CBMS

Examples

approval + denial

STATE OF COLORADO

Case Number: [redacted]

Client ID: [redacted]
Medical Assistance Contact: [redacted]

Date and time of eligibility determination: 02/[redacted]2016 [redacted]AM

✓ 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 + Additional Long-Term Care Services	[redacted] -	04/13/2007	02/06/2009
Additional Information:			
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.7.			

⊘ Denial: Your application has been denied for the following individual(s):		
Benefit Category	**Individual Name and Medical Assistance ID**	**Application Date**
Medicaid + Additional Long-Term Care Services	[redacted]	04/13/2007
Reason: You did not give us everything needed to complete your application.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.3.A., 8.100.4.B., and 8.100.5.B		
Medicaid - Premium may be required	[redacted]	04/13/2007
Reason: You are not employed.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.6.P.1.e and 8.100.5.B.1.c		

same person

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

Your right to appeal	Medicaid Determination – 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. Tell your worker if you need help with your appeal. If you are appealing a Qualified Health Plan, a Colorado Young Adult Plan, Tax Credits and/or Cost Sharing Reductions eligibility determination, please see the Connect for Health Colorado Appeals Rights section below.
Legal help	If you want to apply for free legal help, call Colorado Legal Services' Denver office at 303-837-1313 or contact your local Colorado Legal Services office.
County or Medical Assistance Conference	You may request an informal meeting (conference) with county staff, other than the worker taking the action, to go over your case with you. If you want a county conference you need to: (1) send or take a letter to your county worker as shown on page 1 of this notice; (2) include the following information in the letter: your name, your mailing address, your daytime telephone number and either a copy of this notice or the "Case Number" number at the bottom of each page of this letter; (3) your request must be received before the effective date on page 1 of this notice. Be sure to keep a copy of your request for your records. At a county conference you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.
State Hearing	You may ask for a formal hearing with an Administrative Law Judge. . Your request must be received on or before 03/11/2016, even if you have asked for a county conference. To ask for this State Hearing you need to either (1) sign this notice and send or fax it to the Office of Administrative Courts or (2) send or fax a letter that includes 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. Be sure to keep a copy of the request for your records. The letter must be received by the Office of Administrative Courts no later than 03/11/2016. The address and fax number of the Office of Administrative Courts is: Office for Administrative Courts 1525 Sherman Street, 4th Floor Denver, CO 80203 Phone # 303-866-2000 Fax # 303-866-5909 If your request for a State Hearing is not received by 03/11/2016, you may lose your right to a State Hearing. The Office of Administrative Courts will contact you by mail with the date, time and place for your

	State Hearing. At a State Hearing you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.
Continuation of Medical Assistance Benefits	If this notice says that your Medicaid 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 Medicaid 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 writing that your Medicaid benefits stop while you appeal. If you choose to stop getting your Medicaid benefits, and you win your appeal, your lost benefits will be given back to you. Contact the worker shown on page 1 of this notice for further information. If your Medicaid benefits end, you may reapply at any time.
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.
Non-Discrimination Policy - Medical Assistance	Federal law prohibits discrimination. If you believe that you have been treated unfairly because of race, color, sex, age, religion, political belief, national origin, mental or physical disability, you have a right to complain to the Colorado Department of Health Care Policy and Financing.You can also write a letter of complaint to the Federal government at the following addresses: Office for Civil Rights Region VIII U.S. Dept of Health & Human Services 999 18th St., Suite 417 Denver, CO 80202 1-800-368-1019 TDD 1-800-537-7697 U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Ave., SW Room 509F Washington, DC 20201 (800) 368-1019 If you have a disability, as defined by the Americans with Disabilities Act, you may have rights under the Americans With Disabilities Act (ADA). Contact your county or Medicaid Application site for more

	information. If you are deaf, hard of hearing or have a disability that affects your speech and use a TTY, you can call Relay Colorado at 1-800-659-3656.
Colorado PEAK Website	You can now go online at any time to manage your benefits account at colorado.gov/PEAK. You will need to have your case number available. It is the "Case Number" at the bottom of each page of this letter. On Colorado PEAK, you can: • See what benefits you have and when they need to be renewed for many benefit programs; • Report changes like a new address, change in income, or a change in the number of people in your house. If you started the process at Connect for Health Colorado, please see the Connect for Health Colorado General Information section.

