

DEPARTMENT OF HUMAN SERVICES

Income Maintenance (Volume 3)

AID TO THE NEEDY DISABLED AND AID TO THE BLIND

9 CCR 2503-4

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

3.400 AID TO THE NEEDY DISABLED (AND) AND AID TO THE BLIND (AB) PROGRAM DEFINITIONS AND REQUIREMENTS

3.400.1 GROUPS ASSISTED UNDER THE AID TO THE NEEDY DISABLED AND AID TO THE BLIND PROGRAMS

3.400.11 Eligible Recipients Who are Disabled or Blind

The AND and AB programs provide financial assistance to eligible recipients who are disabled or blind.

3.400.12 Income and Resources for an Eligible Applicant or Recipient

An "eligible applicant or recipient" shall mean one whose resources are below the State resource limit and whose income is below the applicable State standard of assistance.

3.400.13 Eligible Applicant or Recipient

For the purpose of AND or AB, an "eligible applicant or recipient" shall mean one who meets the applicable program definition of disability or blindness.

3.400.14 Types of Programs

There are two types of programs: State Aid to the Needy Disabled/Aid to the Blind (State AND/AB and Aid to the Needy Disabled/Aid to the Blind/Supplemental Security Income-Colorado Supplement (AND/AB/SSI-CS). Unless otherwise specified, AND and AB rules and the designation AND and AB shall apply to both types.

3.400.15 Age Requirements for AND or AB [Rev. eff. 9/1/06]

There shall be no age requirement for the AND/SSI-CS, AB/SSI-CS, or State AB programs. To be eligible for assistance under the State AND program, the disabled person shall be 18 through 59 years of age. Acceptable verification of age shall include, but not be limited to:

A. One of the following valid government issued documents or identification:

1. Birth certificate;
2. Valid Colorado state identification or driver's license;
3. Valid out of state identification or driver's license;
4. Naturalization, immigration, and passport papers;

5. Legal documents from Vital Statistics; or,
 6. Social Security information (SOLQ, SVES, SDX, and BENDEX); or,
- B. Two or more of the following documents:
1. School records;
 2. Baptismal certificates or other well documented church records;
 3. Family Bible or other well documented family records of birth;
 4. Voting records;
 5. United States census records.

3.400.16 General Requirements for AND or AB

To receive AND or AB assistance, an eligible recipient shall:

- A. Be a citizen of the United States, an alien or a legal immigrant as described in the "General Requirements" section of this manual on "Citizenship and Alien Status" ; and,
- B. Be a resident of Colorado; and,
- C. Not be receiving financial assistance from Colorado Works, Old Age Pension, AND or AB in any county; and,
- D. Not be an inmate of any public institution except as a patient in a public medical institution; and,
- E. Not be a patient of any institution admitted for tuberculosis or mental disease.

3.400.161 Length of Time on State and While Primary Diagnosis is Alcoholism or Controlled Substance Addiction

For State AND assistance only, an eligible applicant or recipient shall not have received State AND for more than 12 cumulative months in a lifetime based on a primary diagnosis of alcoholism or controlled substance addiction. (Refer to the section on alcoholism and controlled substance addiction as a primary diagnosis in this section of the manual.)

3.400.17 Requirement to Apply for SSI

Application for Supplemental Security Income (SSI), as a potential benefit, is a requirement for a disabled or blind applicant or recipient receiving less income than the SSI maximum plus \$20 unearned income. The county department shall require documentation of application for SSI to determine eligibility or shall document that, due to the applicant's income, an application for SSI is not required.

After application for SSI has been made, the county department shall verify that the applicant or recipient continues to appeal any denial of SSI benefits.

3.400.18 Eligibility for Other State or Federal Income Assistance Programs [Rev. eff. 10/1/06]

An applicant or recipient eligible for other State or Federal income assistance programs (e.g.,

Colorado Works) shall pursue and exhaust eligibility in those programs prior to becoming eligible for State Aid to the Needy Disabled or State Aid to the Blind. Any existing sanction or disqualification, as defined by the program imposing the sanction or disqualification, will deem the applicant or recipient ineligible for State AND/AB. If the applicant's or recipient's income is over the limit for other State or Federal programs and the grant payment from the State or Federal program(s) is in excess of the State AND/AB maximum grant, the applicant's or recipient's income shall be considered over the limit for State AND/AB and the applicant or recipient will, therefore, be ineligible for State AND/AB.

A grandparent or any other relative caretaker is not required to be a member of the TANF/Colorado Works case when the child is not a legal dependant. The funds received for the support of a child are not used in determining the relative caretaker's eligibility for State AND/AB or AND/AB/SSI-CS benefits. A TANF/Colorado Works recipient is not required to apply for the sixty month extension to be potentially eligible for State AND/AB or AND/AB/SSI-CS benefits.

3.400.19 Exemptions

To determine eligibility for financial assistance and the amount of the assistance payment, the following shall be exempt from consideration as either resources or income:

- A. Income received from a non-profit program to the State AND/AB applicant or recipient designed to assist in achieving self sufficiency.
- B. Child support received by the State AND/AB or AND/AB/SSI-CS applicant for a legally dependant child is not considered income to the State AND/AB or AND/AB/SSI-CS applicant or recipient.

3.400.2 AND & AB ELIGIBILITY CRITERIA

3.400.21 Programs for Assisting Disabled and Blind Persons

There shall be two types of programs for assisting disabled and blind persons:

- A. AND/SSI-CS (Colorado Supplement to Supplemental Security Income) and AB/SSI-CS (Colorado Supplement to Supplemental Security Income) - supplemental payments to an eligible applicant or recipient who receives SSI benefits; and,
- B. State AND/AB - assistance payments to an eligible applicant or recipient not receiving SSI benefits, who meets eligibility criteria established by the State Department.

3.400.22 Eligibility for Financial Assistance Under AND/AB/SSI-CS

To be eligible to receive financial assistance under AND/AB/SSI-CS, the applicant or recipient shall:

- A. Have been determined by SSI to be disabled or blind; and,
- B. Be receiving an SSI money payment less than the maximum grant or supplement amount set by the State Department; and,
- C. Have completed an application.

3.400.23 SSI Definitions

The SSI definitions for disability and blindness are the same as those used in the Social Security

Disability Insurance Benefits program:

- A. "Disability" means inability to engage in any substantial gainful activity due to a physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of 12 months or more;
- B. "Blindness" means (1) vision in the better eye of 20/200 or less with the use of a correcting lens, or (2) tunnel vision to the extent that the field of vision is no greater than 20 degrees.

3.400.24 Eligibility for Financial Assistance Under State AND

To be eligible to receive financial assistance under State AND, the applicant or recipient shall:

- A. Be determined to have a total disability as defined in Section 3.400.25; and,
- B. Have total gross income and countable resources below the maximum State amount.

