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Application Link – Where to find the application

➤ Application link*: **Ctrl+ click to follow the link**
(English)

<https://hcpf.colorado.gov/sites/hcpf/files/Disability%20Application%20-%20English.pdf>

(Spanish)

<https://hcpf.colorado.gov/sites/hcpf/files/Disability%20Application%20-%20Spanish.pdf>

Main application page: <https://hcpf.colorado.gov/how-to-apply#by-mail>

***The application can be completed electronically or by printing it and handwriting the information. The signatures on the signature pages CAN'T be electronic and photos of the signature pages will NOT be accepted by the reviewers of the application. More information is below.**

Background information

NOTE: If you recently completed a determination with DP's Intake team, this determination is different.

All individuals on a Long-Term Care (LTC) Medicaid waiver must have active Medicaid **and** meet the **financial and medical requirements** for LTC Medicaid. For more on HCBS Medicaid waivers, visit:

<https://www.colorado.gov/pacific/hcpf/long-term-services-and-supports-programs>

- **To meet the medical requirement**, you have two options -- apply and be approved for Social Security benefits (SSI and some types of SSDI) or complete the Medicaid Disability application. You can do both!! Completing the disability application is usually a faster path to waiver approval, which is why we recommend it.
 - If you decide to apply for SSI in addition to completing a Medicaid Disability application, you can find a guide for the Social Security application process on DP's website.

<https://www.dpcolo.org/resources/tools/>
- ARG/Arbor is contracted by the State of Colorado to review the Medicaid Disability application and make a disability determination. If approved, **most disability determinations are good for 7 years. The end date of the approval is known as the disability diary date.**
- If a diary date expires and the person is not receiving Social Security benefits with a disability determination, a new Medicaid Disability application is needed to maintain LTC Medicaid approval.

Application Support- Where to get help with the application

- This guide is FULL of tips and tricks and will **walk you through each application question**. We think you'll find it helpful!
- ✓ Developmental Pathways will not collect, review, or submit applications for individuals.

MEDICAID APPLICATION SUPPORT	(your county DHS office can provide limited application support)	Check out DP's Medicaid Application web page! https://www.dpcolo.org/programs-services/applying-for-medicaid/
Colorado Access-AMES (Access Medical Enrollment Services)	<ul style="list-style-type: none"> • An Eligibility Application Partner (EAP) • Provide no-cost help with completing and processing medical applications for medical assistance to see if individuals qualify for Health First Colorado (Colorado's Medicaid Program) or the Advance Premium Tax Credit and is certified by the Department of Health Care Policy and Financing. • They can also answer questions about Medicaid Renewals. • Appointments preferred. Walk-ins are accepted. • May not be able to assist if the Disability application is the only application you need to complete. • Fill out as much of the application as you can prior to your appointment. 	<ul style="list-style-type: none"> • Phone: 303-755-4138 • Fax: 720-744-5227 • Email: appassist@accessenrollment.org • Web: http://www.accessenrollment.org/about-ames • Mailing address: PO Box 5818, Denver, CO 80217 • Hand deliver/physical address: 11100 E. Bethany Dr., Aurora, CO
Benefits in Action	<ul style="list-style-type: none"> • Certified Application Assistance Site (CAAS) • Services include case management of benefits including health benefits navigation and eligibility, benefits 	<ul style="list-style-type: none"> • Phone: (720)-221-8354 • Fax: 303-232-2219 • Email: info@benefitsinaction.org • Web: https://www.benefitsinaction.org/

	<p>application assistance and submission, and follow-up to ensure benefits were received.</p> <ul style="list-style-type: none"> • They can also answer questions about Medicaid Renewals. • By appointment only • Fill out as much of the application as you can prior to your appointment. 	<ul style="list-style-type: none"> • Physical/Mailing address: 12157 W Cedar Dr, Suite 100, Lakewood, CO 80228
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Application Tips and Tricks

