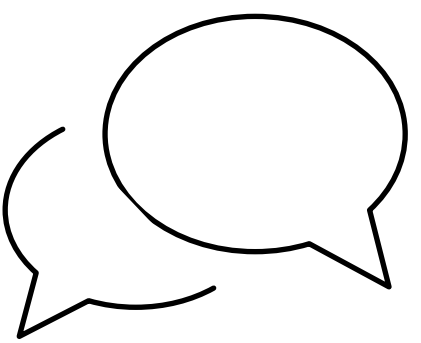
IF RECEIVED **BETWEEN 31 AND 60 DAYS** AFTER APPLICATION RECEIVED, **REOPEN**.

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



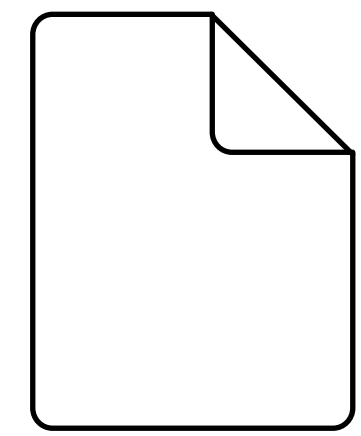
INTERVIEW

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



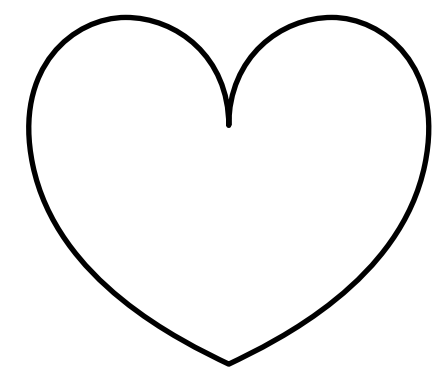
MISSED INTERVIEW

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



SNAP

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.



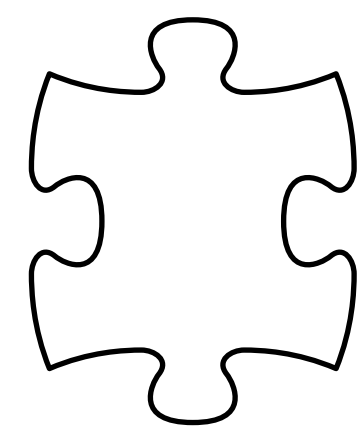
SNAP with EXPEDITED PROCESSING

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 (D-SNAP)

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

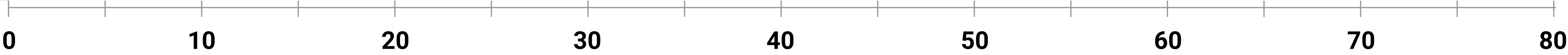


REPLACEMENT ISSUANCE

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



ACTION

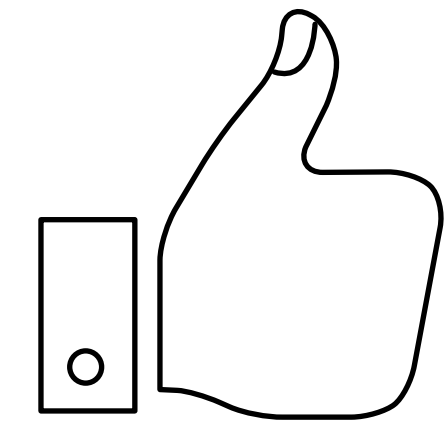


NUMBER OF DAYS

SNAP ONGOING

main menu

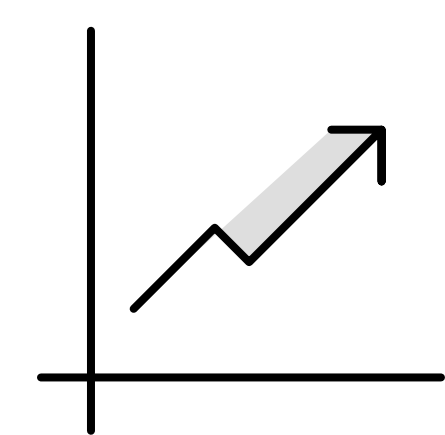
ACTION



VERIFICATIONS

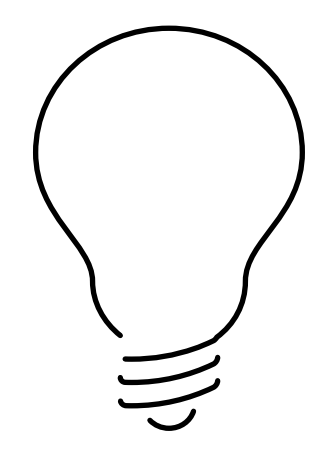
IF RECEIVED WITHIN 30 DAYS OF CASE CLOSURE, REINSTATE.

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



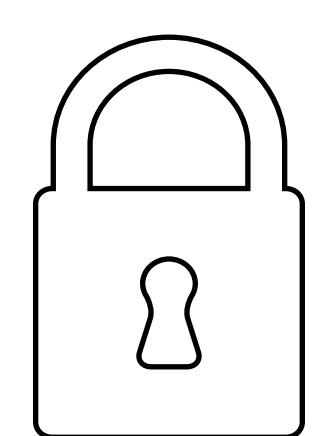
EXCEEDING 130% FPL

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.