3.400.25 Definition of Total Disability Under State AND

For the purpose of State AND, "total disability" means a physical or mental impairment that is disabling and, because of the factors below, precludes the applicant or recipient having such disability from engaging in a useful occupation as a homemaker or as a wage earner in any employment which exists in the community for which the applicant or recipient has competence. The total disability must have lasted or is expected to last six (6) months or more, and this requirement must be met before considering any of the other factors listed below:

- A. Education or training;
- B. Experience;
- C. Social setting:
 - 1. The applicant or recipient is homeless;
 - 2. There are available jobs for which the applicant or recipient has competence within a reasonable commute of the applicant's or recipient's home. "Reasonable" means a commute within one hour one way or within 30 miles one way, or within 50 miles one way in rural areas.

3.400.26 Definitions for State AND

For the purpose of State AND:

- A. "Useful occupation" shall mean any occupation which can be considered as self-supporting. "Self-supporting" means minimum wage multiplied by 30 hours of work per week. "Protected" employment - as in a sheltered workshop - or other "made work" situations can not be considered as self-supporting;
- B. "Homemaker" shall mean one whose occupation would currently consist of homemaking services - such as cooking, laundering, and performed outside the applicant's or recipient's own home or in a "live in" situation in exchange for a room (or room and board) and wages;
- C. The phrase "employment which exists in the community" shall mean that there are jobs for

which the applicant or recipient has competence located within an area where the applicant or recipient might reasonably be expected to commute. It does not mean that there are actual job vacancies that the applicant or recipient could fill.

3.400.27 Eligibility for Financial Assistance Under State AB

To be eligible to receive financial assistance under State AB the applicant or recipient shall:

- A. Be determined to be blind which includes the certification that the applicant or recipient has not more than ten percent visual acuity in the better eye with correction or not more than 20/200 central vision acuity in the better eye with correction, or a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle of no more than twenty degrees, and
- B. Have total gross income and countable resources below the maximum State Department amount.

3.400.28 Primary Diagnosis of Alcoholism or Controlled Substance Addiction (Does Not Apply to State AB)

For the purpose of State AND, if the recipient's primary diagnosis is alcoholism or controlled substance addiction, the additional following criteria shall apply:

- A. The recipient is eligible to receive AND benefits for a maximum of 12 cumulative months in a lifetime while the recipient's primary diagnosis on the State Department's prescribed medical report form is alcoholism or controlled substance addiction; and,
- B. The recipient must agree to treatment for the recipient's addiction and will be referred to a designated assessment/treatment agency of the Alcohol and Drug Abuse Division (ADAD), which will define the treatment for the recipient; and,
- C. The recipient's payments shall be sent, on the recipient's behalf, to the assessment center or treatment center to which the recipient has been referred, to then be turned over to the recipient. Payments may be made directly to the recipient as long as the recipient demonstrates compliance with the assessment/treatment program. These payments are the property of the recipient and are not transferable nor assignable; and,
- D. If the recipient fails to comply with treatment, the treatment center must give the recipient the payment and contact the county department within 24 hours of the recipient's termination from treatment. The county department shall discontinue the recipient's State AND assistance.
- E. If the recipient fails to appear for assessment/treatment and claim the recipient's payment, the recipient's State AND payment shall be returned to the county department no later than the end of the month for which the payment was issued.
- F. The treatment center may negotiate with the recipient to charge the recipient a fee based on a sliding fee scale; however, the county department shall not terminate State AND benefits if the recipient does not pay and therefore does not get treatment solely because of the facility's unwillingness to provide treatment.
- G. The recipient must submit to random testing to ensure the recipient remains free of alcohol/controlled substance(s).
- H. Anytime a recipient tests positive for alcohol or controlled substance(s), the recipient will be

warned by the treatment center, either verbally or in writing. Verbal warnings will be fully documented in the recipient's case file. If a recipient tests positive for alcohol or controlled substance(s) twice in any three-month period, the county department will be notified and the recipient will be removed from State AND.

- I. The initial partial month is not counted toward the 12-month maximum allowed. However, if a recipient is discontinued and subsequently reapplies and is approved, partial months after re-approval will count as a full month toward the 12-month maximum allowed.

3.400.3 ESTABLISHING THE FACTS OF ELIGIBILITY

3.400.31 Eligibility Criteria for Colorado Supplement Payment

In addition to eligibility requirements concerning income and resource limitations, the county department shall establish that the applicant or recipient meets the eligibility criteria for a Colorado Supplement payment by:

- A. Verifying that the person is a recipient of SSI benefit payments and meets SSI disability or blindness standards, and
- B. Recording the source of verification on the State Department's prescribed medical report form.

3.400.32 Eligibility Criteria for State AND/AB Payment if Receiving Social Security (DIB)

For a disabled or blind applicant or recipient not receiving SSI benefits, but who is receiving Social Security Disability Insurance Benefits (DIB), the county department shall establish that the applicant or recipient meets the eligibility criteria for State AND or State AB by:

- A. Verifying that Social Security DIB payments are being paid to the applicant or recipient; and,
- B. Recording the source of verification on the State Department's prescribed medical report form; and,
- C. Referring the applicant or recipient to the Social Security District Office to apply for SSI benefits, if applicable, using the SSA referral form, when the applicant's or recipient's unearned income is less than the SSI maximum plus \$20, based on living arrangements, and,
- D. Obtaining verification of SSI application.

3.400.33 Verification of SSI and Social Security DIB Payments

Sources for verifying SSI and Social Security DIB payments shall include the benefit payment, the award letter, the State Beneficiary and Earnings Data Exchange (BENDEX) list, the State Data Exchange System (SDX) listing, or the State Verification Exchange System (SVES) listing for SSI. The Social Security information request form for Social Security benefits may be used when the information is not on a BENDEX, SDX, or SVES listing.

3.400.34 Eligibility Criteria for State and Payment if not Receiving SSI or Social Security DIB

For an applicant or recipient who receives neither SSI nor Social Security DIB, the county department shall establish that the applicant or recipient meets the eligibility criteria for State AND by:

- A. Referring the applicant or recipient to the Social Security Office to apply for SSI and Social

Security DIB when the applicant's or recipient's unearned income is less than the SSI maximum plus \$20, and based on living arrangements; the applicant or recipient must appeal any denial of eligibility by SSA for SSI benefits to remain eligible for State AND;

- B. Obtaining documentation of application for SSI and/or any appeals of SSI denial before approval for State AND;
- C. Obtaining the applicant's or recipient's authorization for release of medical information, using the State Department's prescribed medical report form;
- D. Advising the applicant or recipient of the requirement for medical examination using the State Department's prescribed medical report form;
- E. Securing the completed State Department's medical report form for AND/or State AND special examinations;
- F. Reviewing all medical information secured, and completing a determination of eligibility.
- G. Requesting a second opinion, using the State Department's prescribed medical report form, at the applicant's or recipient's expense. The county department is obligated to pay for only one medical exam for the applicant or recipient.
- H. The county department shall not be responsible for obtaining or arranging the medical exam for the applicant or recipient. However, the county department is responsible for payment as indicated in Section 3.490.21.