- Utilize this guide, as well as the information pages accompanying the application.
- All documents submitted (application and supporting documents) should be clear and legible.
- **DO NOT SUBMIT PHOTOS OF THE SIGNATURE PAGES. This will cause your application to be denied.**
- Hand-written applications must be written legibly **using blue or black ink.**
- Answer every question on the application or write N/A, as appropriate.
- **Submit ALL PAGES of the application. Incomplete applications will be denied by Arbor.**
- **Submit strong [supporting documentation](#) with your application.**
- Keep a copy of all paperwork submitted and ask for a receipt if you hand deliver paperwork.
- If more space is needed, Section 8 on page 10 can be utilized for additional information or you can attach additional pages to the application. Each additional page should include the applicant's full name, Medicaid ID or Social Security number, and Date of Birth.
- Use the [optional cover page](#) at the end of the packet.
- Use the [checklist](#) to double check your work.

Completing the Application- Question by question

Instructions for completing each section of the application.

Important information:

- The guide is written from the point of view that someone is helping the applicant to complete the application.
- When you are filling out the application, think of the applicant on their worst day. What's hard/difficult for the applicant? Challenges? You do not need to include the person's strengths.
- Review the instructions on page 1 of the application, prior to starting the application.

Section 1 - Information About Your Disability

ANSWER ALL QUESTIONS

- **Questions A thru J:** Applicant's information
- **Question K:** Parent/Caregiver/Friend's contact information
- **Question L:** Complete if the applicant is under the age of 18

Section 2 - Your Physical or Mental Disabling Conditions and Affects

ALL QUESTIONS PERTAIN TO THE APPLICANT

- **Questions A thru H:** Applicant's information

- **Question C:** List all disabling conditions/diagnoses (Anything relevant to how the person’s disability affects them each day.
- **Question D:** Provide as much detail as you can. Depending on age, you may write that the applicant is a minor, if under 18. If the applicant is of working age, include a few examples of what specific challenges the applicant would have if working a full-time job, even if they have never worked.
 - **For the most part, Arbor wants clear information about how person’s disability affects them TODAY.** Think about the applicant’s worst day when filling out the application. This is not a time to focus on strengths. The [supporting documentation](#) you submit with the application should also address some of the below questions.
 - **If the applicant is an adult--**
 - How does the applicant’s disability impact their ability to work and earn [substantial gainful activity](#)?
 - How does their disability impact their daily living skills?
 - What does a difficult day look like for the applicant?
 - What kind of daily support is needed?
 - Does the applicant make safe choices?
 - Is the applicant destructive with or without supervision?
 - Does the applicant have adverse behaviors that would not be acceptable in a workplace and/or require additional supervision?
 - What level of supervision does the applicant need?
 - Can the applicant follow multi-step directions?
 - Does the applicant/would the applicant need help with transportation to get to work?
 - Does the applicant/would the applicant need to be supervised at work?
 - Does the applicant have a physical disability that would impact work in any way?
 - Does the applicant have any specific executive functioning challenges that would impact work?
 - Does the applicant have mental health conditions that are exacerbated with stress?
 - Is the applicant non-verbal?
 - Is the applicant visually impaired?
 - Does the applicant have extreme medical conditions affecting their daily life?
 - **If the applicant is a child and not of working age—**
 - How does their disability impact their daily living skills?
 - How do they compare to other children the same age who do not have a disability?
 - What does a difficult day look like for the applicant?
 - Does the applicant make age-appropriate choices?
 - Is the applicant destructive with or without supervision?
 - What level of supervision does the applicant need?
 - Does the applicant have adverse behaviors that would not be acceptable in a workplace and/or require additional supervision?
 - Is the applicant non-verbal?
 - Is the applicant visually impaired?
 - Does the applicant have extreme medical conditions affecting their daily life?
- **Questions F and G:** You can put the applicant’s date of birth, if applicable, or a specific date if you have one.
- **Question H:** Check Yes or No.

DO NOT SKIP TO SECTION 4. YOU MUST ANSWER QUESTION L ON PAGE 3. Arbor needs to know the applicant's history with Social Security.