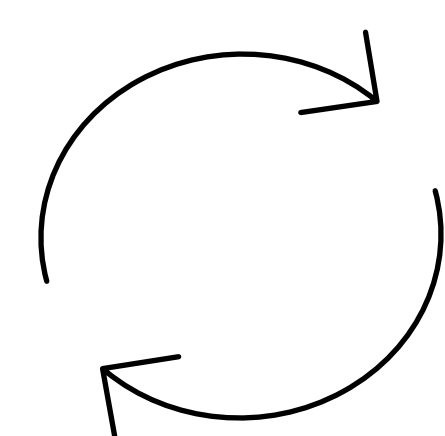
MID-CERTIFICATION POSITIVE CHANGES

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

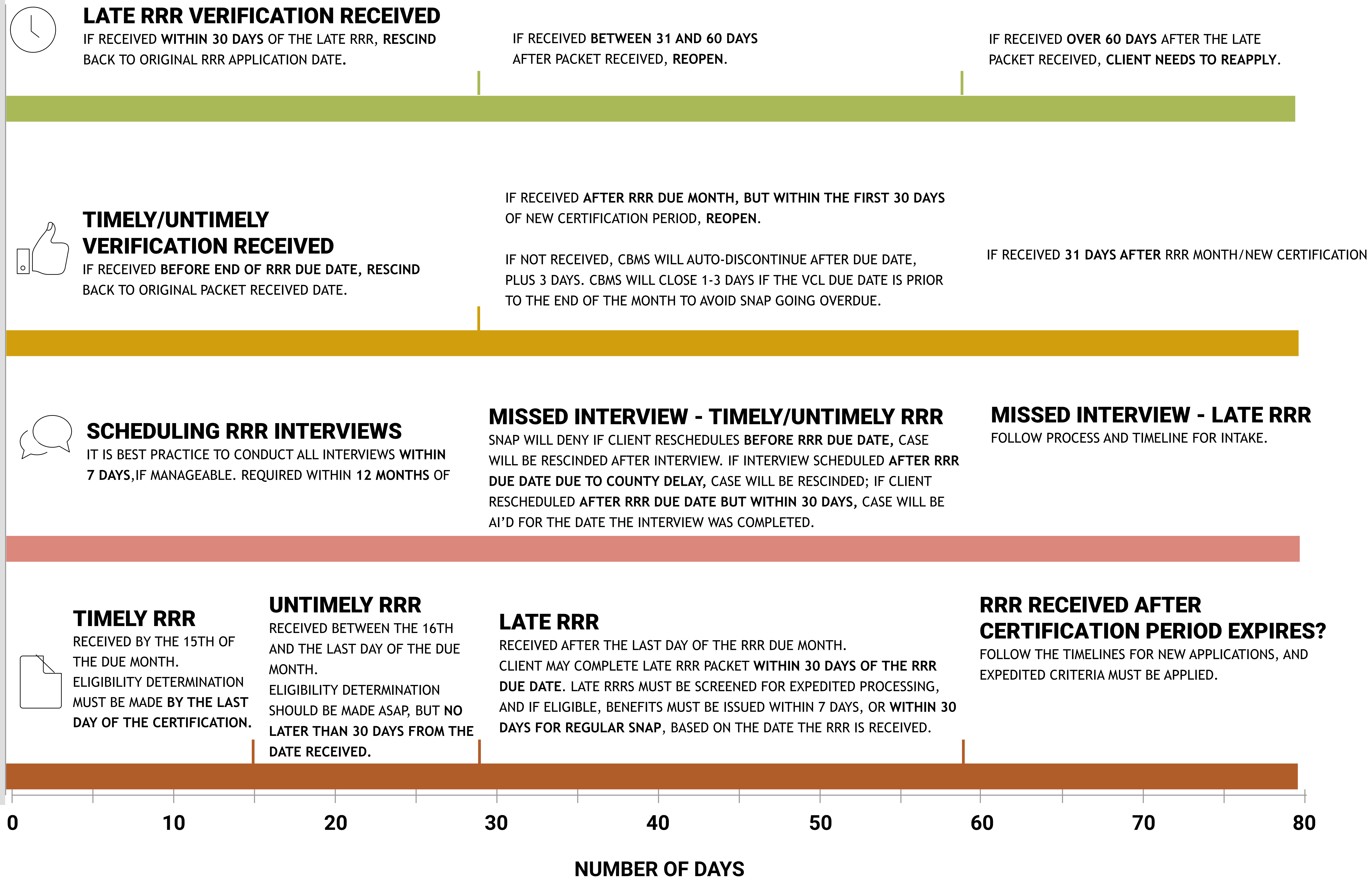
HOUSEHOLD MUST REPORT LOSS WITHIN 10 DAYS OF THE MISFORTUNE/DISASTER AND COUNTY OFFICE MUST ISSUE REPLACEMENT BENEFITS WITHIN 2 DAYS OF BEING NOTIFIED