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STATE OF COLORADO

Date: JANUARY 22, 2015
Case ID: [redacted]
State ID: [redacted]

Dear [redacted]

This client was never employed or in Buy In

The Medicaid Buy-In for Working Adults with Disabilities Program requires a monthly premium payment in order to remain eligible for benefits. The amount of your monthly premium is $25.00. Your balance due is the last amount listed in the "Balance Due" column below:

Month of Eligibility	Monthly Premium Amount Required	Amount Paid	Balance Due
July 2014	$25.00	$0.00	$25.00
August 2014	$25.00	$0.00	$50.00
September 2014	$25.00	$0.00	$75.00
October 2014	$25.00	$0.00	$100.00
November 2014	$25.00	$0.00	$125.00
December 2014	$25.00	$0.00	$150.00
January 2015	$25.00	$0.00	$175.00
February 2015	$25.00	$0.00	$200.00

He is homeless

To continue receiving benefits, the full payment of $200.00 must be received by the 15th of next month. If we do not receive payment you will be terminated from the Medicaid Buy-In Program for Working Adults with Disabilities on 04/16/2015. (2/15)

Please make your **check or money order** payable to the Department of Health Care Policy and Financing **OR** you can make your payment online through the Colorado PEAK website (www.colorado.gov/PEAK). If you do not already have an account in PEAK, you will need to create one.

Questions?
Call Customer Service
Monday – Friday, 8am to 6pm at 1-800-359-1991
If you are hearing impaired, call Relay Colorado at 1-800-659-3656.

ADDRESSEE:

[redacted]

REMIT TO:

Department of Health Care Policy and Financing
PO Box 5010
Denver, CO 80217-5010

Amount Due: $200.00
Amount Due By: 02/15/2015

1B1RK80Y894351002612972832015012200020000201502155

STATE OF COLORADO

CONNECT for HEALTH COLORADO

(6)

Case Number: 1B0DXY4
JULIE REISKIN

3645 MILWAUKEE ST
DENVER CO 80205-3645

Client ID: 0001407137

Mark Lieberman
CO Medical Asst Prgm

723 DELAWARE ST
DENVER CO 80204-4504

(800) 359-1991

Connect for Health Colorado
Customer Service Center
P.O. Box 35681
Colorado Springs, CO 80935
855-752-6749

this put me in exchange not medicaid due to my employment

Medical Assistance Contact: Mark Lieberman (800) 359-1991

Date and time of eligibility determination: 01/08/2016 05:47 PM

Authorization Number: 411557975

Please review the entire notice to see what your household qualifies for.

1000140

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

Benefit Category	Individual Name and Medical Assistance ID	Application Date	Eligibility Start Date	Tax Credits/ Cost Sharing Reductions
Qualified Health Plan	JULIE REISKIN - U127170	05/18/1994		Not Applicable

Additional Information:

The Eligibility Start Date shown above, if any, is the date when your financial help can start. However, you must still select and enroll in a Qualified Health Plan (QHP) to have health insurance through the Marketplace by visiting ConnectforHealthCO.com or calling 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. Connect for Health Colorado is a Marketplace for individuals and families in Colorado to shop for health insurance plans and to access Federal Tax Credits that can lower costs.

Supporting Rule:

26 U.S.C. 36B and its implementing regulations in accordance with Sections 1402, 1411, and 1412 of the Affordable Care Act including 45 CFR §155.305 Connect for Health Colorado is required to keep your information private and confidential.

see next page

Denial: Your application has been denied for the following individual(s).		
Benefit Category	**Individual Name and Medical Assistance ID**	**Application Date**
Medicaid + Additional Long-Term Care Services	JULIE REISKIN - U127170	05/18/1994
Reason: You did not meet the disability requirement based by Social Security criteria.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.6.B. and Title 20 of the Code of Federal Regulations		

social security has me listed as permanent total disability

Termination: Benefits will end for the following individual(s).		
Benefit Category	**Individual Name and Medical Assistance ID**	**Coverage End Date**
Medicaid - Premium may be required	JULIE REISKIN - U127170	01/31/2016
Reason: • You did not give us everything needed to complete your application. • You have not met the disability requirement for this program.		
Supporting Rule: 10 CCR 2505-10, Volume 8 at Section 8.100.3.A., 8.100.4.B., and 8.100.5.B 10 CCR 2505-10, Volume 8 at Section 8.100.6.P.1.d.		

