



***Introduction to
PEAK***

**Navigating PEAK
Webinar Series 2014**

Desired Outcomes

Enhanced understanding of:

- PEAK Purpose and Context
- PEAK Features and Resources
- PEAK Programs and Functions
 - *Am I Eligible* Screening Tool
 - *Apply for Benefits* Application
 - *Manage My Account*
- Additional Features Planned
- Training, Support & Assistance

What is PEAk?

- A **website (a portal)** that allows Colorado's residents access to benefit information, application and account management from any computer with internet access



- It's **purpose** is to support access to self-sufficiency programs to improve quality of life for eligible Coloradans – to help them thrive



colorado.gov/PEAK

Colorado Context

23.1% of Colorado children live in families below the federal poverty level; Rank 19th

Source: Colorado Health Foundation 2012

8.8% of Colorado families receive food assistance; national average is 14%; Rank 45th

Source: US Dept. Agriculture 11.2013

14.3% of Coloradans are uninsured (1 in 7)

Source: Colorado Health Institute 2013



Affordable Care Act Context

Increases the number
of Americans who are
insured

Simplifies Medicaid
eligibility processes

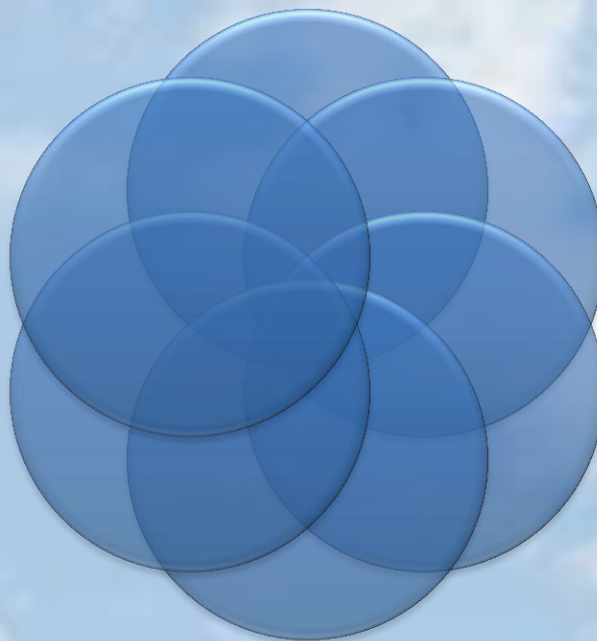
- Modified Adjusted Gross Income (MAGI) eligibility methods
- Coordinates eligibility through system interfaces: CBMS/PEAK/C4HCO

Utilizes
interoperable,
secure, world-class
electronic
enrollment system

Implements health
insurance reforms
including free
preventive services

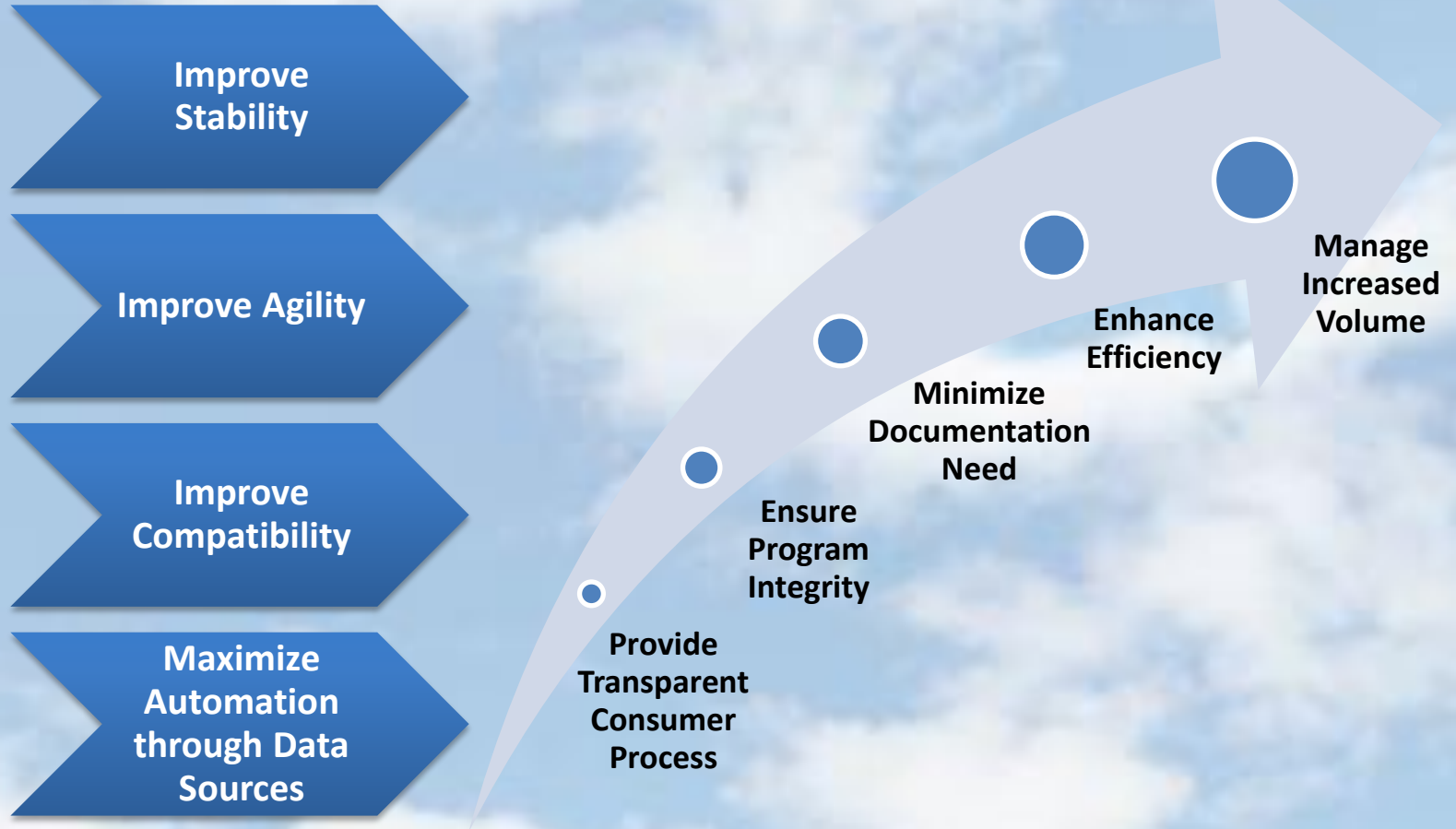
Provides states with
option to expand
Medicaid coverage