- **Question L:** Answer all questions

- L. Have you ever applied for Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)? Yes No
- If "Yes," on what date did you file the most recent application? MM/ DD/ YYYY
- Is your Social Security claim: Approved Denied Still pending
- What was the date of their most recent decision? MM/ DD/ YYYY
- If you appealed, on what date did you file the appeal? MM/ DD/ YYYY
- If your Social Security claim was denied, are you experiencing new or worsening conditions? Yes No
- If the response to the above question is "Yes," please provide a brief description of the new or worsening condition(s) in Section 8 Remarks.
- If you have had SSDI or SSI and are no longer receiving it, why did your benefit stop?

Please include copies of all letters and notices from Social Security Administration (SSA) about your disability application.

- If you checked NO on question H, now you can skip to section 4.

Section 3 - Information About Your Work

- **Question A:** If the applicant has never worked, check the box and skip to Section 4.
 - **If you are filling out the form for a child** who is either too young to work and/or has never worked, check the box and skip to section 4.
 - A. List the jobs (up to five), including sheltered work*, that you have had in the 15 years before you became unable to work because of your physical, mental, emotional or learning disabling conditions. List your most recent job first.
 - *Sheltered work is an employer that employs people with disabilities separately from others.
 - Not applicable if you did not work at all in the 15 years before you became unable to work. Do not answer Section 3 and go to Section 4.
- For applicants who have worked, complete the remaining questions to the best of your ability.

Section 4 - Information About Your Medical Records

- **Question A:**

Have you been seen by a doctor, hospital, clinic or anyone else for the physical, emotional, mental or learning disabling conditions that limit your ability to work? Yes No

Interpretation: Check YES if the applicant has ever seen a **doctor/hospital/clinic** or anyone else for their disability (disabilities), regardless of their employment history. This includes a primary care physician. For most people, the answer is "YES."

- **Questions B:** This is regarding the applicant.
- **Question C:** Include any doctors/therapists/medical professionals that the applicant has seen **in the last 1-3 years**.
Make sure to list the applicant's primary care physician.

NOTE: Arbor will send the signed release form to the doctors, therapists, and other medical professionals listed on the application, to request supporting documentation. They will do this even if you submitted documents with the application. Providers are not always responsive, which is why we strongly recommend submitting supporting documentation with the application. You can also call the providers to give them a heads-up to expect the request and ask them to please respond as quickly as possible.

- **Multiple doctors at the same medical facility:** If the individual sees several specialists at Children’s Hospital or another hospital, you can list the hospital once and state that the individual sees several different doctors at that hospital.
- **Date First Seen & Date Last Seen:** Approximate—try to include the month and year or just a year. You do not have to come up with an exact date.
- **Next Appointment:** Approximate or if it is a doctor the individual sees on a yearly basis, write that in the space provided.

Question D: List each hospital the applicant has used in the **last 1-3 years** for hospitalizations and ER visits related to the applicant’s disability.

Section 5 - Information About Your Medical Tests

- List the test(s) the applicant has had **in the last 1-3 years**.
- You can also include testing done when the applicant was first diagnosed with a disability, even if that was more than 3 years ago.

Section 6 - Information About Your Medications

- List all prescribed medications and non-prescribed/supplements the applicant is currently taking, including the doctor who prescribed them. Include the medical provider’s name and phone number.
- Side effects of the medication: list specific side effects the individual experiences from the medication or supplement. If none, write N/A.

Section 7 - Information About Your Education and Training

- **Questions A and B:** complete about the applicant
- **Questions C through G:** complete if the applicant is under the age of 18

Section 8 - Remarks

- Utilize this space for additional information you did not share in earlier parts of the form or did not have room for.

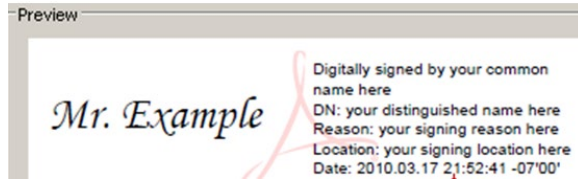
Signature: The application **MUST** be signed and dated.
There are 3 signature pages.

Incorrect signature pages are a common cause of rejected/denied Disability applications.

DO NOT SUBMIT PHOTOS OF THE SIGNATURE PAGES.