0 10 20 30 40 50 60 70 80

NUMBER OF DAYS

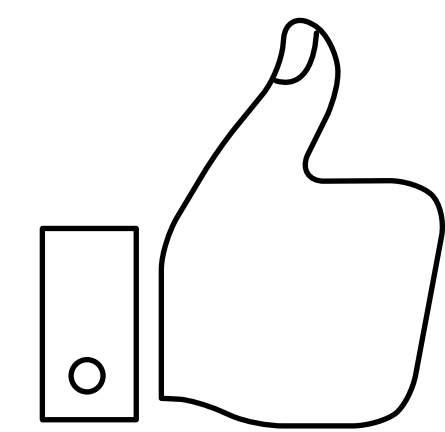
SNAP Renewal/RRR

main menu



AF and CW INITIAL APPLICATION

main menu



VERIFICATIONS

IF RECEIVED WITHIN 30 DAYS OF THE DATE OF DENIAL, AND CLIENT HAS **GOOD CAUSE**, RESCIND BACK TO THE ORIGINAL APPLICATION DATE.

IF RECEIVED WITHIN 30 DAYS OF THE DENIAL, AND **GOOD CAUSE IS NOT FOUND**, RE-AI BACK TO THE DATE ALL VERIFICATIONS WERE RECEIVED.

IF NOT RECEIVED WITHIN 30 DAYS OF THE DATE OF DENIAL, CBMS WILL AUTO-DENY THE APPLICATION 1-3 DAYS AFTER THE VCL DUE DATE.

IF RECEIVED OVER 30 DAYS AFTER DATE OF DENIAL, **CLIENT MAY REAPPLY**.



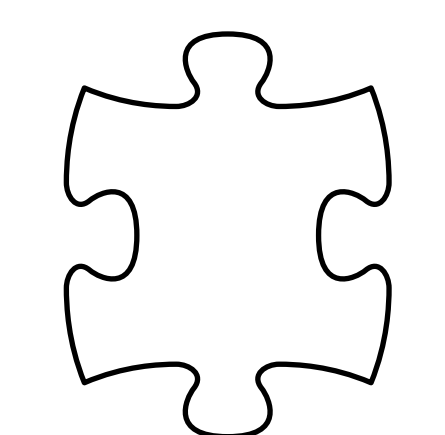
INTERVIEW

INTERVIEW WITHIN 7 DAYS. PROVIDE 4 DAYS NOTICE TO THE CLIENT.



MISSED INTERVIEW

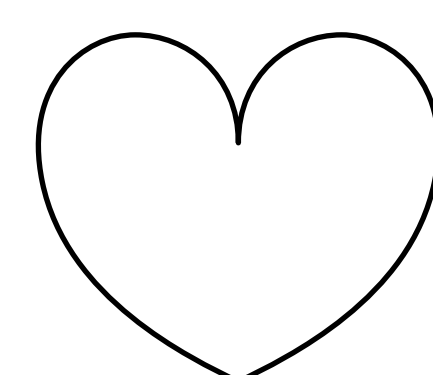
IF CLIENT MAKES A REQUEST FOR AF BENEFITS FOLLOWING DENIAL OF HIS OR HER APPLICATION BASED ON FAILING TO ATTEND THE INTERVIEW AND REQUESTS THE INTERVIEW WITHIN 30 CALENDAR DAYS OF THE DENIAL AND GOOD CAUSE IS FOUND, COUNTY SHALL RESCHEDULE THE INTERVIEW AND THE CURRENT APPLICATION DATE SHOULD BE USED.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



BURIAL ASSISTANCE PROGRAM (AF ONLY)

REQUEST FOR ASSISTANCE FOR FUNERAL, BURIAL, OR CREMATION SERVICES MUST BE REQUESTED WITHIN 30 DAYS FROM THE DATE OF DEATH ON BEHALF OF A DECEASED PARTY.

REQUESTS MADE AFTER 30 DAYS SHALL BE EVALUATED BY THE COUNTY DEPARTMENT AND AN EXTENSION MAY BE GIVEN IF GOOD CAUSE EXISTS, NOT TO EXCEED ONE YEAR FROM THE DATE OF DEATH.



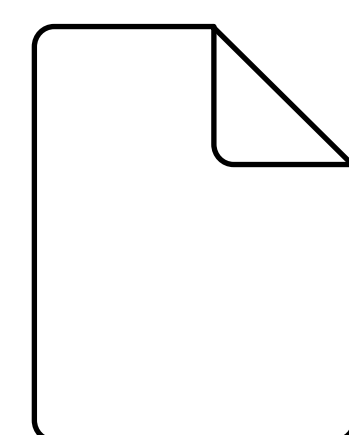
HOME CARE ALLOWANCE (AF ONLY)

COUNTIES AND CASE MANAGEMENT AGENCIES MUST NOTIFY EACH OTHER WITHIN 5 WORKING DAYS IF CLIENT IS NO LONGER FINANCIALLY OR FUNCTIONALLY ELIGIBLE FOR HCA. COUNTIES AND CASE MANAGEMENT AGENCIES MUST RESPOND TO A REQUEST FOR INFORMATION FROM THE OTHER WITHIN 10 WORKING DAYS.