3.400.35 State Department's Prescribed Medical Report Form to Determine Disability

In accordance with the definition of State AND disability as found in Section 3.400.25, the State Department's prescribed medical report form shall include the appropriate medical personnel's diagnoses, prognoses, and other relevant physical or mental factors relating to the disability of the applicant or recipient. The State Department's prescribed medical report form shall contain the appropriate medical personnel's certification that the applicant or recipient has or does not have a physical or mental impairment that has lasted or is expected to last six (6) months or longer and precludes the applicant or recipient from working.

3.400.36 Veteran's Administration (VA) Prescribed Medical Form to Determine Disability

The VA prescribed form must be used to request medical information from a VA hospital. The applicant or recipient shall be responsible for securing additional medical information from the VA if the applicant or recipient wishes the county department to consider additional medical information to determine eligibility.

3.400.37 Eligibility Criteria for State AB Payment if not Receiving SSI or Social Security DIB

If an applicant or recipient receives neither SSI nor Social Security DIB, the county department shall establish that the applicant or recipient meets the eligibility criteria for State AB by:

- A. Referring the applicant or recipient to the Social Security Office to apply for SSI and Social Security DIB when the applicant's or recipient's unearned income is less than the SSI maximum plus \$20, and based on living arrangements;

Any denial of eligibility by SSA for SSI benefits must be appealed by the applicant or recipient in order for the applicant or recipient to remain eligible for State AB;

- B. Obtaining documentation of application for SSI before approval for State AB, and/or any appeals of SSI denial;
- C. Obtaining the applicant's or recipient's authorization for release of medical information, using the State Department's prescribed medical report form;
- D. Referring the person for medical examination using the State Department's prescribed medical report form;
- E. Securing the completed State Department's prescribed medical report form which includes the qualified medical personnel's (as defined in Section 3.490.111) certification that the applicant or recipient has not more than ten percent visual acuity in the better eye with correction, or not more than 20/200 central visual acuity in the better eye with correction, or a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle of no more than twenty degrees;
- F. Reviewing all medical information secured and completing a determination of eligibility.
- G. Requesting a second opinion, using the State Department's prescribed medical report form, at the applicant's or recipient's expense. The county department is obligated to pay for only one medical exam for the applicant or recipient.
- H. The county department shall not be responsible for obtaining or arranging for the medical exam for the applicant or recipient

3.400.38 Loss of SSI Payment

When an applicant or recipient loses SSI payment, for whatever reason, the applicant or recipient shall lose eligibility for the AND/SSI-CS or the AB/SSI-CS program. The following procedures shall be followed:

- A. Cases shall be changed to State AND or AB and the cases processed in accordance with the rules for that program; and,
- B. The recipient shall remain in the State Department program, if otherwise eligible, pending receipt of a medical decision of disability following the procedure described earlier in this section.

3.410 - 3.440 (None)

3.450 AND & AB PROCESSING STANDARDS AND PAYMENT POLICIES

3.450.1 AND & AB APPLICATION PROCESSING STANDARDS

3.450.11 AND/AB/SSI-CS Application on Behalf of a Minor

An AND/SSI-CS or AB/SSI-CS application made on behalf of a minor shall be signed by the applicant's parent or legal guardian.

3.450.12 Processing Times

Action to approve or deny AND/AB applications shall be taken within sixty (60) days from the date of receipt of a completed and signed application. Action means the notice to the applicant and the eligibility reporting form are complete and mailed.

3.450.13 Delay in Processing Time

When the processing time cannot be met due to any delay, notice shall be sent to the applicant including the reason for the delay and the right to appeal for a fair hearing if the applicant is dissatisfied with the delay.

3.450.2 AND & AB REDETERMINATION CYCLE

3.450.21 Eligibility Redetermination

A redetermination of eligibility for continued assistance on factors other than disability and blindness shall be completed every 12 months or sooner if there is reason to believe the recipient's situation has changed.

3.450.22 Length of Time for Medical Redetermination

A redetermination of medical eligibility shall be completed as specified for State AND/AB on the State Department's prescribed medical report forms. If the applicant or recipient has been determined eligible for Medicaid through the Disability Determination Services (DDS) process, the diary date or medical re-examination date of the DDS decision becomes the medical eligibility re-examination date. Otherwise, the State Department's prescribed medical report form shall be used for the medical redetermination process.

3.450.23 SSI Medical Redetermination

The redetermination of medical eligibility for those cases receiving SSI and/or Social Security DIB is the responsibility of Social Security. So long as the person receives an SSI or Social Security DIB money payment, it shall be assumed that the applicant or recipient meets the SSI medical criteria.

3.450.3 AND & AB REPORTING REQUIREMENTS

3.450.31 Recipient Reporting Requirements

A recipient of AND or AB shall notify the county department in writing within 30 calendar days of any change in resources or income or other change in circumstances which would affect eligibility or the amount of assistance. If such property or income is received infrequently or irregularly and does not exceed a total value of ninety dollars (\$90) in any calendar quarter, such property or income shall be excluded from the thirty-day written reporting requirement but shall be reported at the time of the next eligibility redetermination.

3.450.32 Explanation of the Reporting Requirement

As a part of the application process, the county department shall provide an explanation of the reporting requirement.

3.450.4 AND & AB PAYMENT POLICIES

3.450.41 Money Payment Made Directly to Recipient

Except as specified below, the money payment shall be made directly to the recipient. This includes cases where the recipient has been adjudged mentally incompetent and the county department is satisfied that the recipient is getting full use and benefit of the payment.

3.450.42 Exceptions to Money Payment Made Directly to Recipient

When a court-appointed guardian makes application on behalf of the applicant or recipient, the payment shall be made out to the recipient "by" the guardian. The guardian shall make semi-annual reports to the county department of payments received and expenditures made on behalf of the recipient.

3.450.43 Interim Assistance Reimbursement (IAR)

Payments of State AND and/or State AB made while an SSI claim is pending, in suspense, terminated, or in appeal shall be classified as interim assistance. At the time of application, the SSI payment procedure shall be explained to the applicant.