- Applicants over the age of 18 and their own legal guardian must sign the application and release page.
- Applicants over 18 with a court-appointed legal guardian-- the guardian should sign and attach a copy of the guardianship paperwork to the application.
- Sign and date all places on the application, including the release page.
- “Wet signatures” are required. **Electronic signatures will NOT be accepted**, UNLESS it contains a digital signature, like the below example.
- Arbor will NOT accept pictures of the signature pages. **DO NOT SUBMIT photos of the application signature pages.**
- If the applicant is over 18 and does not have a court appointed legal guardian, then they must sign the application as their own guardian. A parent is welcome to sign as a witness.

- If the application is only able to make an “X” as their signature,” then two witnesses must sign.

Example digital signature that is acceptable:**Page 11: Designation of Personal Representative form**

Complete if someone else helped you to complete the application and/or you want to give permission to Medicaid and Arbor to speak with someone else on your behalf. Recommended if the applicant is an adult. See above for tips about signatures.

**If you want or need someone to help with your
Disability Determination Application, please complete this form.**

You have the right to be assisted in the application process by the person of your choice.

Pages 12 and 13: Medical Records Release Form

The release form must be completed, signed, and submitted with the application. Be sure to complete the top of page 12 and sign appropriately on 13. See above for tips about signatures.

Supporting Documents to submit with the application

We recommend submitting strong supporting documentation with the application.

- If the applicant has a court-appointed legal guardian and/or Medical Power of Attorney, attach a copy of the corresponding paperwork to the application.
- Submit strong supporting documentation with the application. Submitting supporting documents *may* lessen the review time. See below for suggested supporting documents.
- Documentation should be current and dated within ONE to THREE years. However, it is ok to include original diagnosis/testing paperwork, even if it is more than three years old.
- It is better to submit too much paperwork vs. too little.

Example documents (not an exhaustive list):

- IQ testing report (if over the age of 16, include testing done after the age of 16).
- Adaptive Skills and/or functional testing reports.
- Most current **Triennial** Individualized Education Plan (IEP) report with testing, if applicant is still in school or recently graduated.
- Doctor/Therapist/Psychologist/Psychiatrist letters and/or written opinions describing how the applicant’s disability affects their daily living skills and sets them apart from someone else their age who does not have a disability.
- Laboratory testing and results (if related to the applicant’s disability)
- Medical Reports
- Statements/letters from teachers about functional limitations (if applicant is still in school, or recently in school)
- A copy of the most current Professional Medical Information Page (PMIP)

- ❑ A copy of the completed 100.2 assessment (if completed with the CMA/CCB)
- ❑ A copy of the determination paperwork from the Intake Team, which determined that the applicant meets Colorado’s definition of a disability (a different disability determination from this one).

Application Submission

- **No Medicaid:** You can submit the Medicaid application (Application for Public Assistance) and Disability application at the same time. If you worked with Colorado Access-AMES, submit the applications to them. Otherwise, you can submit the applications to your local Department of Human Services. See below for contact information.
 - Keep a copy of everything you submit.
 - **Ask for a receipt if you hand deliver the application.**
 - **We DO NOT recommend submitting the Disability application through the Colorado PEAK system.**
- **Active Medicaid: If you have active Medicaid, you don’t need to submit a new Medicaid application (Application for Public Assistance).** You only need to complete and submit the Disability application.
 - Submit it to the Department of Human Services/Medicaid office that holds your Medicaid. See the [Medicaid contacts section](#) for submission options for your county.
 - Keep a copy of everything you submit.
 - **Ask for a receipt if you hand deliver the application.**
 - **We DO NOT recommend submitting the Disability application through the Colorado PEAK system.**
- **Active Medicaid in the Trails child welfare system (Adoption or Foster Care Medicaid):**
 - If the applicant’s Medicaid case is in the Trails system, contact your child welfare case manager and ask them to communicate directly with the LTC team at your county DHS, so they can provide proof of your open Medicaid. Otherwise, Medicaid will likely ask you to complete a new Medicaid application, in addition to the Disability application. **Use the cover page at the back of the guide.**
 - If the applicant has a case open in both the Trails system AND the regular Medicaid system (CBMS), then you can submit the disability application directly to the county DHS office with the **cover page**, so it will be directed to the LTC team.

