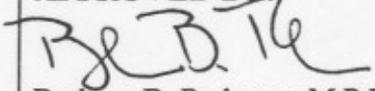


Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 06-034
	CROSS REFERENCE: HCPF 06-023, HCPF 06-020, HCPF 06-006, HCPF 05-006, HCPF 05-005
DIVISION OR OFFICE: Medical Assistance Office	DATE: September 13, 2006
SUBJECT AREA: Benefits Coordination	
SUBJECT: Trust Officer Contact Information, Revised Trust Transmittal Form, Declaration of Income Trust Form and Disability Trust Form	APPROVED BY:  Barbara B. Prehmus, M.P.H.
TYPE: I - Information P - Procedure	

*HCPF Agency Letters can be accessed online at:
www.chcpf.state.co.us >>Reference Material >>Agency Letters*

Purpose:

The purpose of this agency letter is to rescind, correct, and update agency letters HCPF 06-023, HCPF 06-020, HCPF 06-006, HCPF 05-006 and HCPF 05-005.

Additionally, the purpose of this agency letter is to advise County Departments of Social/Human Services of a staffing change within the Benefits Coordination Section at the Colorado Department of Health Care Policy and Financing and to provide contact information for trust approvals and assistance with transfers without fair consideration analysis.

Finally, attached to this agency letter are a revised Trust Transmittal Form, the current Declaration of Income Trust form, and the current Disability Trust form. Please share this information with anyone who makes eligibility determinations for applicants or recipients of Medicaid long-term care benefits.

Background:

County Departments of Social/Human Services submit copies of trusts or asset transfers to the trust officer at the Colorado Department of Health Care Policy and Financing for the purpose of reviewing how to treat trusts and asset transfers in determining Medicaid eligibility.

If a Medicaid applicant or recipient is the beneficiary of a trust or transferor of assets, the County Department of Social/Human Services must submit a copy of the trust or asset transfer to the trust officer of the Colorado Department of Health Care Policy and Financing. See 10 C.C.R. 2505-10, Section 8.110.51.D.5. of the regulations. The trust officer will review the trust or asset

Procedure or Information:

The new trust officer is: Michelle Daniels, (303) 866-5410, Fax (303) 866-3552, michelle.daniels@state.co.us.

Trust Transmittal Form

A revised Trust Transmittal Form is attached to this Agency Letter. Please use this form when submitting a copy of a trust for review. The revised form includes fields for the county department's fax number and the Medicaid applicant's State ID or social security number. Please ensure that these fields are completed before sending the trust. Including this information and the type of medical assistance (NF, HCBS, or PACE) will expedite the review process and will enable the Department to fax its response.

Declaration of Income Trust form

Individuals who need to create an income trust to establish or maintain income eligibility for nursing facility care or for Home and Community Based Services (HCBS) may use the Department's Declaration of Income Trust form.

A revised Declaration of Income Trust Form is also attached to this Agency Letter. Please use this form when establishing an income trust for an applicant or recipient. The revised form includes a place for the trustee's address in Space 6. The trustee's address is necessary in case he or she needs to be contacted. Please ensure that the trustee's address is included. **Income Trusts which do not include the trustee's address will not be approved.**

Disability Trust Form

A revised Disability Trust Form is attached to this Agency Letter. It can be provided to Medicaid clients or applicants who request an example of a disability trust. **Please note that a Medicaid client or applicant is not required to use this particular form when establishing a disability trust.** It is provided merely as an example. Medicaid clients and applicants may use this form as it is, they may modify it to meet their particular needs, or they may use their own language when drafting a disability trust. The disability trust must satisfy the requirements outlined in 10 C.C.R. 2505-10, Section 8.110.52.B.5.b.1. and must be submitted to the Department for review before it is established or funded, as required under 10 C.C.R. 2505-10, Section 8.110.52.B.5.b.1.q.

The revised form includes provisions requiring that the Department be notified of any trustee address changes or change of trustee within 30 days. An additional provision requires trustees to provide an accounting of trust income and expenditures and a statement of trust assets upon reasonable request of the County Department of Social/Human Services or Department of Health Care Policy and Financing.

Effective Date:

Immediately

Contact Persons:

Michelle Daniels
Trust Officer, Benefits Coordination Section
Phone: (303) 866-5410
Fax: (303) 866-3552
e-mail: michelle.daniels@state.co.us

Gary Ashby
Manager, Benefits Coordination Section
Phone: (303) 866-3947
Fax: (303) 866-3552
e-mail: gary.ashby@state.co.us

Attachments:

Trust Transmittal Form
Declaration of Income Trust Form
Disability Trust Form