DISASTER ASSISTANCE AID

IF CLIENT ALREADY HAS AF BENEFITS, DISASTER ASSISTANCE AID MUST BE PROCESSED WITHIN FIVE (5) BUSINESS DAYS TO DETERMINE ELIGIBILITY.



APPLICATIONS

BENEFITS MUST BE ISSUED 45 CALENDAR DAYS FROM THE APPLICATION DATE.

ACTION

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NUMBER OF DAYS

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



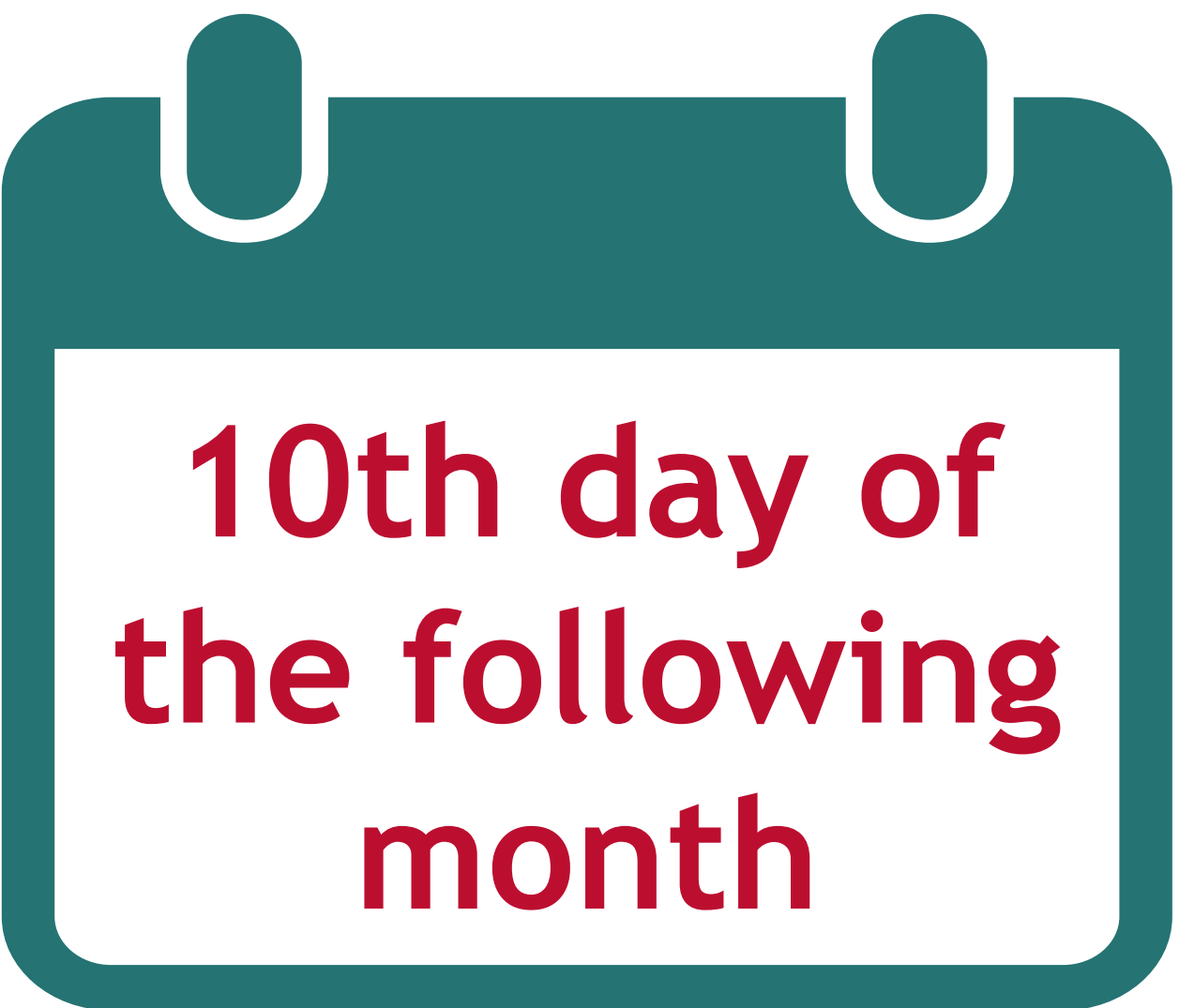
Home Care Allowance (HCA)
12 MONTHS (EXCEPT FOR SSI HCA)



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.