Helpful Resources and Medicaid Contacts

- **Arbor/ARG (Action Review Group):** 877-265-1864 (the reviewers of the Disability application)
- **Health First Colorado Medicaid:** <https://www.healthfirstcolorado.com/>
<https://www.healthfirstcolorado.com/get-help/?tab=member-contacts>

Department of Human Services (DHS)	Contact Information
List of local Counties/Department of Human Services	https://www.colorado.gov/pacific/cdhs/contact-your-county
Adams County 11860 Pecos St. Westminster, CO 80234 *Outside drop box	Phone: 720-523-2000 Fax: 720-523-2158 Web: http://www.adcogov.org/human-services-center-resources Note: This county does not accept documents emailed to them. Application Submission: Submit by fax, hand-deliver, mail, or place the packet in the outside drop box.

<p>Arapahoe County (2 locations) (1) 14980 E Alameda Dr, #007 Aurora, CO 80012</p> <p>(2) 1690 W Littleton Blvd, #123 Littleton, CO 80120 *Both office locations have an outside drop box</p>	<p>Phone: 303-636-1170 Fax: 303-734-4301 Web: https://www.arapahoegov.com/1906/ArapaSOURCE</p> <p>Application Submission: Submit by fax, hand-deliver, mail, or place the packet in the outside drop box.</p>
<p>Denver County</p> <ul style="list-style-type: none"> • Castro office (primary location): 1200 Federal Blvd, Denver, CO 80204 • East office: 3815 Steele St, Denver, CO 80205 • Taylor Office: 4685 Peoria St, Denver, CO 80239 <p>*Outside drop box at each location</p>	<p>Phone: 720-944-3666 Fax: 720-944-3094 (they do not accept documents faxed to them) Email: DenverDHS@denvergov.org Web: www.denvergov.org/humanservices</p> <p>Application Submission: Submit by mail, hand-deliver, or place the packet in the outside drop box.</p>
<p>Douglas County 4400 Castleton Ct. Castle Rock, CO 80109 *Outside drop box</p>	<p>Phone: 303-688-4825 Fax: 877-285-8988 Email: Dhs.inbox@douglas.co.us (<i>size limit</i>) Web: https://www.douglas.co.us/</p> <p>Application Submission: Submit by fax, email, hand-deliver, mail, or place the packet in the outside drop box.</p>
<p>Elbert County 215 Comanche St Kiowa, CO 80117 *outside drop box</p>	<p>Phone: (303) 621-3206 Fax: (303) 621-0122 Email: elbert.assistance@state.co.us</p> <p>Application Submission: Submit by fax, email, hand-deliver, mail, or place the packet in the outside drop box.</p>
<p>Jefferson County 900 Jefferson County Pkwy Human Services Building Golden, CO 80401 *Outside drop box</p>	<p>Phone: 303-271-4707 Fax: 303-271-4805</p> <p>Application Submission: Submit by fax, hand-deliver, mail, or place the packet in the outside drop box.</p>
<p>Colorado Medical Assistance Program (CMAP)/Denver Health</p>	<p>Phone: 1-800-359-1991 Fax: 303-602-7639 or 303-893-1780 Email: CMAPbuyin@dhha.org (INDIVIDUALS/FAMILIES) Web: https://www.denverhealth.org/patients-visitors/billing-insurance/enrollment-services</p> <p>Application Submission: Submit by fax or email.</p>
<p>Connect for Health Colorado (C4H)</p>	<p>Phone: 855-752-6749 Fax: 855-346-5175 Email: countypartners@c4hco.com Web: https://connectforhealthco.com/</p> <p>Application Submission:</p>

Submit by fax or email.

Final Checklist

YOU MADE IT! CONGRATULATIONS!