I have proof otherwise

CBMS

Long term

care

Long Term Care Team

7190 COLORADO BLVD
COMMERCE CITY CO 80022-1812

JUL 08 2015

[redacted]

you will note inside date is 8/1/15

another approval + dental

Tear Here

Long Term Care Team

7190 COLORADO BLVD
COMMERCE CITY CO 80022-1812

STATE OF COLORADO

[redacted]

Long Term Care Team
Adams - HSB

7190 COLORADO BLVD
COMMERCE CITY CO 80022-1812

(303) 227-2632

Client ID [redacted]
Medical Assistance Contact: Long Term Care Team (303) 227-2632

Date and time of eligibility determination 07/01/2015 06:00 PM

Change(s) have been made for the following individual(s).

Benefit Category	Individual Name and Medical Assistance ID	Effective Date/Month
Medicaid + Additional Long-Term Care Services	[redacted]	08/01/2015

Reason:

- You have transferred resources without fair consideration
- You are not eligible for Medicaid + Additional Long Term Care Services from 08/01/2015 to 07/31/2015 because you have transferred resources without fair consideration

  You are eligible for Medicaid without Additional Long Term Care Services

  You will be eligible for Medicaid + Additional Long Term Care Services beginning 08/01/2015.

Supporting Rule:

10 CCR 2505-10, Volume 8 at Section 8.100.7
10 CCR 2505-10, Volume 8 at Section 8.100.7.F.2

please note dates
btw this client has
never had a resource
to transfer

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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 writing that your benefits stop while you appeal. If you choose to stop getting your benefits, and you win your appeal, your lost benefits will be given back to you. Contact the worker shown on page 1 of this notice for further information. If your benefits end, you may reapply at any time.
County or Medical Assistance Conference	You may request an informal meeting (conference) with county staff other than the worker taking the action, to go over your case with you. If you want a county conference you need to: (1) send or take a letter to your county worker as shown on page 1 of this notice; (2) include the following information in the letter: your name, your mailing address, your daytime telephone number and either a copy of this notice or the "Case ID" number at the bottom of each page of this letter; (3) your request must be received before the effective date on page 1 of this notice. Be sure to keep a copy of your request for your records. At a county conference you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.
State Hearing	You may ask for a formal hearing with an Administrative Law Judge. Your request must be received on or before 08/02/2015, even if you have asked for a county conference. To ask for this State Hearing you need to either (1) sign this notice and send or fax it to the Office of Administrative Courts or (2) send or fax a letter that includes 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. Be sure to keep a copy of the request for your records. The letter must be received by the Office of Administrative Courts no later than 08/02/2015. The address and fax number of the Office of Administrative Courts is Office for Administrative Courts 1525 Sherman Street, 4th Floor Denver, CO 80203 Phone # 303-866-2000 Fax # 303-866-5909 If your request for a State Hearing is not received by 08/02/2015, you

	may lose your right to a State Hearing. The Office of Administrative Courts will contact you by mail with the date, time and place for your State Hearing. At a State Hearing you have the right to represent yourself, or you may choose a lawyer, a relative, a friend or any other person to act as your authorized representative.
Legal help	If you want to apply for free legal help, call Colorado Legal Services' Denver office at 303-837-1313 or contact your local Colorado Legal Services office.
Non Discrimination Policy - Medical Assistance	Federal law prohibits discrimination. If you believe that you have been treated unfairly because of race, color, sex, age, religion, political belief, national origin, mental or physical disability, you have a right to complain to the Colorado Department of Health Care Policy and Financing. You can also write a letter of complaint to the Federal government at the following addresses: Office for Civil Rights Region VIII U.S. Dept of Health & Human Services 999 18th St., Suite 417 Denver, CO 80202 1-800-368-1019 TDD 1-800-537-7697 U.S. Department of Health and Human Services Office for Civil Rights 200 Independence Ave., SW Room 509F Washington, DC 20201 (800) 368-1019 If you have a disability, as defined by the Americans with Disabilities Act, you may have rights under the Americans With Disabilities Act (ADA). Contact your county or Medicaid Application site for more information. If you are deaf, hard of hearing or have a disability that affects your speech and use a TTY, you can call Relay Colorado at 1-800-659-3656.
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.
Connect for Health	Connect for Health Colorado is a marketplace for individuals and families in Colorado to shop for health insurance plans and to access