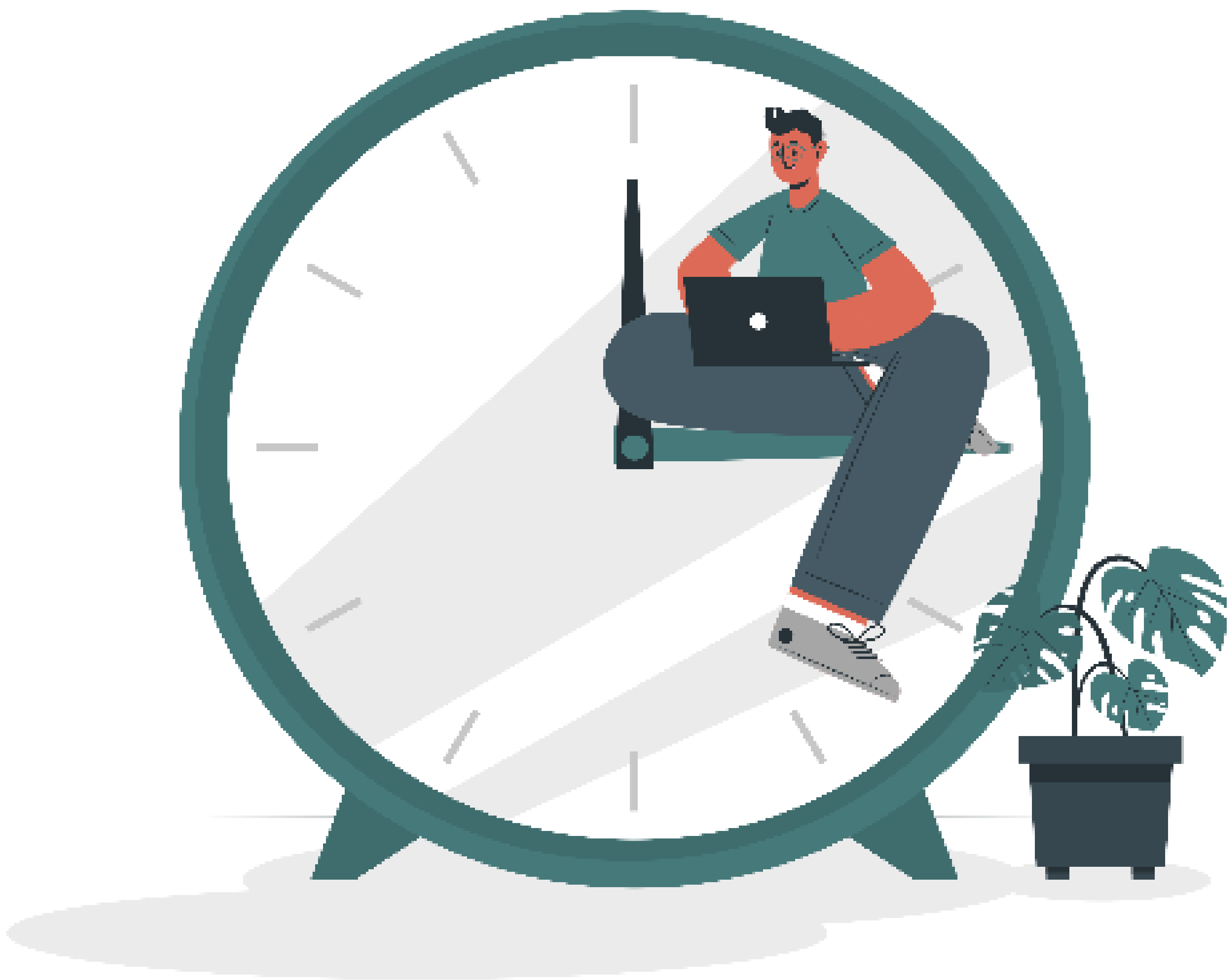
Verification due date +11 days

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.