Eases health insurance
access through creation of
Health Insurance
Marketplaces



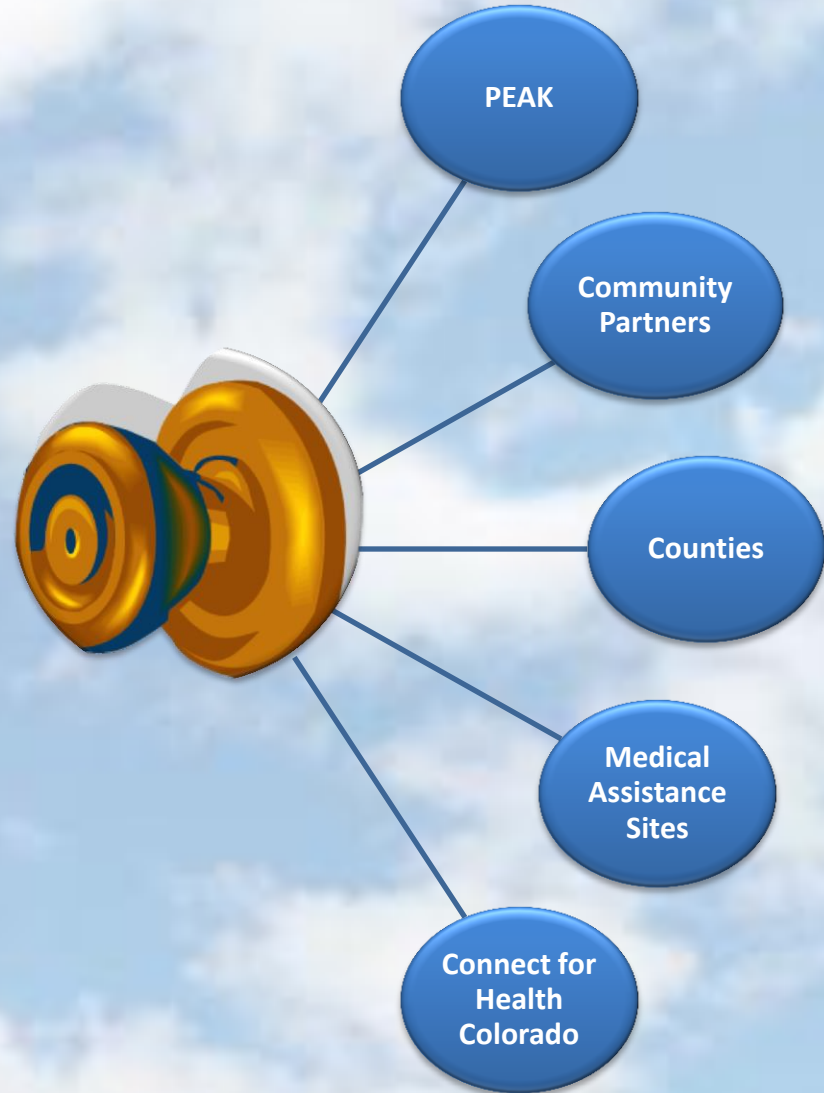
Electronic Eligibility & Enrollment System