- A. As a condition of eligibility for State AND or State AB the applicant shall be required to sign the "Authorization for Reimbursement of Interim Assistance Initial Payment or Initial Post Eligibility Payment" form (IM-14). The authorization form is transmitted electronically to the Social Security Administration (SSA) in the manner prescribed by the State Department. Refer to the AND and AB Payment Policies section titled "Establishing the Facts of Eligibility". The applicant or recipient shall be required to give signed authorization for recovery directly from the applicant or recipient in the event that the first retroactive SSI check is sent to the applicant or recipient rather than the county department.
- B. The date of signature on the "Authorization for Reimbursement of Interim Assistance Initial Payment or Initial Post Eligibility Payment" form which is submitted to the Social Security Administration will be considered the date of SSI application. The authorization will be effective for one (1) year from the date it was signed by the applicant. If a timely request for an administrative or judicial review is filed within the time permitted under SSA's regulations, the authorization form will remain in effect, even if beyond the one calendar year period, until such time as:
 - 1. SSA makes the initial SSI payment or makes the initial SSI post eligibility payment on the claim;
 - 2. SSA makes a final decision on the case; or,
 - 3. The county department, as an agent of the State Department, and the applicant agree to terminate the authorization.
- C. At the time the initial SSI retroactive payment is received, the county department shall, within 10 working days, make an accounting of the interim assistance payments made, including the SSI initial payment received from SSA, the amount paid to the recipient, the amount retained by the county department, and the amount returned to SSA due to death, etc.
- D. The accounting shall be made on an individual recipient basis to SSA on the SSA prescribed form. A copy shall be mailed to the Social Security Administration Regional Office in Denver and one copy shall be kept in the case record at the county department.
 - 1. If the amount of interim assistance is larger than the SSI amount, the entire SSI payment is retained and the recipient notified of the amount of interim assistance paid and the amount of reimbursement payment received from SSI.
 - 2. If the SSI lump sum payment is larger than the amount of interim assistance the county department shall retain an amount equal to the interim assistance paid for the same month(s) SSI is received. The remainder is forwarded to the recipient within 10 days of receipt along with notification of the amount withheld.

3. The appropriate State Department's prescribed form shall inform the recipient of the right to appeal computation of the amount of interim assistance paid and the amount withheld.
 4. Recoveries directly from a retroactive SSI payment can only be made from the first such payment.
- E. When the SSI payment is received by the recipient, the county department shall consider the payment as income in the month received.
- F. In the event that a recipient receives the initial retroactive SSI payment directly, the county department shall establish a recovery from the client. Subject to the client hardship provisions stated in this section, the county department may agree to recover interim payments by periodic payments or through a lump sum recovery. Any such recovery(ies) made shall be coded as Interim Assistance Reimbursement (IAR) Recovery(ies). Any amount recovered in the same month as the month in which it was received shall not be counted as income.
- G. The county department/State Department shall not pay any portion of its share of the Federal SSI lump sum payment to the recipient or to any third party for legal, professional, or other fees incurred by the recipient in securing SSI benefits. All of the IAR payment shall be used to reimburse the State AND program for benefits paid to the recipient as interim assistance in accordance with the agreement between the Colorado Department of Human Services and the Social Security Administration. The recipient is not required to obtain legal or other third party representation in order to apply for and/or obtain SSI benefits, and the recipient is solely responsible for any fees incurred in this process. Any excess money received from the retroactive SSI payment shall be sent to the recipient.

3.450.431 Suspension or Termination of SSI Payment

At the time an SSI recipient's SSI payment is suspended or terminated, the county department shall have the recipient complete the "Authorization for Reimbursement of Interim Assistance Initial Payment or Initial Post Eligibility Payment" form (IM-14) and check the post eligibility box. This authorization shall be entered electronically in the manner prescribed by the State Department.

3.450.44 When SSI Payment is Received

When the SSI payment is received, the county department shall change the category of assistance from State/AND to AND/SSI/CS or from State AB to AB/SSI/CS. The Colorado Supplement shall be paid retroactively to date of SSI eligibility, if otherwise eligible or to date of application with the county department, whichever is later.

3.460 FINANCIAL ELIGIBILITY REQUIREMENTS FOR AID TO THE NEEDY DISABLED (AND) AND AID TO THE BLIND (AB)

3.460.1 DETERMINATION OF NEED

3.460.11 Income and Resources

Two elements shall be considered in determining an applicant's or recipient's need for financial assistance:

- A. Resources available to the applicant or recipient, and

B. Income available to the applicant or recipient.

3.460.12 Needs of the Essential Spouse

In addition to the needs of the disabled or blind applicant or recipient, the needs of the essential spouse shall be included in the grant of an AND/AB/SSI-CS recipient when:

- A. The spouse is providing a service which, if the recipient were living alone, would have to be provided for an applicant or recipient; and,
- B. The countable resources do not exceed the allowable maximum for an applicant or recipient; and,
- C. The countable income does not exceed the current allowance for an essential spouse.

3.460.13 Home Care Allowance [Rev. eff. 1/1/07]

In addition to the needs of the disabled or blind applicant or recipient, a home care allowance may be included in the grant of an AND/AB/SSI-CS or State AND/AB applicant or recipient.

See Section 3.720, et seq., for Home Care Allowance eligibility requirements.

3.460.14 Adult Foster Care [Rev. eff. 1/1/07]

In addition to the needs of the disabled or blind applicant or recipient, an adult foster care allowance shall be included in the grant of an AND/AB/SSI-CS recipient when:

- A. The need for such care has been determined by the county worker;
- B. The care is authorized by the county department; and,
- C. The individual is or will be residing in a certified Adult Foster Care facility. See Section 3.730, et seq., for Adult Foster Care requirements and the Colorado Department of Human Services' Section 7.103 "Program for the Protection of At Risk Adults Unable to Protect Their Own Interests" (12 CCR 2509-2).

3.460.2 (Reserved for Future Use)

3.460.3 AID TO THE NEEDY DISABLED (AND) AND AID TO THE BLIND (AB) STANDARDS OF ASSISTANCE

3.460.31 Maximum Grants

The Colorado Supplement for AND and AB Standards of Assistance Tables, located in Section 3.460.45, reflect the current maximum grant payable based on the program for which the applicant or recipient qualifies.

3.460.32 Total Gross Countable Income

The total gross countable income of the applicant or recipient shall be deducted from the applicable standard in determining the payment amount. With the exception of SSI initial lump sum payments received by the county department, income shall be countable the month it is received.

3.460.33 Income of Non-Recipient Spouse

In addition to the income of the recipient, net income in cash or in kind to a recipient from the non-recipient spouse shall be considered as income in the month received.

3.460.34 income of an Unemancipated Child

In the case of an unemancipated child who is applying for AND/SSI-CS or AB/SSI-CS, the income of the child and the child's parents/guardians shall be considered. See the provisions in this staff manual entitled "Financial Responsibility of Relatives". Persons under 18 are not eligible for the State Only AND program.

3.460.35 Total Gross Countable Income Equal to or Exceeds the Appropriate Standard of Assistance

If total gross countable income equals or exceeds the appropriate standard of assistance, the applicant shall not be eligible for assistance.

3.460.4 AID TO THE NEEDY DISABLED (AND), AID TO THE BLIND (AB), & AND/AB/SUPPLEMENTAL SECURITY INCOME (SSI)-COLORADO SUPPLEMENT (CS) STANDARDS OF ASSISTANCE

3.460.41 State AND/AB and AND/AB/SSI-CS Appropriation Limits

Appropriation limits shall be maintained in accordance with Section 3.470.25.