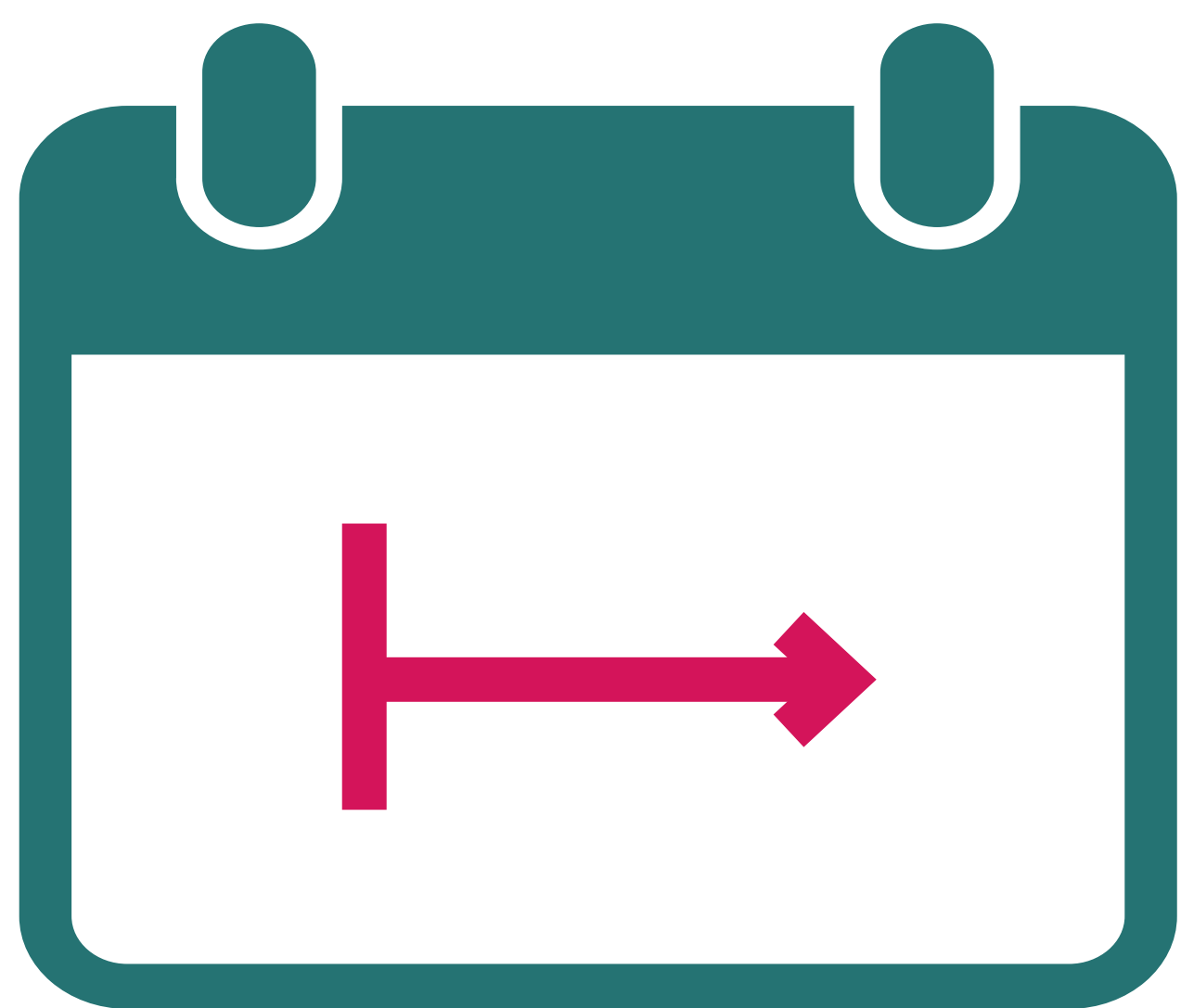
NOTE: CERTIFICATIONS MAY BECOME LONGER THAN 6 MONTHS TO ALIGN WITH SNAP, BUT NEVER SHORTER.



VERIFICATIONS

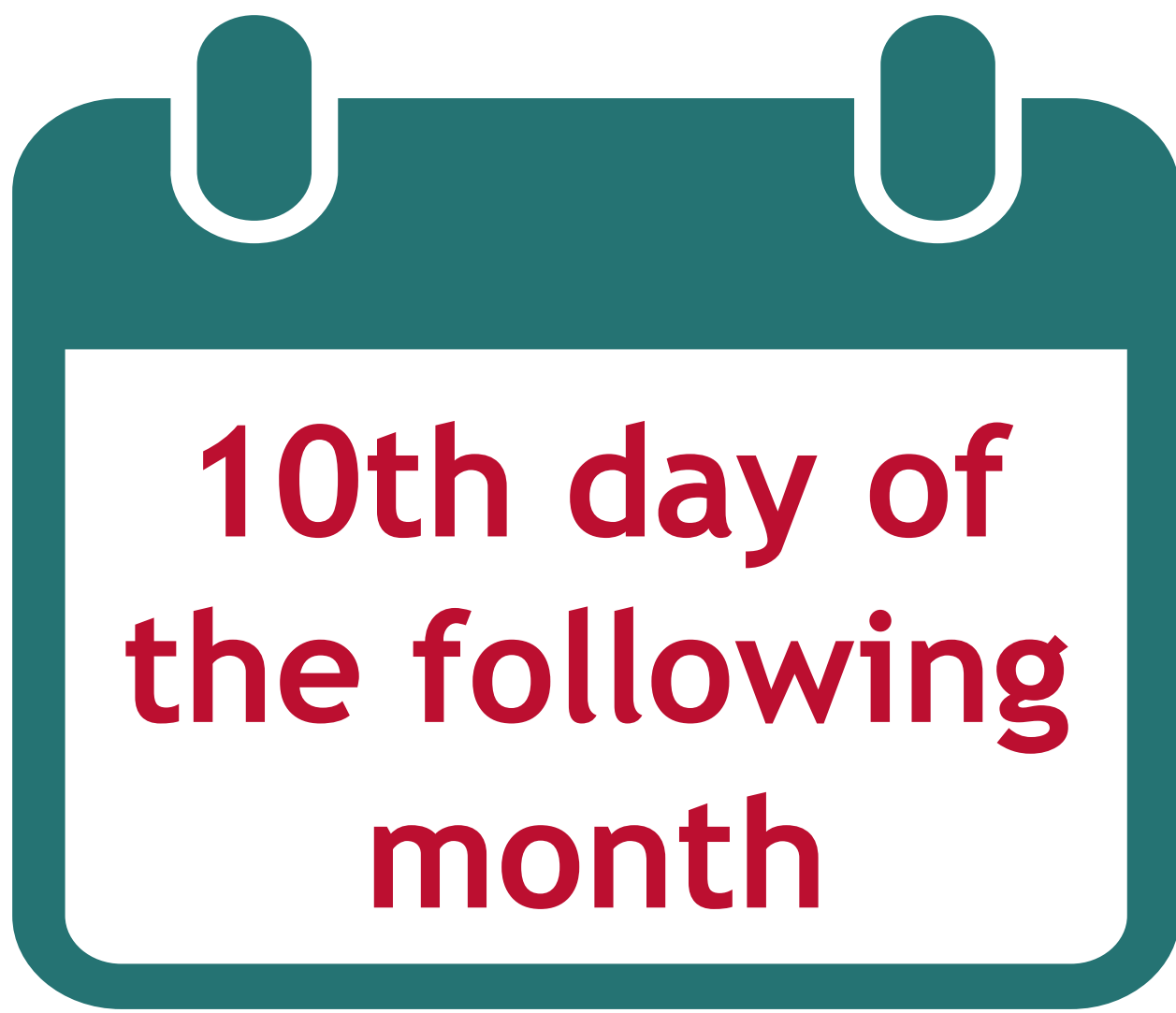
IF A CLIENT HAS NOT GONE A FULL MONTH WITHOUT BENEFITS, OR THERE IS GOOD CAUSE, RESCIND.