Statewide transition to interoperable, internet-based systems



Any Door Is the Right Door

Customer Service
Begins at the first
point of contact



Programs on PEAK



Colorado Works
TANF
Temporary Assistance for Needy Families



Food Assistance
SNAP
Supplemental Nutrition Assistance Program



Adult Financial

- Aid to the Blind (AB)
- Aid to the Needy Disabled (AND)
- CO Supplement to SSI (SSI)
- Old Age Pension (OAP)
- Home Care Allowance (HCA)
- Burial Assistance



Medical Assistance

- **MAGI (Medicaid)**
 - Child/Adult/Caretaker up to 133% FPL
 - Pregnant Women up to 185% FPL
 - CHP+ Children up to 250% FPL
- **NON-MAGI**
 - Long Term Care
 - Adult Medical
 - Medicare Savings
 - Low-Income Subsidy

PEAK WEBSITE



colorado.gov/PEAK

Am I Eligible?

Colorado PEAK
Get Started →

Am I Eligible?

Apply for Benefits

Manage My Account

Am I Eligible

Welcome

Welcome to Colorado PEAK!
PEAK is a quick and easy way for people in Colorado to get answers to questions on health, nutrition, and other assistance programs.

Please keep in mind that this part of the website is just a screening tool. You will not be able to get benefits. You have to apply for these programs on your own. Please make a decision about your benefits.

This website is private and secure and will take about 15 minutes to complete. We will ask you to tell us about:

- The people in your home
- The money you get from a job or other places
- Your housing costs like rent, mortgage, and utilities
- Some of the things you own
- A few of your other bills

When you're finished, we'll tell you if you might be able to get help with food, cash, or other services.

Your Results

The Am I Eligible screening tool does not work for **Medical Assistance** at this time. If you want to see if you qualify for **Medical Assistance**, please [click here](#) and fill out an application.

We looked at what you told us today to see if you might be eligible to get help with food, cash, or other services.

You'll have to apply for these programs to get a final decision about benefits and we'll let you know how to do that. Keep in mind that you always have the right to apply for these benefits, no matter what this website tells you.

It looks like you may be able to get these programs

Colorado Works / TANF

It looks like your household may be able to get Cash Assistance through the Colorado Works program.

Keep in mind for Cash Assistance that some individuals may not be eligible to get cash assistance and/or services through these programs for themselves. These individuals are undocumented non-citizens, felons, lawbreakers, persons receiving SSI benefits, Foster Care payments, persons who have previously committed fraud when receiving cash assistance, are currently under a sanction, or are minor parents who do not meet the requirement to be living with a relative may not be eligible. Their children however, may be eligible to receive cash assistance benefits.

Keep in mind you must be a United States Citizen or Legal Permanent Resident or for Cash Assistance a Qualified Non-Citizen to receive benefits.

Keep in mind you must be a Colorado resident to receive benefits.

Adult Financial

It looks like you may be able to get Cash Assistance for disabled or individuals over the age of 60 through the State Aid to the Needy Disabled program

Keep in mind for Cash Assistance that some individuals may not be eligible to get cash assistance and/or services through these programs for themselves. These individuals are undocumented non-citizens, felons, lawbreakers, persons receiving SSI benefits,

- 5 minutes to complete
- Screens for TANF, SNAP & Adult Financial **potential** eligibility
- Does not screen for Medical Assistance
- Results are immediate

PEAK Application



colorado.gov/PEAK

Create an Account

The screenshot shows the PEAK website's account creation interface. At the top, there is a navigation bar with a 'Sign In' button and a 'Create Account' button, the latter of which is highlighted with a red border. Below this, a 'Welcome to PEAK' section provides a brief description of the service. The main content area is titled 'Create Account' and includes a question about the type of account to create, followed by three radio button options. A 'Next' button is located at the bottom right of the form.

Sign in if you have an account

[Sign In](#)

Don't have an account?

[Create Account](#)

Welcome to PEAK

The fast and easy way to access benefit information - anytime and anywhere. PEAK is an online service for Coloradoans to screen and apply for medical, food, and cash assistance programs.

[?](#)

Welcome to PEAK

Create Account

*Tell us what kind of account you want to create.

- I want to create an account to Apply for Benefits.
- I want to create an account to check my existing benefits, report changes to my case, or submit an Express Lane Eligibility (ELE) application.
- I am an authorized Service Provider that has been assigned a Provider Login ID by the state.

[Next](#)

An account may be created:

- Prior to or when applying
- For those currently receiving benefits

Apply for Benefits

Colorado PEAK
Get Started →

Am I Eligible?