3.460.42 AND/AB/SSI-CS Supplemental Payments (Does not apply to State AND/AB)

The Colorado Department of Human Services shall provide periodic supplemental payments, in addition to the regular monthly AND/AB/SSI-CS grant payments, to all AND/AB/SSI-CS recipients when necessary to comply with the Federal Maintenance of Effort (MOE) requirements. These payments, when necessary to be made, are supplements to regular grant payments, and do not affect grant standards.

3.460.43 Components

The table located at Section 3.460.45 provides a breakdown of the component amounts. Each standard represents a combined monthly allowance for essential items such as food, shelter, etc. The information shall be used only for arriving at a deduction when an item is supplied in full, without cost, to the recipient. For AND/AB/SSI-CS, only the component percentages for items other than shelter and utilities are used. Shelter and utilities for AND/AB/SSI-CS amounts are determined in accordance with the In-kind Support and Maintenance (ISM) regulations.

3.460.44 Medical Institution

For every full calendar month that the recipient is a patient in a medical institution, such as a hospital or nursing home, only a personal needs allowance shall be provided.

3.460.45 Aid to the Needy Disabled/Aid to the Blind/Supplemental Security Income-Colorado Supplement (AND/AB/SSI-CS) Standards of Assistance Table [Rev. eff. 1/1/14]

AND/AB/SSI-CS Grant Component Standard Allowance Table - effective January 1, 2014

Utilities	Combined with shelter
Shelter (33.33% of federal SSI grant standard+ \$20 disregard, rounded to the nearest	\$260.00

whole dollar	
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The remainder of the AND/AB/SSI-CS grant standard is applied toward the applicant's or recipient's food, personal needs, medical, household, and other expenses (AND/AB/SSI-CS grant standard - shelter allowance = remainder).

Applicants or recipients qualifying for the Home Care Allowance or Adult Foster Care programs may have higher income for eligibility purposes. See Section 3.720 et seq. (9 CCR 2503-7), regarding the Home Care Allowance program and Section 3.730 et seq., regarding the Adult Foster Care program.

County departments are to operate the Home Care Allowance (HCA) and Adult Foster Care (AFC) programs in accordance with the rules promulgated by the State Board of Human Services.

Institutionalized Recipients in Medical Institutions:

Personal Needs	\$50 or
For certain veterans	\$90

3.460.5 AID TO THE NEEDY DISABLED (AND) AND AID TO THE BLIND (AB) INCOME DISREGARDS

3.460.51 Countable Income of a State AND Applicant or Recipient and/or Spouse

In determining the countable income of a State AND applicant or recipient, all income is counted whether earned or unearned and is considered dollar-for-dollar, with no disregards.

To determine the countable earned income of the spouse of a State AND applicant or recipient to be deemed to the applicant or recipient, the following shall apply:

- A. Determine the monthly gross earnings;
- B. From this amount, deduct \$20;
- C. From the remainder, deduct one-half (1/2) but no more than \$30;
- D. From the remainder, subtract the mandatory deductions (withholding taxes, etc.);
- E. From the remainder, deduct \$30 or the actual reasonable expenses of employment, whichever is greater;
- F. The remaining income of the applicant or recipient and/or deemed spousal income is the countable earned income and shall be subtracted from the standard of assistance.

3.460.511 Countable Earned Income of an AND/SSI-CS Applicant or Recipient and/or Spouse

To determine the countable earned income of an AND/SSI-CS applicant's or recipients or spouse's income to be deemed to the applicant or recipient, the following shall apply:

- A. \$65 shall be subtracted from the gross earned income;
- B. The result shall be divided in half; and,

- C. The remaining income of the applicant or recipient and/or deemed spousal income is the countable earned income and shall be subtracted from the standard of assistance.

3.460.52 Countable Income of a State AB Applicant or Recipient and/or Spouse

To determine the countable income of a State AB applicant or recipient, all income is counted whether earned or unearned, and is considered dollar-for-dollar, with no disregards.

To determine the countable earned income of a spouse of State AB applicant or recipient to be deemed to the applicant or recipient, the following shall apply:

- A. Determine the monthly gross earnings;
- B. From this amount, deduct \$85;
- C. From the remainder, deduct one-half (1/2);
- D. From the remainder, subtract the mandatory deductions (withholding taxes, etc.);
- E. From the remainder, deduct \$30 or the actual reasonable expenses of employment, whichever is greater; and,
- F. The remaining income of the applicant or recipient and/or deemed spousal income is the countable earned income and shall be subtracted from the standard of assistance.

3.460.521 Countable Earned Income of an AB/SSI-CS Applicant or Recipient and/or Spouse

In determining the countable earned income of an AB/SSI-CS applicant's or recipients or spouse's income to be deemed to the applicant or recipient, the following shall apply:

- A. \$65 shall be subtracted from the gross earned income;
- B. The result shall be divided in half; and,
- C. The remaining income of the applicant or recipient and/or deemed spousal income is the countable earned income and shall be subtracted from the standard of assistance.

3.460.53 Countable Unearned Income of an AND/AB/SSI-CS Applicant or Recipient and/or Spouse

In determining the countable unearned income of an AND/SSI-CS or AB/SSI-CS applicant's or recipient's or spouse's income to be deemed to the applicant or recipient, who receives SSI and/or other unearned income, the following shall apply

- A. Determine the monthly gross unearned income;
- B. From this amount, deduct \$20;
- C. The balance is the countable unearned income and shall be subtracted from the assistance standard.
- D. In the case of a couple, only one \$20 disregard is allowed and is divided between the two individuals.

3.460.54 Other Sources of Unearned Income

An applicant or recipient receiving AND/SSI-CS or AB/SSI-CS, who does not receive another source of unearned income other than SSI, does not receive the \$20 unearned income disregard.

3.460.55 \$20 Unearned Income Disregard Not Applicable to State AND/AB

An applicant or recipient receiving State AND/AB is not eligible for the \$20 unearned income disregard.

A State AND/AB AND/AB/SSI-CS recipient living in an Adult Foster Care facility is not eligible to receive the \$20 unearned income disregard.

3.461 CALCULATING THE AND/AB/SSI COLORADO SUPPLEMENT

If the Social Security Administration (SSA) is recovering any portion of the SSI payment of an applicant or recipient due to an overpayment of benefits, the Colorado Supplement will be calculated based on the gross SSI payment and not the received amount.

3.470 AND & AB GRANT DETERMINATION

3.470.1 PERSONS INCLUDED IN THE AND OR AB GRANT

3.470.11 Needs of the Applicant or Recipient [Rev. eff. 9/1/06]

AND and AB grants shall be computed on an individual basis. It shall include only the needs of the disabled or blind applicant or recipient.