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



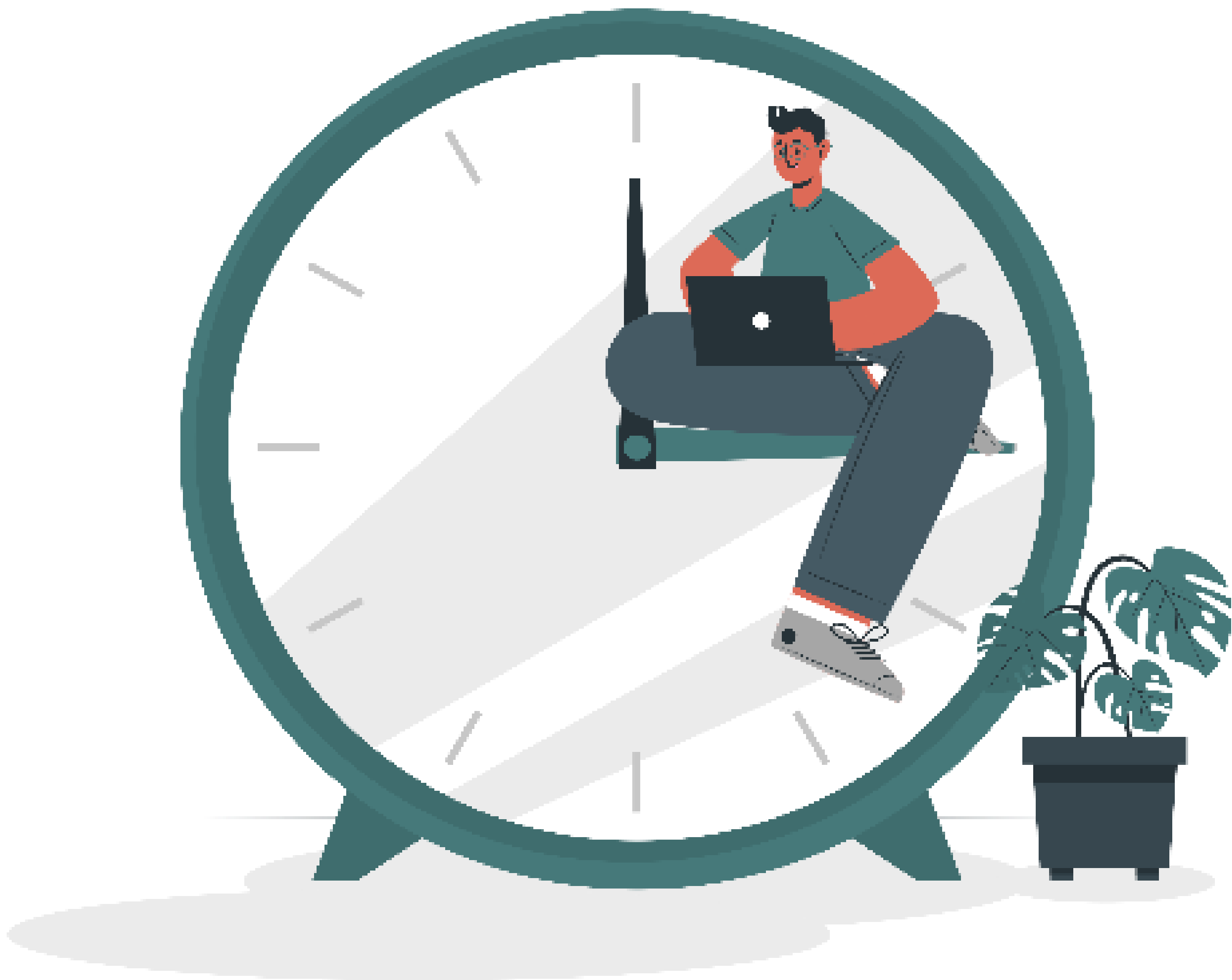
ADVERSE ACTION

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.