Apply for Benefits

Manage My Account

Welcome to PEAK

Apply For Benefits

Welcome! For most people, it will take 30 to 60 minutes to fill out an application. Make sure you have all the information you will need by clicking here, "[Before You Begin](#)".

Then, please choose from the options below to apply. You can:


- Start a new application and create an account so you can save the application as you go and track it after you submit.
- Edit or finish an application that you already started and saved through your PEAK account.
- Apply as a guest without creating an account and without giving an email address. If you apply as a guest, you need to complete the whole application at once. You cannot save it and return to it later.

Use the grey "Next" and "Back" buttons in the bottom right corner of each page to move through the application. Do not use the arrow and "Stop" buttons on your web browser.

[Next](#)

Apply for Benefits

Exit Print ?



[Apply For Benefits](#)

1 Start

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

6 Other Income

7 Housing Bills

Which Benefits Would Your Household Like to Apply For?

The first step is to tell us which benefits **your household** would like to get by checking the box for each benefit your household would like to apply for. Later you will have the opportunity to select specific programs for each person in your home as you complete the application. Click the "Next" button at the bottom of the page to continue.

- Medical Assistance** [Show Details](#)
- Food Assistance** [Show Details](#)
- Colorado Works/TANF - Cash Assistance for Families with Dependent Children** [Show Details](#)
- Adult Financial - Cash assistance for disabled or individuals over the age of 60** [Show Details](#)

[Back](#) [Next](#)

Apply for Benefits

✓ Start

2 People

3 Liquid Assets

4 Other Assets

5 Job Income

6 Other Income

7 Housing Bills

8 Other Bills

9 Finish

10 Submit

You have already told us about the following people

Flavor Flav

Please tell us about the next person in your home.

Personal Information

*LEGAL FIRST NAME: Winston MIDDLE NAME: []

*LEGAL LAST NAME: Flav JR, SR, ETC: - []

*GENDER: Male Female *DATE OF BIRTH EX: 02/19/2013 []

What language does this person prefer to use? English []

Has this person ever used another name (such as maiden name, a []

Yes No

Has this person previously received benefits in any other state after []

Yes No

Program Selection

Please check the box for each program this person would like to apply for. If you check a box, this person will not be applying for that program.

Medical Assistance [Show Details](#)

If you want help paying medical bills from the last three months or the first month in which you have unpaid medical expenses.

August September October

More Information About a

Please tell us more information about a.

What is a's State ID? If a has ever applied for any public assistance program (for example: Food, Medical, or Childcare Assistance), then his or her State ID should be available on any official Notice of Action.

[]

a does not know his or her State ID.

a has never been on a Colorado Department of Human Services case and does not have a State ID.

What is a's case number? If a has ever applied for any public assistance program (for example: Food, Medical, or Cash Assistance), then his or her case number should be available on any official Notice of Action.

[]

a does not know his or her Case Number.

a has never been on a Medical Assistance, Food Assistance or Financial Assistance case.

What is a's Driver's License Number?

[]

a does not have a Driver's License Number.

What is the street number (for example: 5679) of the address at which a currently lives or recently lived?

[]

Submit

- Information is gathered for each household member and used to identify them against data sources
- Programs applied for need to be selected for each person



Apply for Benefits

- Apply For Benefits
- ✓ Start
- ✓ People
- 3 Liquid Assets**
- 4 Other Assets
- 5 Job Income
- 6 Other Income
- 7 Housing Bills
- 8 Other Bills
- 9 Finish
- 10 Submit

Liquid Assets

Next, please tell us about the people in your home who have liquid assets. By liquid assets, we mean things like cash you are saving at home, bank accounts, stocks, bonds, certificates of deposit, retirement accounts, trust funds, annuities, etc. If someone owns an asset with another person, please check the box for just one owner. Later we'll ask about who else owns the asset.

*Please check the box for anyone who has cash.

Cash

JJ

No one

*Please check the box for anyone who has checking/savings accounts, certificates of deposit, annuities, etc.

Checking/Savings Account

JJ

No one

*Please check the box for anyone who has other assets, such as stocks, bonds, certificates of deposit, annuities, etc.

Other Assets

JJ

No one

Exit
Print
?

Liquid Assets Summary

Here is a summary of what you've told us. If you would like to change your answers to **any of the fields in this section, whether they are shown on this summary screen or not**, or finish a section, click on "Edit" or "Add". If you would like to remove something, click on "X".

Other Liquid Assets

Owner	Type	Amount	Other Owners	Bank / Company	Action
You've told us that no one we asked about has any other liquid assets.					
*Name: < click here to choose >		Add			

Cash

Who Has It	Amount	Action
You've told us that no one we asked about has cash.		
*Name: < click here to choose >		Add

Checking/Savings Account

Owner	Amount	Bank / Company	Other Owners	Action
You've told us that no one we asked about has a checking/savings account.				
*Name: < click here to choose >		Add		

Back
Next



Submit Page

Apply For Benefits

- ✓ Start
- ✓ People
- 3 Liquid Assets
- 4 Other Assets
- ✓ Job Income
- ✓ Other Income
- 7 Housing Bills
- 8 Other Bills
- ✓ Finish
- 10 Submit**

Signing Your Application

You're just a few minutes away from submitting your application. To do so, you'll need to:

- Read the Rights and Responsibilities we've listed below.
- Check the signature box and type your name below to sign your application.