Colorado	new federal tax credits that can lower your costs. If you or any member of your household has been approved for tax credits or cost sharing reductions, they may be eligible to purchase commercial health insurance through Connect for Health Colorado (the Marketplace) at a reduced cost, based on the information we've received from State and Federal data sources. If you are not eligible for tax credits, you may be able to purchase full price health insurance. Connect for Health Colorado is a 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. Visit the Connect for Health Colorado website, www.ConnectforHealthCO.com or call 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. **How We Determine You Qualify** We counted your household size, the amount of money you reported earning, and other information you provided. We also made sure that you [and members of your household] are a Colorado resident, a United States citizen or lawfully present in the United States, and that you are not incarcerated (in jail or prison). If you think we made a mistake or that you qualify for more services, then you can appeal our decision. For more information on how to appeal, see the Appeals section. **Time to Enroll in Your Health Plan!** If you qualify to purchase a health insurance plan at full price or with tax credits, go to www.ConnectforHealthCO.com. If it is during our Open Enrollment Period or you have experienced certain life changes, you can choose your qualified health plan today! If you have already signed up for a health plan, you will receive enrollment, benefit, and provider network information from your health plan issuer. Your coverage depends on successful payment of your first month's premium. Call your health plan directly if you have questions about your plan's covered services and providers. **Do You Need Assistance?** Choosing a health plan is an important decision. If you qualify for a private health plan, we are here to help. If you have questions, go to www.ConnectforHealthCO.com, contact your agent/broker or Health Coverage Guide, or call our Customer Service Center at 855-PLANS-4-YOU (855-752-6749). If you are outside of the United States, call 303-590-9675. If you are hearing impaired, call our TTY line: 855-346-3432. You can update your account and contact preferences at: www.ConnectforHealthCO.com or Colorado.gov/PEAK. You will need your login ID and password. **Important Connect for Health Colorado Policies** **Reporting Changes** You must report any changes that would impact if you qualify for medical assistance. If you qualify for Advance Premium Tax Credits and/or Reduced Copays & Deductible (CSR) benefits, some changes

	may allow you to shop again if reported within 60 days of a change. In general, you need to report the following changes: • You no longer live in Colorado • Your income changes • Your household changes, for example you marry/divorce, become pregnant, or have children • You become qualified for Medicare or Medicaid • You are offered coverage through your employer • You become incarcerated (jail or prison) To report changes you may go to www.ConnectforHealthCO.com or call 855-752-6749 (TTY: 855-346-3432). If you do not report changes, and the changes affect if you qualify for the Advance Premium Tax Credit, **you may be responsible to pay back some or your entire tax credit to the Internal Revenue Service (IRS).** **Will you qualify for Medicare this calendar year?** Most people 65 years and older qualify for Medicare. Some people may qualify for Medicare if they are disabled. People who qualify for Medicare may no longer get help paying their health care coverage costs through the Marketplace. For questions about how qualifying for Medicare might impact your health coverage, contact your health plan issuer. If you have questions about Medicare benefits or Medicare rights in your State, you should contact Medicare at 1-800-MEDICARE (1-800-633-4227) or the State Health Insurance Program, Colorado SHIP at 1-888-696-7213. You can also go online to www.medicare.gov or www.askdora.colorado.gov. **Other benefits** If you wish to apply for other public assistance programs, such as food or cash assistance, go to Colorado.gov/PEAK or contact your local county human services office.
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: • See what benefits you have and when they will need to be renewed • Report changes like a new address, change in income, or a change in the number of people in your house

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STATE OF COLORADO

02/03/2016

[redacted]

no appeal rights

Dear [redacted]

You submitted a request or application for Long-Term Services and Supports (LTSS).

Based on the information you provided, you have too much income to be eligible for LTSS. However, you may still be able to meet the income requirement if you create an income trust.

Please complete the attached income trust forms and return them to:

Denver-Main

1200 FEDERAL BLVD
DENVER CO 80204-3221
(720)944-3666

If you do not complete and submit the attached income trust forms by **02/19/2016**, your application or request for LTSS will be denied for being over income.