3.470.2 COMPUTING THE GRANT AMOUNT

3.470.21 Determining the Grant Amount [Rev. eff. 9/1/06]

An applicant's gross income must be less than the current grant standard. The county department shall determine the initial grant amount for an eligible applicant or recipient by the following:

- A. Take the gross monthly income available to the applicant;
- B. Add any non-recipient spouse/non-recipient parent (NRS/NRP) deemed income to the gross income of the applicant;
- C. Add the net income of the essential spouse, when the spouse is included in the grant, to the countable income of the applicant;
- D. This amount is the total countable income (TCI) of the applicant;
- E. Subtract the total countable income from the appropriate standard of assistance; and,
- F. Prorate the grant amount, beginning the day the applicant became eligible, through the end of the month.
- G. An initial grant beginning:
 1. On the first day of the month shall be based on the full appropriate standard of assistance less countable income;

2. On any other day of the month shall be based on the appropriate standard of assistance, less countable income, prorated according to the number of days remaining in the month.

3.470.22 Application Processing [Eff. 9/1/06]

A face-to-face interview is mandatory when applying for State AND/AB and AND/AB/SSI-CS with the following exception: a telephone, mail in, or home visit shall be available for individuals that are disabled who cannot travel to the application site or for whom such travel would create a significant physical, medical, or mental hardship.

3.470.23 Eligibility Effective Date [Rev. eff. 9/1/06]

Eligibility begins with the date of application or the date the applicant or recipient meets all eligibility requirements, whichever is later. In the case of State AND and State AB, if the applicant or recipient is delayed in completing the paperwork and appointment process for SSI and/or the medical exam through no fault of the applicant or recipient, the date of application may be used as the date of eligibility.

All eligibility requirements must be met in full before actual approval of the case.

3.470.24 Grant Payment Effective Date [Rev. eff. 9/1/06]

- A. The initial adult financial grant payment shall be effective the date of the pending application or the day the applicant meets all eligibility criteria, whichever is later.
- B. An ongoing adult financial and/or adult medical case shall not have a delay in benefits when:
 1. There is a current application or redetermination verifying eligibility; and,
 2. All eligibility criteria have been met as described in this section.

3.470.25 Determination of Ongoing Grant Amount [Rev. eff. 9/1/06]

To determine the ongoing grant amount, the county department shall:

- A. Consider the gross monthly income available to the applicant;
- B. Subtract any appropriate disregards, depending on the program requirements;
- C. Add any NRS/NRP deemed income to the gross income of the applicant;
- D. Add to the countable income of the applicant the net income of the essential spouse when the spouse is included in the grant;
- E. This amount is the total countable income (TCI) of the applicant;
- F. Subtract the total countable income from the appropriate standard of assistance.

3.470.26 Maintaining Appropriation Limits [Rev. eff. 9/1/06]

The Department of Human Services shall manage the State AND/AB budget and the AND/AB/SSI-CS program budget to hold expenditures within the budget appropriation limits. This may include reducing or suspending grants for the necessary month(s) of each fiscal year. This decision is not appealable.

3.480 AID TO THE BLIND TREATMENT (AB-T) PROGRAM DEFINITIONS AND REQUIREMENTS

3.480.1 GROUPS ASSISTED UNDER THE AID TO THE BLIND TREATMENT (AB-T) PROGRAM

3.480.11 Eligibility

The Aid to the Blind Treatment program provides assistance to eligible applicants who are in need of eye surgery and/or treatment to prevent blindness or to restore sight and who do not meet the eligibility factors for a categorical assistance program that provides medical coverage or for eye treatment services under the State Rehabilitation Services program.

3.480.12 Income and Resources

An eligible applicant is one whose resources are at or below \$2,000 for an individual and \$3,000 for a couple, and whose income is insufficient to meet the necessary medical expenses.

3.480.13 Age Requirement for AB-T

There shall be no age requirement for Aid to the Blind Treatment.

3.480.14 General Requirements for AB-T

To receive Aid to the Blind Treatment, an eligible person shall:

- A. Be a citizen of the United States; or be an alien lawfully admitted for permanent residence in the U.S. (refer to the section "General Rules for Alien Status Verification");
- B. Be a resident of Colorado;
- C. Not be an inmate of a public institution except as a patient in a public medical institution;
- D. Not be a patient of any institution admitted for tuberculosis or mental disease.

3.480.15 Referral

Prior to determining eligibility for the Aid to the Blind Treatment program, the individual shall be referred to the Division of Vocational Rehabilitation. If denied eye treatment services offered through the Division of Vocational Rehabilitation, eligibility for the State Aid to the Blind Treatment program shall be determined and Aid to the Blind Treatment services may be authorized.

3.480.16 Prior Authorization

Prior authorization under this program shall be subject to available appropriations. The State Department shall notify the State Board of Human Services and the county department within 30 calendar days of funds being fully expended.

3.480.2 AID TO THE BLIND TREATMENT (AB-T) PROCESSING STANDARDS

3.480.21 Documentation

For an applicant determined by the county department to be eligible and who is recommended for surgery, treatment, or subnormal vision aids, two copies of the State Department's prescribed AB-T form shall be:

- A. Mailed to the attending ophthalmologist; or,

- B. Mailed to the attending optometrist. Optometrists' services are limited to recommending subnormal vision aids.

3.480.22 Medical Report Form

The attending ophthalmologist or optometrist shall complete and return to the county department the State Department's prescribed medical report form giving the recommended treatment and estimated costs.

3.480.23 County Recommendation

The county department shall forward the forms to the Colorado Department of Human Services, Division of Vocational Rehabilitation, with recommendation for approval or denial completed by the attending physician for prior authorization of services.

3.480.24 Required Prior Authorizations

All of the following charges require prior authorization by the Colorado Department of Human Services, Division of Vocational Rehabilitation, on the State Department's prescribed medical report form:

- A. Hospital bills;
- B. Surgical fees;
- C. The assistant's fee;
- D. The anesthetist's fee;
- E. Corrective glasses when prescribed by the ophthalmologist or optometrist following eye operations;
- F. Glasses to prevent blindness or to restore sight;
- G. Drugs;
- H. Treatment fees;
- I. Charges for subnormal vision aids;
- J. Examination fees;
- K. Travel;
- L. Care in nursing home during treatment;
- M. Other necessary costs such as taxi expense to and from the hospital or doctor's office.

3.480.25 Payment

The ophthalmologist performing the operation or treatment shall accept, as payment in full, payment made under the AB-T program and shall not bill the patient for any supplemental charges except for those non-covered items or services not reimbursable under the AB-T program. The ophthalmologist's signature on the State Department's prescribed medical report form shall constitute certification.

3.490 ADMINISTRATIVE RULES - ELIGIBILITY FACTORS DETERMINATION

3.490.1 PROCESSING APPLICANT OR RECIPIENT DETERMINATIONS

3.490.11 Responsibility of County Department

3.490.111 Qualified Medical Personnel

The county department shall provide the applicant with the appropriate State Department's prescribed medical report form for completion by the examining physician, physician assistant certified in this state, an advanced practice nurse, or a registered nurse licensed in this state who is functioning within the scope of such nurse's license and training. For purposes of this rule, the above list of medical personnel shall be called "qualified medical personnel" .