What I Should Know

PLEASE KEEP THIS FOR YOUR INFORMATION.

By completing and signing the State of Colorado Application for Public Assistance and other documents required to determine whether I'm eligible for public assistance benefits AND by accepting benefits that I am eligible to receive, I understand the following information and agree to the following requirements:

- I must tell the truth; it is a crime to lie on this application.
- I may have to give papers that show what I've told you is true.
- I must tell you of any changes in money I get.
- I must tell you of any changes to the information I gave you on my application.
- If I think you made a mistake, I can ask for an appeal or fair hearing.
- The department will verify citizenship and immigration status for everyone applying for benefits.
- The department will tell you if your benefits change.

Electronic Signature

If you have a legal guardian, he or she should sign below. If you have a power of attorney or an authorized representative, either you or that person may sign this application. If anyone else is helping you fill out the application, you should sign the application yourself.

I have agreed to submit this application for myself and/or my family. By signing this application electronically, I certify that I have reviewed this application; that I understand and agree to the Rights, Responsibilities and Penalties; and that under penalty of perjury, I certify the information I have given is true including the information concerning citizenship and alien status. I have received information on how to apply, what information is available, and what I may need to give the application site to help me with getting benefits.

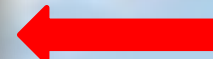
- I understand the questions and statements on this application.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the application site may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.
- I understand I can be punished by law if I do not tell the complete truth.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
- I understand that in order to receive Food Assistance, certain members of the household need to register for work.

*By checking this box and typing my name below, I am electronically signing my application.

FIRST NAME	MIDDLE INITIAL	*LAST NAME
Flavor		Flav

[Back](#) [Submit](#)

- The Head of Household reviews Rights & Responsibilities prior to electronically signing



Real Time Approval

Rainbow Brite View Account Logout Print ?

Welcome to PEAK

Thank You!

Your application tracking number is **2003478021**. Be sure to write this number down or print this page for your records.

Your online application has been sent to Boulder county. If you have questions about the status of your online application, please contact Boulder county. To find the county address [click here](#). Please have your application tracking number available to get answers more quickly.

Before submitting another application, please contact Boulder county and provide your application tracking number.

[Click Here](#) for more information about how long it may take to get an answer.

Medical Assistance Results

Case Number : 1B7WD09

Medical Assistance Results			
Program	Status	Member	Begin Date
Medicaid - No Premium Required	Approved	Rainbow Brite	10/2013
Medicaid - No Premium Required	Approved	Rainbow Brite	11/2013

You will get more information about your application in the mail. If you also applied for Food Assistance, Colorado Works, or Adult Financial, your application was sent to Boulder county.

[Request Medical Card](#)

Real Time Denial

Joe Publix View Account Logout Print ?

Welcome to PEAK

Thank You!

Your application tracking number is **6003478161**. Be sure to write this number down or print this page for your records.

Your online application has been sent to Boulder county. If you have questions about the status of your online application, please contact Boulder county. To find the county address [click here](#). Please have your application tracking number available to get answers more quickly.

Before submitting another application, please contact Boulder county and provide your application tracking number.

[Click Here](#) for more information about how long it may take to get an answer.

Medical Assistance Results

Case Number : 1B7WD62

Program	Status	Member	Begin Date
Medicaid - No Premium Required	Denied	Joe Publix	10/2013
Medicaid - No Premium Required	Denied	Joe Publix	11/2013
Medicaid - No Premium Required			

You will get more information in Food Assistance, County...

Connect for Health Colorado

If anyone on your application is denied Medical Assistance benefits, we will send the information you already entered to Connect for Health Colorado to see if they may be eligible to purchase commercial health insurance through Connect for Health Colorado at a reduced cost. Connect for Health Colorado is a new marketplace for individuals, families and small employers in Colorado to shop for health plans and to access new federal tax credits that can reduce monthly premiums and out of pocket costs.

You can go to the Connect for Health Colorado's website, www.connectforhealthco.com, to create an account and receive an eligibility assessment. If you have questions please visit www.connectforhealthco.com or call 1-855-PLANS 4 YOU.

Medical Assistance Program Denial & Referral to Connect for Health Colorado

- Case number is provided
- For Connect for Health Colorado application for financial assistance, the Case Number is used



Pending Status

Thank You!

Your application tracking number is **3003478036**. Be sure to write this number down or print this page for your records.