- Read through the [Tips and Tricks](#) section again.
- Double check your application:
 - Did you answer every question or write n/a if not applicable?
 - Did the applicant or court appointed legal guardian sign the application?
 - Are the signatures “wet?”
 - Are the application pages in order and all pages included?
 - Did you write legibly using blue or black ink (if not typed)?
 - **Did you sign and date page 10 AND the Release of Information page 13?**
 - **Did you sign and date page 11**, if you’d like a parent, guardian, or someone else to have permission to speak with Arbor on your behalf?
- If the applicant has a court-appointed legal guardian or medical Power of Attorney, include a copy of the proper paperwork.
- Did you make a copy of everything, to keep for your records?
- Did you include strong supporting documents?

Disability Determination Information: What to expect after you submit the application

Application Review and Submission:

- Once the application is submitted to Health First Colorado Medicaid, Medicaid will forward it to Arbor/ARG (Action Review Group) to review.
- **The review period can take up to 90 days** between Arbor/ARG and Medicaid. The review process *may be shorter* if you submit a COMPLETE application, STRONG supporting documentation, and follow the signature suggestions provided in the guide.
- Arbor/ARG is contracts with the State of Colorado to review Medicaid disability applications and make a disability determination, using Social Security’s definition of a disability. Their full name is **Arbor E&T, LLC, Action Review Group (ARG)**.
- If you submitted the application to your local department of human services or to AMES, they should review the application for completeness prior to forwarding the application to Arbor/ARG.
 - If they find something missing or wrong with the application (often signatures), they will contact the member either by mail or phone about pages that need to be corrected and returned. Be on the look-out for this and **respond timely if corrections are needed**.
 - **If you receive information by mail and do not understand what is being asked, contact the sender of the mail to ask for support.**
 - If you recently submitted the disability application and then receive a blank application in the mail, don’t assume it was sent to you in error. It may have been sent to you because the one you submitted was not acceptable. Call the sender of the mail to ask for clarification, as needed.
 - If you are unresponsive to requests for more information or a corrected application, Medicaid is obligated to forward the application to Arbor, even with errors and the expectation it will likely be denied.

- Medicaid will only leave a detailed voicemail if they can identify the voicemail as belonging to the head of household or representative appointed to help with the application. Otherwise, it will be a vague reference to documentation. Representatives from AMES will say they are calling from Colorado Access, AMES, an Eligibility Application Partner, or EAP.
- **If you completed a re-application for someone already in waiver services, ask someone on the LTC team at Medicaid if they can keep the waiver open while the application is under review.**

Disability Determination:

You will get a letter from Arbor/ARG showing an approval or denial. The top of the determination letter may look like this:

STATE OF COLORADO, DEPARTMENT OF HEALTH CARE POLICY AND
FINANCING
Arbor E&T, LLC
dba Action Review Group
P.O. Box 340
Olyphant, PA 18447
(877) 265-1864, FAX: (877) 672-2077

DISABILITY DETERMINATION NOTICE

There are 5 different determination categories. The most common are below.

Determination	Language	What it Means
Full approval	“You have a disability. You will receive a different letter that will tell you if you qualify for Health First Colorado benefits.”	Arbor found the person to meet Social Security’s definition of a disability, which meets the disability requirement for LTC Medicaid (waiver) and Medicaid Buy-in. No further action needed outside of waiting for correspondence from Health First Colorado Medicaid about your Medicaid status.
Limited disability approval	“You meet Colorado’s standards for limited disability, but you do not meet the Social Security Administration’s full disability standards.”	With a limited disability approval, you do not qualify for LTC Medicaid as a child. If you are an adult, you only qualify if you are working, so you can be approved for both Medicaid Buy-in and an adult waiver. Working adults will need to submit proof of employment (recent pay stubs) to Medicaid. If the adult is not working, then you will not be able to move forward with a waiver enrollment. Other options will need to be discussed with your case manager.

		We suggest you appeal the decision and submit stronger supporting documentation.
Full Denial	“The Social Security Administration has decided you do not have a disability and you do not meet Colorado’s disability standards.”	Arbor determined the applicant does not meet Social Security’s definition of a disability, which includes a long-term disability, lasting more than 12 months. We suggest you appeal the decision and submit stronger supporting documentation.