Sincerely,
Department of Health Care Policy and Financing

HCPF or county

we think many clients have been discouraged from employment

this is Buy In client
this is constant problem - system does not recognize Buy In income for long term care clients. this client was NOT required to establish trust.

Please include with your trust check an accounting of income received and payments made out of the trust account. This need not be professionally done. It may be a check register if it is clear and legible.

RESPONSIBILITIES OF A TRUSTEE-HCBS

If the trust is used to establish income eligibility for **HCBS**, the following instructions apply:

Each month the Medicaid client may retain a certain amount of income for his or her own use. This amount is three times the amount of Supplemental Security Income (SSI) and changes each year. The county technician will inform you of that amount. Any monthly gross income over that amount must be retained in the trust bank account and may be used only to reimburse Medicaid when the trust terminates.

If the Medicaid client is married, it may be allowable to use some of the trust as income for the non-Medicaid spouse. The county technician will also inform you if this is allowable in this case and the amount payable to the non-Medicaid spouse.

The county technician may also grant an optional trust maintenance fee allowance of up to $20.00 for expenses to maintain the existence of the trust, such as bank charges, if such expenses are expected to be incurred by the trust. If such charges are not expected to be incurred by the trust, then no allowance will be made.

In accordance with 10 C.C.R. 2505-10, Section 8.110.52.B.5.a.1), the trust will automatically terminate upon the death of the Medicaid recipient, or prior to death, if the individual is no longer a Medicaid recipient in Colorado. When the trust terminates, any remaining funds in the trust account must be paid to the Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver CO 80203, to reimburse Medicaid for the cost of care. This includes any amount remaining from the trust maintenance fee allowance, if an allowance was granted. Please include with your trust check an accounting of income received and payments made out of the trust account. This need not be professionally done. It may be a check register if it is clear and legible.

DECLARATION OF INCOME TRUST - This type of trust may be used in cases where court approval is not necessary. The Medicaid applicant may establish the trust if he or she is capable of doing so, or a guardian, conservator or agent under a power of attorney may establish it. If the applicant is not capable, and no guardian, conservator or agent has been appointed, court approval is required.

INSTRUCTIONS FOR COMPLETING THE DECLARATION OF INCOME TRUST

FILL IN THE NUMBERED BLANKS AS FOLLOWS:

1. Name of settlor. *The settlor is the person who establishes the trust. This person may be the Medicaid applicant, if he or she is capable of signing legal documents. If not, the settlor may be a guardian, conservator or agent under a power of attorney.*
2. **State which of the following describes the relationship of the settlor to the Medicaid applicant: the Medicaid applicant, guardian, conservator, or agent under a power of attorney. If the Medicaid applicant signs as settlor, he or she must sign the consent form. Others must attach proof of appointment.**
3. Name of Medicaid applicant.
4. Name of Medicaid applicant.
5. Name of trustee.
6. Mailing address of trustee.
7. If another person is willing to serve as trustee if the original trustee cannot, insert that person's name in this space.
8. Name of settlor.
9. Name of trustee.
10. Date trust signed.
11. Effective date of trust, the date of Medicaid eligibility.
12. Signature of settlor.
13. Name of settlor. Settlor's signature must be notarized.
14. Signature of trustee.
15. Name of trustee. Trustee's signature must be notarized.
16. List each source and gross amount of monthly income.

DECLARATION OF INCOME TRUST

This declaration of trust is signed by _____ (1) as settlor, and as _____ (2), regarding the income of _____ (3) the principal beneficiary.

ARTICLE I - NAME OF TRUST.

This trust shall be known as the _____ (4) trust.

ARTICLE II - APPOINTMENT OF TRUSTEE.

Settlor hereby appoints _____ (5) as the trustee of this trust. The trustee's mailing address is _____ _____ (6)

ARTICLE III - TRUST ESTATE.

Settlor hereby grants and assigns to the trustee the gross monthly unearned income described in "Schedule A," attached hereto and incorporated herein by reference. The trustee acknowledges receipt in trust, of said property. No property other than the principal beneficiary's gross monthly unearned income shall be used to fund this trust.

ARTICLE IV - DISPOSITION OF INCOME.

