

<b>Colorado Department of Health Care Policy and Financing</b> 1570 Grant St., Denver, CO 80203-1818	<b>NUMBER:</b> HCPF 11-013
	<b>CROSS REFERENCE:</b>
<b>DIVISION OR OFFICE:</b> Client and Community Relations Office	<b>DATE:</b> 12/2/2011
<b>SUBJECT AREA:</b> Long-Term Care Medicaid Assistance	
<b>SUBJECT:</b> HB 10-1146 Changes to the Home and Community Based Services Program	<b>APPROVED BY:</b> Antoinette Taranto 
<b>TYPE: I-Information and P-Procedure</b>	

*HCPF Agency Letters can be accessed online at:  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) >> Partners & Researchers >> County and Medical Assistance Site >> Agency Letters*

**Purpose:**

The purpose of this agency letter is to advise county departments of human/social services and Medical Assistance sites of changes prompted by House Bill 10-1146 and to provide a procedure on how to properly implement these changes.

**Background:**

On May 26, 2010, HB 10-1146 was signed into law. The law prohibits eligible recipients from receiving services simultaneously through the Adult Financial (AF) Home Care Allowance (HCA) program and the Long-Term Care (LTC) Medicaid Home and Community Based Services (HCBS) program. The law requires this change to eliminate “overlap and redundancy” of services between the two programs.

Currently, CBMS does not prevent clients from receiving both AF-HCA and LTC-HCBS. A system change to prevent clients from receiving both AF-HCA and LTC-HCBS will be implemented on December 10, 2011 with an effective date of January 1, 2012.

**Procedure or Information:**

**Closure of Home and Community Based Service:**

Existing clients that are receiving both the AF-HCA and the LTC-HCBS program were sent written notification on September 21, 2011 from the Colorado Department of Human Services explaining the upcoming change in services due to HB 10-1146. This notification required clients to contact their Single Entry Point (SEP) case manager by November 1, 2011 to choose the program they wish to receive. This notification also informed clients that if they do not choose a program prior to November 15, 2011 their choice will default automatically to discontinue AF-HCA and continue LTC-HCBS effective January 1, 2012.

Eligibility site technicians will not need to update CBMS for clients who default to continue LTC-HCBS or wish to remain on LTC-HCBS. A mass update will be performed to discontinue AF-HCA for these clients effective January 1, 2012.

SEP case managers will be responsible for notifying eligibility site technicians of which clients wish to remain on AF-HCA no later than December 1, 2011. If a client wishes to remain on AF-HCA, eligibility site technicians must discontinue LTC-HCBS benefits effective January 1, 2012 as described in the CBMS procedure below.

Recipients do not have appeal rights regarding this change since a legislative action motivated this change. SEP case managers are required to send a written confirmation of program choice to the client. CBMS will automatically notify recipients when the system change has been completed.

**CBMS Procedure for closure of LTC-HCBS:**

This procedure will need to be performed in CBMS by the December batch cut-off date of December 10, 2011 to be effective January 1, 2012. Failure to do so will result in clients remaining on LTC-HCBS when they wished to remain on AF-HCA.

To close LTC-HCBS in CBMS, complete the following steps prior to **December 10, 2011**:

1. Go to the HCBS Program screen
2. Select the appropriate client
3. Select the open HCBS record
4. Enter an Expiration Date of 12/31/2011
5. Scroll down to the Level of Care Detail section
6. Select the open Level of Care Detail record
7. Enter a Stop Date of 12/31/2011
8. Save
9. Scroll back up to the open HCBS record
10. Enter an Effective End Date of 12/31/2011
11. Scroll back down to the open Level of Care Detail record
12. Enter an Effective End Date of 12/31/2011
13. Save
14. Run EDBC
15. Review and authorize the LTC closure
16. Suppress the "Failed to meet level of care" correspondence

17. Send the client a manual correspondence explaining the reason for the change to the client's benefits. An example is attached. If you choose to use your own form, please use 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.*

**Attachments:**

LTC-HCBS Discontinuance Notice  
DHS Agency Letter AFS-11-02-P

**Effective Date:**

Immediately

**Contact:**

**[Medicaid.Eligibility@hcpf.state.co.us](mailto:Medicaid.Eligibility@hcpf.state.co.us)**