Your online application has been sent to a Medical Assistance Site. If you have questions about the status of your online application, please contact the Medical Assistance Site. To find the Medical Assistance Site address [click here](#). Please have your application tracking number available to get answers more quickly.

Before submitting another application, please contact the Medical Assistance Site and provide your application tracking number.

[Click Here](#) for more information about how long it may take to get an answer.

Types of Proof

Keep in mind that your application office worker may ask for proof of some of the things you told us in your application. We've created a list of the types of proof that you may need to provide. Click the "Types Of Proof" button to see and print this list.

Types of Proof

You may be asked to talk with an application worker by phone or in person in order to get benefits.

Manage My PEAK Account

Log in to your PEAK Account today to begin managing your benefits. If you have already been assigned a case number, you will be able to check your benefits, view your case information, and report changes online. Click the My Account button to log in now and look at your information. If you haven't been assigned a case number, one will be sent to you in the mail.

Local County Office

- Food and Cash Assistance PEAK applications
- Combination cases that include Medical Assistance that pend to the manual process
- Paper applications submitted to the county

Medical Vendor

- The majority of Medical Assistance only applications entered through PEAK that pend to manual process
- Medical only paper applications submitted to the medical vendor

Client Correspondence

STATE OF COLORADO



CBMS Case ID #
 Head of Household First Name Last Name
 Street Address
 City, State, Zip

Eligibility Worker
 Eligibility Site Name
 Street Address
 City, State, Zip
 Phone number

Date and time of eligibility determination: 01/05/2012 11:15am



Termination: Benefits will end for the following individual.

Benefit Category

Medicaid – No Pre

Reason:

- o Your income

Supporting Rule:



Denial: Your application has been denied for the following individual.

Benefit Category

Medicaid – No Pre

Reason:

- o Your income
- o You may be eligible for a reduced rate of premium at a reduced rate of premium. Connect for Colorado website you have

Supporting Rule:



Approval: Your application has been approved for the following individual(s).

Benefit Category	Individual Name and Medical Assistance ID	Application Date	Coverage Start Date
Medicaid – No Premium required	Individual 1 – X##### Individual 2 – X##### Individual 3 – X##### Individual 4 – X#####	01/05/2012	01/01/2012
Additional Information:			
o You do not have a monthly premium payment.			
Supporting Rule: rule citation(s) print here			

Client Correspondence

You have the right to a fair hearing if you disagree with the decision

Your right to appeal	If you think any part of this decision is wrong, you may ask for (1) a State Hearing (2) a County or Medical Assistance (MA) site conference; or (3) both.
Continuation of Benefits	If this notice says that your benefits will stop and you want your benefits to continue while you appeal, you must ask for a county conference or a State Hearing before the effective date of the action. This date is shown on the first page of this notice. Your benefits will then continue until a final agency decision is made. If you lose your appeal, you may have to pay back any continued benefits you have received. You may request in getting your benefits. Contact the county conference if your benefits stop.
County or Medical Assistance Conference	You may request a county conference by contacting your worker taking the conference you request on page 1 of this notice. You may also request a conference by mailing address: "Case ID" number received before your request for a conference. At a county conference, you may have a lawyer, a relative, or a representative.
State Hearing	You may ask for a State Hearing. You must be received a determination of a conference. To request a State Hearing, send or fax it to the Office of Administrative Courts. The letter must include your name, your mailing address, your daytime telephone number, the reason you are appealing, and a copy of this notice to the Office of Administrative Courts. The letter must be received by the Office of Administrative Courts no later than thirty (30) calendar days from the date of this notice of action. The address and fax number of the Office of Administrative Courts is:
Medical Assistance Estate Recovery Program	The Medicaid Program may recover the cost of Medicaid services from the estates of deceased Medicaid clients who were institutionalized or were over the age of 55 when Medicaid benefits were provided, with certain exceptions. For questions, contact your worker and ask for The Medical Assistance Estate Recovery Program brochure or see Social Security Act, Title 19, Section 1917 [42 U.S.C. 1396p] and State Law C.R.S. Section 25.5-4-302.
Colorado PEAK Website	You can now go online at any time to manage your benefits account at www.colorado.gov/PEAK . You will need to have your case number available. It is the "Case ID" at the bottom of each page of this letter. On Colorado PEAK, you can: <ul style="list-style-type: none"> • See what benefits you have and when they will need to be renewed • Request a new medical card • Report changes like a new address, change in income, or a change in the number of people in your house • Pay your premiums • Ask to receive your letters online

MANAGE MY ACCOUNT



colorado.gov/PEAK

MMA - Overview

View Account Logout Print ?