4.01 Distributions of income: Each month the entire amount of trust income shall be distributed to the principal beneficiary's nursing facility for cost of care. An amount not to exceed $20.00 may be retained in the trust for trust expenses, such as bank charges, if such charges are expected to be incurred by the trust. If such charges are not expected to be incurred by the trust, then no allowance shall be made for trust expenses. Deductions may be made from the monthly trust distribution to the same extent that deductions from income of a nursing home resident who is not a trust beneficiary are allowed under the Colorado Medical Assistance Program, which shall include the following: a monthly personal needs allowance; payment to the beneficiary's community spouse or dependent family members as provided and in accordance with Title XIX of the federal "Social Security Act," 42 U.S.C. sec. 1396r-5, as amended, and section 26-4-506, C.R.S., as amended; specified health insurance costs and special medical services provided under Title XIX of the federal "Social Security Act," 42 U.S.C. sec. 1396a(r), as amended; and any other deduction allowed in the rules of the Colorado Department of Health Care Policy and Financing. In no event shall more than the applicable Medicaid reimbursement rate be distributed to the nursing facility on behalf of the principal beneficiary. If any money remains after the monthly distributions and deductions from the trust, such funds shall be retained and accumulate in the trust.

4.02 Maintaining the existence of the trust: Each month an amount not to exceed $20.00 may be retained in the trust from the gross income which is paid into the trust for that month for trust expenses, such as bank charges, if such charges are expected to be incurred by the trust. If such charges are not expected to be incurred by the trust, then no allowance shall be made for trust expenses. If the allowance for trust expenses is not used for payment of such expenses, it shall be retained in the trust and distributed at termination as set forth in Article 4.03.

4.03 Distribution of funds when trust terminates: This trust shall automatically terminate upon the death of the principal beneficiary. It shall also automatically terminate if the principal beneficiary is no longer eligible or no longer receiving Medicaid benefits in Colorado or if the principal beneficiary's income falls below the maximum level for Medicaid and the trust is no longer necessary to retain eligibility. Upon termination, the trustee shall deliver any amounts remaining in the trust, up to the total amount of medical assistance paid on behalf of the principal beneficiary, to the Colorado Department of Health Care Policy and Financing as reimbursement to the Colorado Medicaid program for the nursing facility care or other Medicaid services provided during the beneficiary's lifetime.

ARTICLE V - TRUST ADMINISTRATIVE AND PROTECTIVE PROVISIONS.

5.01 Jurisdiction: This trust shall be administered expeditiously consistent with its terms, free of any judicial intervention and without order, approval or other action by the court, subject only to the jurisdiction of a court which is invoked by the trustee or other interested parties or as otherwise provided by law.

5.02 Trust property not subject to probate: Any property payable to this trust shall not be subject to claims against the estate of the beneficiary following death, nor shall such benefits be subject to the control of the personal representative of the beneficiary nor be included in the property administered as part of the probate estate of the beneficiary.

5.03 Inalienability: No beneficiary shall have any right to anticipate, sell, assign, mortgage, pledge or otherwise dispose of or encumber all or any part of the trust estate, nor shall any part of the trust estate including income, be liable for the debts or obligations, including alimony, of any beneficiary or be subject to attachment, garnishment, execution, creditor's bill, or any other legal or equitable process. This provision shall not bar any remedy sought by either the Colorado Department of Health Care Policy and Financing or the county department of social services for the purpose of obtaining trust distributions in accordance with this trust declaration and applicable federal/state laws and administrative regulations.

5.04 Reports: Periodic reports to the court shall not be made unless required by the regulations of the Colorado Department of Health Care Policy and Financing. The trust records shall be open at all reasonable times to inspection by the beneficiary of the trust, the county department of social/human services which approved the beneficiary's assistance case, and their accredited representatives. An annual accounting of trust income and expenditures and an annual statement of trust assets shall be submitted to the county department of social/human services or to the Colorado Department of Health Care Policy and Financing upon reasonable request or upon any change of trustee. At termination, a full and complete accounting of trust income and expenditures shall be submitted to the Colorado Department of Health Care Policy and Financing.

ARTICLE VI - TRUSTEE SUCCESSION & ADMINISTRATIVE PROVISIONS.

