

COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN STREET, DENVER, COLORADO 80203-1714 AGENCY LETTER	NUMBER: AFS-11-02-P
	CROSS REFERENCE NUMBER:
DIVISION OR OFFICE: Aging and Adult Services	DATE: October 21, 2011
SUBJECT AREA: Adult Financial Services	DIVISION (OFFICE) DIRECTOR: <i>(Signature Only)</i> 
SUBJECT: HB 10-1146 Changes to the Home Care Allowance Program	MANAGER: <i>(Signature Only)</i> 
TYPE: P-Procedure	

Purpose: The purpose of this letter is to provide the counties with the procedure for properly implementing changes prompted by HB10-1146. Please share this letter with eligibility administrators, supervisors, and income maintenance technicians.

Background: On May 26, 2010, HB10-1146 was signed into law. The bill prohibits eligible clients from receiving services simultaneously through the Home Care Allowance (HCA) program and the Home and Community Based Services (HCBS) program. The bill implements a recommendation from the State Auditor to eliminate "overlap and redundancy" of services between the two programs. It also opens up eligibility to Supplemental Security Income (SSI) clients who would not otherwise qualify for a full HCA benefit. This will assist the State in meeting the Social Security Administration's Maintenance of Effort requirement.

The Governor's Office of Information Technology (OIT) is in the process of updating the Colorado Benefits Management System (CBMS), which currently does not have the capacity to prevent clients from receiving both HCA and HCBS. Changes are expected to be complete by January 1, 2012. Because CBMS is not able to prevent clients from receiving both HCA and HCBS, clients may remain on both programs until December 31, 2011.

Procedure or Information:

Closure of Home and Community Based Services: Clients currently receiving both HCA benefits and HCBS will be sent a letter from the Department by September 23, 2011 explaining the upcoming change in services due to HB10-1146. Clients will be instructed to work with their case manager to decide by November 15, 2011 whether they want to remain on HCBS or remain on HCA. The letter will tell clients that if they do not choose a program prior to November 15, 2011 their program selection will default automatically to HCBS and they will be removed from HCA effective January 1, 2012.

Case managers must work with the dual-eligible clients and help them decide which program they wish to keep. It is projected that most clients will choose to remain on HCBS. Case managers must provide the county income maintenance technicians (IMTs) a list of clients, with the client's identifying information and the program the client has elected to keep, no later than December 1, 2011. Case managers are asked to alert county IMTs within one business day if a client chooses to remain on HCA. Case managers are also required to send a written confirmation of the client's program choice to the client.

If a client chooses to remain on HCBS, county IMTs will not need to update CBMS. **A mass update will be run to discontinue clients from the HCA program. If a client chooses to remain on HCA, county IMTs must manually discontinue the HCBS case in CBMS.** (See CBMS Procedure for Closure of Home and Community Based Services for more details.) CBMS will automatically notify clients when the system change has been completed. Because a legislative action required this change, dual-eligible clients do not have appeal rights related to a desire to continue to receive both programs. Persons on SSI getting at least a \$1.00 payment but who are not currently receiving either HCBS or HCA will be sent a letter

after November 15, 2011 explaining the HCA program, possible benefits, and encouraging them to apply for HCA benefits. Persons on the wait list for a DD, SLS, or CES HCBS waiver will be the primary targeted population.

CBMS Procedure for Closure of Home and Community Based Services:

If a client chooses to remain on the HCA program, county IMT's must manually end date the HCBS program in CBMS no later than the December batch cutoff date. The Effective End Date for the HCBS program must be December 31, 2011. Clients that choose to remain on HCBS will be automatically discontinued from HCA by a CBMS mass update.

To close HCBS in CBMS complete the following steps prior to batch cut off in December 2011:

1. Go to the HCBS Program Detail window and select the appropriate client.
2. End date the client's open HCBS record for 12/31/11.
3. Go to the Open Level of Care record and stop date the level of care information for 12/31/11, then save.
4. Enter an end date of 12/31/11 on the HCBS record then return to the Open Level of Care record and end date it as 12/31/11.
5. Save, and run EDBC.
6. Review and authorize the client's benefits.
7. Suppress the "Failed to meet level of care" correspondence.
8. Send the client a manual correspondence using the language below:

Your Long-Term Care Home and Community Based Services (HCBS) benefit will end on 12/31/11. You cannot receive benefits from both Adult Financial Home Care Allowance (HCA) and Long-Term Care HCBS programs at the same time and you have decided to remain on HCA.

The relevant Medicaid rules can be found at 10 CCR 2505-10, 8.393.23.D.4.

Grant Standard Calculations:

Clients who are receiving at least \$1 of SSI and meet the HCA functional impairment criteria will be eligible to receive the full HCA grant amount, effective January 1, 2012. This includes clients receiving OAP, AND-Colorado Supplement, and clients receiving SSI only. Effective January 1, 2012 these clients will be moved to the new SSI-HCA aid code: SH.

Clients who are not receiving at least \$1 of SSI but who do meet the eligibility criteria for Aid to the Needy Disabled – State Only (AND/AB-SO) or Old Age Pension (OAP) will be determined eligible or ineligible using the current grant standard calculation for HCA. The appropriate categorical grant standard is added to the authorized HCA amount minus countable income to derive the net payment to the client, as shown below:

Grant Standard Formula (For clients not receiving at least \$1.00 of SSI)	AND/AB-SO	AND/AB-SO	OAP	OAP
Categorical grant standard	\$175.00	\$175.00	\$699.00	\$699.00
Authorized HCA amount	<u>\$342.00</u>	<u>\$342.00</u>	<u>\$342.00</u>	<u>\$342.00</u>
Total	\$517.00	\$517.00	\$1041.00	\$1041.00
Countable income	<u>-\$200.00</u>	<u>-\$0.00</u>	<u>-\$750.00</u>	<u>-\$0.00</u>
Net payment to client	<u>\$317.00</u>	<u>\$517.00</u>	<u>\$291.00</u>	<u>\$1041.00</u>
Authorized amount from HCA	<u>\$317.00</u>	<u>\$342.00</u>	<u>\$291.00</u>	<u>\$342.00</u>
Authorized amount from AND/AB-SO or OAP	<u>\$0</u>	<u>\$175.00</u>	<u>\$0</u>	<u>\$699.00</u>

Effective Date: Upon receipt.

Supersedes: N/A

Contact Persons:

Andrew Aldis
Phone: 303-866-3433
Andrew.Aldis@state.co.us

Robert Juszynski
Phone: 303-866-2717
Robert.Juszynski@state.co.us

Adult Financial Questions
Adult.Financial@state.co.us