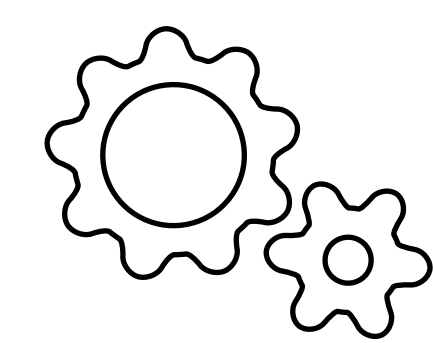
THERE IS 10 DAYS FOR NOTICING WITH AN ADDITIONAL 1 DAY FOR MAILING.

10



ADULT FINANCIAL and COLORADO WORKS RRR

main menu



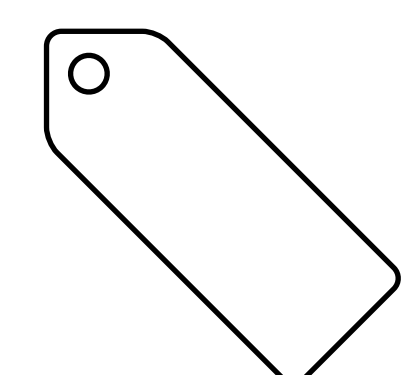
COLORADO WORKS ONLY

VCLS FOR ADDITIONAL VERIFICATIONS

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

RRR/RENEWALS

EVERY 6 MONTHS



ADULT FINANCIAL ONLY

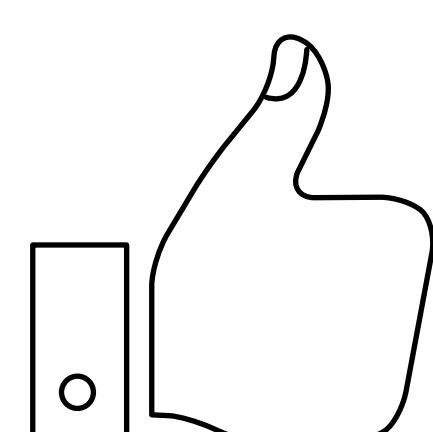
AND-SO VERIFICATIONS

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

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

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.

ACTION

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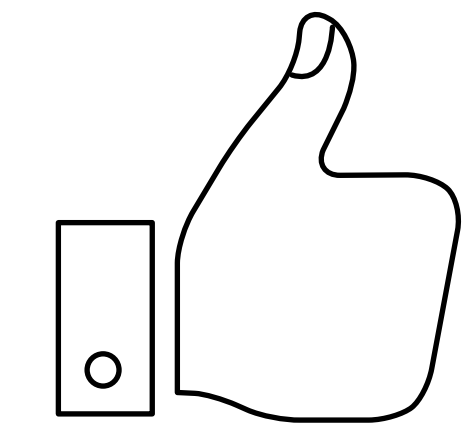
70

80

NUMBER OF DAYS

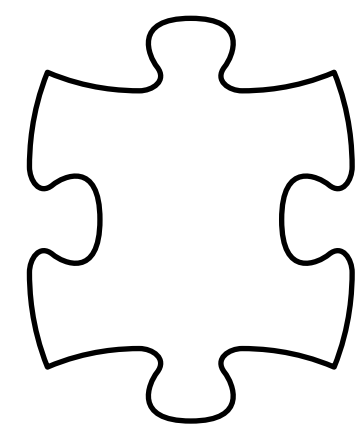
MA INITIAL APPLICATION

main menu



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 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

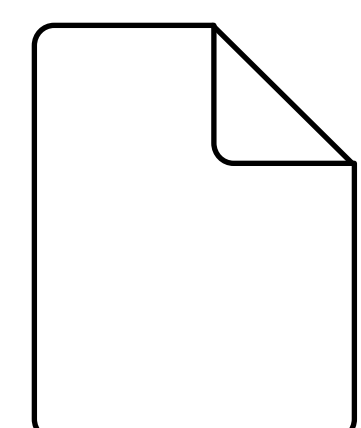
WITH THE EXCEPTION OF **QMB** AND **LTC AID CODES**, CERTIFICATION BEGINS ON THE 1ST DAY OF THE MONTH OF APPLICATION AND CONTINUES THROUGH THE LAST DAY OF THE MONTH THAT THE CERTIFICATION ENDS.

FOUR MONTH EXTENDED MA HAS A CERTIFICAITON 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).

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.



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.

ACTION

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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

THE EFFECTIVE DATE OF COVERAGE IS SET TO THE 1ST DAY OF THE MONTH ALL DOCUMENTATION IS RECEIVED.



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 and 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, **rescind** or **reapply** if the case is active.

MEDICAL ASSISTANCE RRR/RENEWAL

[main menu](#)

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.

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 at least 30 days to return the Renewal Packet to the eligibility site and provide any necessary information. The included **signature page** is required to be signed and returned, even if the member reports no changes.

30 Days

The eligibility site has 30 calendar days from the date the documents are received to make a final determination. Some Non-MAGI programs may require an updated disability determination to be completed.

15 Business Days

If incomplete information is submitted, or if a member reports new changes and the eligibility site requests verifications, the site will have **15 business days from the date the documents are received** to make a final determination.

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, **reapply**.

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, **rescind**.

ACCESSIBILITY

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