3.490.112 Inclusions on the State Department's Prescribed Medical Report Form

The State Department's prescribed medical report form shall be in accordance with the eligibility requirements of the specific category and include:

- A. Medical report(s); and,
- B. Determination of eligibility.

3.490.113 Completion of the State Department's Prescribed Medical Report Form

Medical reports for State AND shall be certified by qualified medical personnel. Qualified medical personnel, as defined in Section 3.490.111, and licensed psychologists bordering on Colorado, may be used for medical examinations when the nearest Colorado-based physician is located 20 or more miles from the applicant's or recipient's place of residence and the "out-of-state" qualified medical personnel or psychologist is closer. In addition to a physician, an applicant may be examined by other qualified medical personnel as defined in Section 3.490.111. The supervising physician, the physician or nurse who conducted the examination shall certify in writing upon the State Department's prescribed medical report form the diagnosis, prognosis, and other relevant medical or mental factors relating to the disability of the applicant. The State Department's prescribed medical report form for AB may be completed as to visual acuity by a licensed optometrist. Medical eye examinations for objective medical basis for blindness, (inclusive of visual acuity and both sides of the form) shall be completed by an ophthalmologist. Forms provided for authorization of and treatment of a recipient to prevent or correct blindness under the AB-T program shall be completed by an ophthalmologist.

The initial exam/re-exam may be completed by a specialist in lieu of a general medical examination as determined appropriate for the applicant or recipient.

An applicant or recipient to whom the State Department's prescribed medical form is given shall receive an explanation as to its importance as documentation concerning disability or blindness, promptness in securing necessary examinations, arrangements for payment of examination fee, the potential effects and process concerning delays, and other necessary explanations.

3.490.114 Social Setting

After the State Department's prescribed medical report form for State AND has been

completed and is received by the county department, if necessary, the county department shall consider the social setting for the applicant as defined in Section 3.400.25, C.

3.490.115 Failure to Arrange for or Submit to Necessary Medical Examination

If the applicant or recipient fails to make arrangement for or submit to necessary medical examination within 45 calendar days following date of application, the county department shall consider such failure as evidence of desire to withdraw application or to have assistance terminated. The prior notice of adverse action form prescribed by the State Department shall be initiated in such instances.

3.490.116 Qualified Medical Personnel Bordering on Colorado

Qualified medical personnel, as defined in Section 3.490.111, and licensed psychologists bordering on Colorado may be used for medical examinations when the nearest Colorado-based physician is located 20 or more miles from the individual's place of residence and the "out-of-state" qualified medical personnel or psychologist is closer.

The examining qualified medical personnel, as defined in Section 3.490.111, or psychologist shall be granted a mileage allowance in addition to the medical examination fee when such examination must be provided in the applicant's or recipient's home. Prior authorization shall be secured in such instances with mileage not in excess of 50 cents (\$.50) per mile one way and for the distance the qualified medical personnel must travel in excess of five miles from the office or from the city limits, whichever is greater.

3.490.117 Completeness and Legibility of the State Department's Prescribed Medical Report Form

The State Department's prescribed medical report form shall be reviewed for completeness and legibility and to determine whether the information submitted is in conflict with other medical data. In the event the form is incomplete, illegible, or missing information, correction shall be secured.

3.490.118 Special Examinations

Medical examination and vocational rehabilitation information shall be used in determining eligibility when available.

The county department shall request special medical examinations or additional medical information as needed. In instances involving special examinations, the county department shall contact the recipient in order to explain the need for and securing of such medical evaluation. When such special examination cannot be secured at the local level, referral may be made to any public hospital or clinic that may be available.

The county department shall contact the examining physician or other qualified medical personnel, as defined in Section 3.490.111, suggesting public hospitals or clinics for referral for diagnostic evaluation and appointment. Results of the special examination shall be forwarded to the county department for review and decision.

3.490.12 Responsibility of County Department to Re-determine Disability

3.490.121 Redetermination of Recipient's Disability

The county department shall re-determine the recipient's disability at the time designated on the initial examination or the last most recent redetermination. The redetermination

shall be completed at six months or at such later time as designated by the county department.

3.490.122 Obtain New Medical Examination at Time of Redetermination

At the time of redetermination of disability, the county department shall obtain a new medical examination which indicates the recipient's current condition. The county department shall obtain a recipient release of information and send any prior medical findings to the examining physician or other qualified medical personnel as defined in Section 3.490.111. The physician or other qualified medical personnel shall be required to make a comparison of the recipient's current and past medical condition. If the recipient fails to make arrangement for or submit to the necessary medical reexamination within 30 days of the request, the county department shall initiate procedures to terminate assistance.

3.490.123 Terminating Assistance

In order to terminate assistance, the county department must determine that:

- A. There has been improvement in the recipient's medical condition as evidenced by the State Department's prescribed medical report form; or,
- B. The recipient's circumstances have altered sufficiently to warrant a determination that total disability has ceased; or,
- C. There was an administrative error in the prior disability determination.
- D. Discontinuation of assistance for other than income and resources shall be based on medical information provided on the State Department's prescribed medical report form.

3.490.124 Improvement in Recipient's Medical Condition

Improvement in the recipient's medical condition means that in comparison to the most recent disability determination, the physical or mental impairment(s) which prevented the recipient from engaging in a useful occupation, has decreased to the point that the recipient can now engage in a useful occupation. Such improvement may be demonstrated by medical evidence consisting of:

- A. Signs, symptoms or laboratory findings which demonstrate positive changes in the recipient's functional abilities; or,
- B. Signs, symptoms or laboratory findings which demonstrate that the affect of the impairment(s) on the recipient has decreased.

3.490.125 Alteration of Circumstances

A sufficient alteration of circumstances to warrant a determination that total disability has ceased may be demonstrated by:

- A. New medical evidence which shows that while the recipient's underlying condition may not have changed, advances in medical therapy or technology have reduced or eliminated the effect that the condition had on the recipient; or,
- B. New or improved diagnostic techniques or other medical evaluations show that the

recipient's previously determined medical condition is not as serious as indicated at the time of the most recent disability determination; or,

- C. New evidence shows that while the recipient's underlying condition may not have changed, the recipient's vocational abilities have so improved through education or training that the recipient is able to engage in a useful occupation; or,
- D. Vocational opportunities for which the recipient has competence have become available in the community since the most recent disability determination; or,
- E. There has been a change in prognosis; or,
- F. The recipient has compensated or adjusted to the medical condition which enables the recipient to engage in a useful occupation; or,
- G. The State Department's prescribed medical report form indicates a total disability does not exist; or,
- H. The recipient's medical condition is correctable and the recipient refuses without good cause to obtain prescribed medical treatment to correct the condition.

Good cause may include, but is not limited to:

- 1. Treatment is contrary to established teachings of the recipient's religion; or,
- 2. Surgery previously performed with unsuccessful results and the same surgery is again being recommended for the same impairment; or,
- 3. The treatment because of its magnitude (e.g. open heart surgery) or unusual nature (e.g. organ transplant) or other reason is very risky; or,
- 4. Cost of treatment is prohibitive or cannot be obtained through public funding.