My Account

Account Overview

Check My Benefits

Report My Changes

Redetermination / Recertification

Payments

Express Lane Eligibility

Account Management

Contact Information

Account Overview

Account Information

NAME	CASE NUMBER
[REDACTED]	[REDACTED] County Contacts
HOME ADDRESS	MAILING ADDRESS
[REDACTED]	[REDACTED]
PRIMARY PHONE NUMBER	SPOKEN LANGUAGE
[REDACTED]	English
SECONDARY PHONE NUMBER	CORRESPONDENCE LANGUAGE
	English
EMAIL ADDRESS	
[REDACTED]	
<input type="button" value="Report Change"/>	

Household

NAME	AGE	SOCIAL SECURITY NUMBER	RELATIONSHIP TO
[REDACTED]	[REDACTED]	***-**-****	Head of Household
[REDACTED]	[REDACTED]	***-**-****	Husband

MMA - Check My Benefits

View Account Logout Print ?

My Account

Account Overview

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Contact Information

My Benefits

Benefits	Status	Redetermination	Members	
Food Assistance	Receiving	September 2013	Sheila Shoestring, Ty Shoestring	Details
Medical Assistance	Receiving	May 2013	Ty Shoestring, Sheila Shoestring	Details

Benefit information may not reflect the most current information if your circumstances have changed. Keep in mind that whenever your benefits change, you should get a letter in the mail telling you about the change. The letter will also let you know your rights if you feel the change has been made in error.

Food Assistance Details

Benefits	Current Month's Benefits	Next Month's Benefits	Redetermination	Members
Food Assistance	\$0.00 in September 2013	\$201.00 in October 2013	September 2013	Sheila Shoestring, Ty Shoestring

[Check EBT Card Balance](#)

This page contains information about your benefits.

Medical Assistance Details


Benefits	Current Month	Next Month	HMO	Redetermination	Members
----------	---------------	------------	-----	-----------------	---------

This page tells you more about your Medical Assistance benefits. If you would like to look at information about other benefits, click the "Back to My Benefits" button at the bottom of the page.

If you would like to view your Medical Assistance Benefit History over the past 12 months, click on the Benefit History button at the bottom of the page.

MMA – Check My Benefits > Request a Medical Card

Rainbow Brite View Account [Logout](#) Print ?



My Account

Account Overview

Check My Benefits

Report My Changes

Express Lane Eligibility

Redetermination / Recertification

Payments

Express Lane Eligibility

Account Management

Contact Information

Medical Assistance Details

Benefits	Current Month	Next Month	HMO	Redetermination	Members
Medical Assistance	Receiving October 2013	Receiving November 2013		May 2014	Rainbow Brite

If you need to print a Medical Assistance card or have a new card mailed to you for someone in your home, click the "Request Medical Card" button below.

[Request Medical Card](#)

This page tells you more about your Medical Assistance benefits. If you would like to look at information about other benefits, click the "Back to My Benefits" button at the bottom of the page.


If you would like to view your Medical Assistance Benefit History over the past 12 months, click on the Benefit History button at the bottom of the page.

Keep in mind that whenever your benefits change, you should get a letter in the mail telling you about the change. This letter will also let you know your rights if you feel the change has been made in error.

[Back to My Benefits](#) [Benefit History](#)

MMA - Report My Changes

Flower True View Account [Logout](#) Print



My Account

Account Overview

Check My Benefits

Report My Changes

Redetermination / Recertification

Payments

Express Lane Eligibility

Account Management

Contact Information

Report Your Changes

To report changes to your current Food, Medical, or Cash Assistance benefits, click on the button below.

[Report Your Changes](#)


Keep in mind if you make a change to information in one case, it may affect eligibility in other cases.

Change Reports

Here is a summary of the change reports you have submitted. You can click on the 'click here' links to view more details about the change report.


Change Reports	
APPLICATION NUMBER	STATUS
6000058963	You submitted a PEAK Change Report on Saturday 09/14/2013 6:02 AM. If you would like to view or print this change report, please click here .
9000060091	You submitted a PEAK Change Report on Monday 09/16/2013 1:57 PM. If you would like to view or print this change report, please click here .

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:



MMA - Report My Changes

Flower True [View Account](#) [Logout](#) [Print](#)



[My Account](#)

[Account Overview](#)

[Check My Benefits](#)

[Report My Changes](#)

[Redetermination / Recertification](#)

[Payments](#)

[Express Lane Eligibility](#)

[Account Management](#)

[Contact Information](#)


Reporting Changes Through PEAK

Please check the boxes for all of the changes that you want to report.

- Add Medical Assistance for an Individual**
 - Someone has moved in or been added to the household. This includes newborns.**
 - Your address or phone number has changed**
 - Someone became pregnant**
 - Someone's pregnancy has ended**
 - Someone has left your home**
 - Someone in your home died**
 - Someone started or ended a job or has a change to a current job (including self employment)**
 - Someone had a change in another type of income other than a job or self-employment (Unemployment, Social Security, etc...)**
 - Your household's rent/mortgage or utility bills changed**
 - Someone became disabled, blind, or unable to work because of illness or injury**
 - Someone's marital status has changed**
 - Someone has moved into a nursing home, acute care, hospital or long-term care facility for at least 30 days within the last 90 days**

9000060091 PM. If you would like to view or print this change report, please [click here](#).

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:



MMA - Complete Redetermination

View Account Logout Print ?