- There are two other determinations that are not commonly seen. Both are related to someone who was already found to meet the disability definition by applying for/receiving Social Security benefits.
- You may also get a denial because the application was not legible and/or complete. In that case, we suggest you fix what was not done correctly and re-submit it to Medicaid as soon as possible, who will forward it to Arbor.
- **Qualifying Impairment Codes:** If determined to meet the definition of having a disability, the determination letter from Arbor will list out the specific qualifying impairment codes citing how the individual meets the criteria.
 - The Qualifying Impairment Code definitions can be found on Social Security’s website, or by following the links below.
 - Children: <https://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm>
 - Adults: <https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

Next Steps for Denials:

- **Review the entire letter from Arbor** to see if it gives the reason(s) for the denial. It should list what supporting documents were used to make the determination. Sometime people are denied because Arbor did not get the requested information from medical providers (and other providers) they reached out to for supporting information.
- **Contact Arbor if you have questions about the determination.**
- **Right to appeal:** If the applicant does not agree with Arbor’s decision, they have the right to appeal the decision. The determination letter includes directions for submitting an appeal, as well as timelines.
- **Notify your case manager or coordinator about the denial.**
- As noted in the above chart, if the applicant was denied for not meeting Social Security’s definition of a disability, you are encouraged to appeal and submit stronger supporting documentation with the application.
- If the applicant is denied because of one of the below reasons, you are encouraged to resubmit a corrected application with supporting documentation.
 - The signatures in the application were missing, illegible, or signed by the wrong person.
 - The signed release page wasn’t included or was illegible (this can happen when the release page is a photo). **Do not submit photos of the signature pages.**
 - Medical proxy, medical power of attorney paperwork, or guardianship documents were not included/signed, as applicable.
- **If you completed a re-application for someone already in waiver services, ask someone on the LTC team at Medicaid if they can keep the waiver open while the appeal is in process.**

Cover Page for the application (Optional, but HIGHLY recommended)

You are welcome to utilize the cover page on the next page, **marked Cover Sheet #1**, to submit with your application, to ensure it goes to the correct department within Medicaid. It can be submitted to your local Department of Human Services/Medicaid Office or Colorado Access-AMES. **You must fill in the highlighted BLANK spaces.**

TRAILS CASES:

If the applicant's Medicaid case is in the Trails system, contact your child welfare case manager and ask them to communicate directly with the Long-term care (LTC) team at your county DHS, so they can provide proof of the applicant's Medicaid. Otherwise, Medicaid will likely ask you to complete a new Medicaid application, in addition to the Disability application.

If the applicant has a case open in both the Trails system AND the regular Medicaid system (CBMS), then you can submit the disability application directly to the county DHS office with the **cover page**, so it will be directed to the LTC team. Use the second cover sheet below, marked Cover Sheet #2-Trails Cases. **You must fill in the highlighted BLANK spaces.**

COVER SHEET #1

Attention: The LTC Team**Medicaid Entity:****This packet contains a Medicaid Disability Application and supporting documentation. Please forward to Arbor/ARG for review.****I am working with Developmental Pathways. DP will forward the 100.2 LOC cert page and DSS1 as soon as both are available.**You can send a DSS1 referral to: intake@dpcolo.org

Please reach out if additional information is needed.

Name of applicant:	
Applicant's DOB:	
Applicant's Medicaid ID:	
Applicant's main contact and phone:	
Total number of pages:	

COVER SHEET #2- TRAILS Case

Attention: The LTC Medicaid Team at--

Medicaid Entity:

This individual has active Medicaid in the Trails system. Please partner with the Child Welfare department to verify active Medicaid. A new Medicaid application should not be needed.

This packet contains a Medicaid Disability Application for the following person:

Name of applicant:	
Applicant's DOB:	
Applicant's Medicaid ID (Trails case):	
Applicant's main contact and phone:	

The above person is working with Developmental Pathways to enroll onto a Long-term care (LTC) Medicaid waiver. DP will forward the 100.2 LOC cert page as soon as it is available.

You can send a DSS1 referral to: intake@dpcolo.org

- **Please review the application and reach out if additional information is needed.**
- **Please forward the completed application (and supporting documents) to Arbor/ARG for review.**

Thank you!