3.490.126 Administrative Error

"Administrative error" means the prior determination of disability was clearly incorrect based on substantial evidence.

3.490.13 Responsibilities of the State Adult Financial Eligibility Unit

3.490.131 Administrative Monitoring of the State AND Program

The State Adult Financial Eligibility Unit shall monitor the administration of the State AND program. It shall offer technical assistance to a county department requesting such.

3.490.132 Fiscal Sanctions for Overdue Redeterminations

The State Department shall withhold or recover financial reimbursement to the county department concerning all cases in which redetermination forms are not completed by the dates due. Such fiscal sanction shall, in the absence of good cause finding, be initiated the month following the month in which overdue and for each month thereafter in which the overdue submittal continues.

3.490.133 Waiver of Fiscal Sanctions

The above-described fiscal sanction may be waived, upon showing of good cause by the county department including, but not limited to, physician's or other qualified medical personnel as defined in Section 3.490.111 non-return of the State Department's prescribed medical report form, acute illness of the recipient, or similar problems. In such circumstances, however, the county department shall be responsible for appropriate follow-up to correct the reason for delay.

3.490.2 ALLOWABLE MAXIMUM FOR MEDICAL EXAMINATION, TREATMENT, AND OTHER FISCAL PROVISIONS

3.490.21 Payment for Medical Examinations

The county department shall authorize payment for examinations for State AND/AB medical determination examinations. Fees and costs shall be reimbursed to the county department using the 80% state share, 20% county share.

3.490.22 Fee Setting

The county department shall set a fee applicable to providers, provide appropriate forms, and shall make such payments in a timely manner.

3.490.23 Billings for Aid to the Blind Treatment Program

The billings for AB-T shall be reviewed and authorized by the State Department.

3.490.24 Negotiated Fees are Payment in Full

Providers shall accept fees for services as negotiated as payment in full. No individual applicant or recipient shall be assessed any additional or supplementary fee.

3.491 AID TO THE NEEDY DISABLED MEDICALLY CORRECTABLE PROGRAM

3.491.11 Program Participants

The Medically Correctable program is designed to identify State Aid to the Needy Disabled (AND) recipients who have medically correctable conditions and who are ineligible for SSI since the disability is not considered to last twelve months or more. The Medically Correctable program will pay for medical procedures for individuals accepted to participate in this program within State Department appropriations. Standards for services are based upon least costly medical treatment and high potential to return to work.

3.491.12 Participants in this program shall be subject to available appropriations.

The Executive Director of the Department of Human Services shall manage the Medically Correctable program fund to assure that if at any time during the course of a fiscal year it is determined by the Governor, pursuant to Section 24-2-102(4) or 24-75-201.5, C.R.S., that the budget will be exceeded or a budget reduction is necessary, the Executive Director of the Department of Human Services shall take action to establish a wait list and/or reduce expenditures as needed by reducing and/or suspending the Medically Correctable program.

The Executive Director of the Department of Human Services shall consider reducing and/or suspending services individually or in any combination based upon the shortest duration of time and considering the least impact on the Medically Correctable client.

3.491.2 TARGET POPULATIONS

3.491.21 Eligibility Criteria

Within available appropriations, a recipient eligible for payment of medical expenses to correct medical conditions must meet the following criteria:

- A. Active on State AND at the time the recipient receives medical services;
- B. Ineligible, or deemed to be ineligible, for Supplemental Security Income program due to the fact that the recipient has a medically correctable condition;
- C. Disability that can be corrected by medical treatment that does not exceed twenty thousand dollars (\$20,000) and will allow the applicant or recipient to return to employment; and,
- D. Currently not receiving Workers' Compensation.

3.491.3 AID TO THE NEEDY DISABLED MEDICALLY CORRECTABLE PROGRAM PROCESS

3.491.31 Responsibility of the Medically Correctable Coordinator

Pursuant to appropriations of the Medically Correctable program, a medically correctable coordinator will be assigned in Aging and Adult Services

For a recipient who is determined to be a candidate for the Program, the Medically Correctable coordinator shall consult with a person located at Disability Determination Services (DDS). The Medically Correctable coordinator shall be responsible for the following:

- A. Review referrals received on SSI applications denied for having a medically correctable condition;
- B. Review all case files of a recipient referred to the Division of Vocational Rehabilitation (DVR) who has not placed an application due to the mutual decision between the applicant or recipient and DVR that the applicant or recipient states the applicant or recipient is not ready for focusing on job training or employment at this time;
- C. A recipient is selected for the Program based on criteria listed under Target Population;
- D. Obtain a client choice statement form from the applicant or recipient;
- E. Negotiate with the doctor and other medical providers for the services needed and fees;
- F. Contact the county department with case specific information on selected candidates, including date of operation and projected recovery period;
- G. Make arrangements for medical re-examination during the last month of the recovery period; and,
- H. Notify the county department of the recipient's disability status and forward copy of the new State Department's prescribed medical report form.

3.491.4 Physician's Acceptance of Payment in Full

The physician performing the medically correctable service shall accept, as payment in full, payment made under the program and shall not bill the patient for any supplemental charges except for those not-covered items or services not previously agreed to therefore reimbursable. The physician's signature on the State Department's prescribed medical report form shall

constitute certification of the cost containment for the medical expenses.

Editor's Notes

Primary sections of 9 CCR 2503-1 have been recodified effective 09/15/2012. See list below. Versions and rule history prior to 09/15/2012 can be found in 9 CCR 2503-1. Prior versions can be accessed from the History link located above the rule text.

Rule section 3.000 – 3.100, et seq. has been recodified as 9 CCR 2503-1, GENERAL RULES.

Rule section 3.200, et seq. has been recodified as 9 CCR 2503-2, GENERAL FINANCIAL ELIGIBILITY CRITERIA.

Rule section 3.300, et seq. has been recodified as 9 CCR 2503-3, OLD AGE PENSION.

Rule section 3.400, et seq. has been recodified as 9 CCR 2503-4, AID TO THE NEEDY DISABLED AND AID TO THE BLIND.

Rule section 3.500, et seq. has been recodified as 9 CCR 2503-5, (Reserved for Future Use).

Rule section 3.600, et seq. has been recodified as 9 CCR 2503-6, COLORADO WORKS PROGRAM.

Rule section 3.700, et seq. has been recodified as 9 CCR 2503-7, OTHER ASSISTANCE PROGRAMS.

Rule section 3.800, et seq. has been recodified as 9 CCR 2503-8, ADMINISTRATIVE PROCEDURES.

Rule section 3.900, et seq. has been recodified as 9 CCR 2503-9, COLORADO CHILD CARE ASSISTANCE PROGRAM.

History

Section 3.460.45 emer. rule eff. 04/05/2013.

Section 3.460.45 eff. 07/01/2013.

Section 3.460.45 emer. rule eff. 01/01/2014.