My Account

Account Overview

Check My Benefits

Report My Changes

Redetermination / Recertification

Payments

Express Lane Eligibility

Account Management

Contact Information

Complete Your Redetermination/Recertification

Program	Due Date
Medical Assistance	01/31/2014

To complete the Redetermination/Recertification for Food, Medical, and/or Cash benefits, click on the button below.

If you are required to have an interview as listed on the Redetermination/Recertification Notice, please continue with entering your changes. We will contact you to schedule an appointment.

[Complete my Redetermination/Recertification](#)


Keep in mind if you make a change to information in one case, it may affect all other cases.

Change Reports and Redetermination/Recertification Reports

Here is a summary of the change reports and redetermination/recertification reports you have submitted. You can click on the 'click here' links to view more details about a change report or the redetermination/recertification report.

APPLICATION NUMBER	STATUS
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Keep in mind that you'll need to have a program called Adobe Acrobat Reader to print this information. If you don't have this program on your computer, you may get it for free by clicking on the button below:



View Account Logout Print ?

Welcome to Complete My Redetermination/Recertification!

It is time to see if you are or your family is still eligible for assistance. This tool will help you complete your redetermination/recertification.

Completing Redetermination/Recertification Through PEAK

Please check the boxes for all of the changes that you want to report.

Household Changes

Your address or phone number has changed

Someone in your home...

has moved in or been added to the household. This includes newborns. If reporting a newborn, be sure to click that someone's pregnancy has ended below if this applies.

has left your home

has died

Individual Changes

Someone in your home...

became pregnant

had a pregnancy end

became disabled, blind, or unable to work because of illness or injury

had a marital status change

has moved into a nursing home, acute care, hospital or long-term care facility for at least 30 days within the last 90 days

had SSI determination status for more than 30 consecutive days

left the state for more than 30 consecutive days

is in jail or prison

has a new Social Security Number

has changes or additions to tax filer information

You will be required to review your other case information before you submit your Redetermination/Recertification. This will include income, asset, expense and school information. Changes or additions to that information can be made from the page itself.

Reporting Other Changes

There are some types of changes that you can't report through PEAK at this time. To report changes other than those listed above, call your local application site. [Click here](#) for a list of application site numbers.

[Back to My Benefits](#) [Next](#)

MMA - Payments

Cindy CreditCardPayment View Account [Logout](#) Print ?

My Account

Account Overview

Check My Benefits

Report My Changes

Redetermination / Recertification

Payments

Express Lane Eligibility

Account Management

Contact Information

Medical Assistance Payment Overview

Payments Due

Payment Type	Amount	
CHP+ Enrollment Fee	\$25.00	<input type="button" value="Pay"/>

[Click here](#) for more information about how to make a payment.

[Payment History](#)

CHP+ Enrollment Fee Payment

Payments Due

Program	Members	Enrollment Fee	Amount Paid	Balance Due
CHP	Carrie RTE CreditCardPayment	\$25.00	\$0.00	\$25.00
				Total Amount Due : \$25.00

Payment Amount

Amount : Pay Total Amount Due
 Other Amount \$

Payment Method :

[Back to Payment Overview](#)

[Next](#)



PEAK Features

Coming Soon

- E-mail Notifications
- Electronic Document Submission
- Real Time Eligibility for Retroactive Medicaid
- Level of Care Assessment

Help & Resources



colorado.gov/PEAK

Training & Information



Instructional Guides & Recordings

- <http://tinyurl.com/PEAKcalendar>
- Colorado.gov/PEAK> Resources>Community Partners or Counties> Training



Monthly

- Support Calls
- Live Webinars



In-person Trainings

- Schedule a custom training

peakoutreach@bouldercounty.org



PEAK View

- Distributed monthly to all training attendees
- Provides PEAK updates and webinar information

Support & Assistance

PEAK website training or questions

- peakoutreach@bouldercounty.org

Application and General Benefit Information

- [Colorado.gov/health](https://colorado.gov/health) (>select FAQs)
[Colorado.gov/HCPF](https://colorado.gov/HCPF)

Submitted Medical Assistance application status

- 1-800-359-1991

General Medical Assistance benefits information

- 1-800-221-3943/ TDD 1-800-659-2656

Food or Cash application assistance

- 1-800-536-5298

Connect for Health Colorado

- [ConnectforHealthCO.com](https://connectforhealthco.com)
• 1-855-752-6749/ TDD 1-855-346-3432

PEAK technical issues such as an error message

- CBMS.Help@state.co.us