6.01 Resignation or death of the trustee: Any trustee may resign by giving thirty days written notice to the county department of social/human services which approved the beneficiary's assistance case and to the beneficiary. Such resignation shall be effective 30 days from the date notice is given. In the event the trustee resigns or dies while holding office, the successor trustee in 6.03 is appointed.

6.02 Change of Trustee or Trustee Address: The Colorado Department of Health Care Policy and Financing must be notified in writing of any trustee address changes or change of trustee(s) within 30 calendar days.

6.03 Vacancy: If the trustee shall fail to qualify or cease to act, _____ _____ (7) is appointed trustee.

6.04 No bond: No trustee, or any successor, shall be required to give any bond in any jurisdiction, and if, notwithstanding this direction, any bond is required by any law, statute or rule of court, no sureties shall be required.

ARTICLE VII - DEFINITIONS

Except as otherwise provided, definitions of terms in this trust shall be in accordance with the Colorado Probate Code, as amended after the date of this trust.

Any reference in this trust to the Colorado Department of Health Care Policy and Financing, the county department of social services, or the Colorado Medical Assistance Program, shall include any successor public agency or program which becomes vested with the responsibility for providing publicly supported nursing home care to eligible Colorado residents

ARTICLE VIII - CONSTRUCTION.

In case of ambiguity or conflict, this trust should be construed in such a manner and shall be deemed to comply with the provisions of §§15-14-412.7 and 26-4-506.6, C.R.S., as amended.

Signed by _____ (8), settlor, and by _____ (9), who accepts the office of trustee.

Date signed: _____ (10).

EFFECTIVE DATE: _____(11), WHICH IS NOT MORE THAN 3 MONTHS PRIOR TO THE DATE OF APPLICATION FOR MEDICAID.

_____ (12)
Settlor

STATE OF COLORADO)
)ss.
COUNTY OF _____)

Subscribed, sworn to, and acknowledged before me by _____(13), settlor, on _____ 20 _____ .

Witness my hand and official seal.
My commission expires _____

_____
Notary Public

_____ (14)
Trustee

STATE OF COLORADO)
)ss.
COUNTY OF _____)

Subscribed, sworn to, and acknowledged before me by _____ (15), trustee, on _____ 20 _____ .

Witness my hand and official seal.
My commission expires_____

_____
Notary Public

SCHEDULE A

GROSS MONTHLY INCOME: (List name and amount of each source) (16)

CONSENT

I, _____, understand that to be eligible for Medicaid,
Name of Medicaid Applicant

for Medicaid, my income must be transferred into an income trust. I

consent to that transfer and to the appointment of _____
Name of Trustee

as trustee.

_____ _____

Date Signature of Medicaid Applicant

NOTE:

This form must be signed only if the Medicaid applicant is acting as settlor in establishing the trust.

Service
denials

this is 803 - long term care notice for some eligibility + all ltc services

[Next]

LONG TERM CARE WAIVER PROGRAM
NOTICE OF ACTION

Client's Name: [redacted]
Address: [redacted]

State/Medicaid ID: [redacted]
Date of Birth: [redacted]

THIS NOTICE REFERS TO THE FOLLOWING LONG TERM CARE PROGRAM(S):
Home and Community Based Services - Elderly, Blind and Disabled
Consumer Directed Attendant Support Services

Services are being decreased, changed or denied effective 10/18/2015 because:
Services were categorized incorrectly and did not reflect the client`s state.

Services being decreased, changed or denied are: Transfers, bathing, mobility, dressing, and eating are all being moved to Personal Care time instead of Health Maintenance time. The client`s needs are not skilled. Toileting time is being reduced because client is not on a bowel program.

Rule(s) which apply: 10 CCR 2505-10, Section 8.510.14 C.2; 10 CCR 2505-10, Section 8.510.14.G.2; 10 CCR 2505-10, Section 8.510.14.G.3

If you disagree with the proposed action described above, you may appeal to the state and have a hearing with a State Administrative Law Judge. To continue your current services you must file an appeal by the effective date above. You should be aware that the State of Colorado and designated case management agency may attempt collection or seek to collect repayment from you for all benefits you received if you lose the appeal. You must file your written request for a hearing with: THE STATE OFFICE OF ADMINISTRATIVE COURTS, 1525 Sherman Street, 4th Floor, Denver, CO 80203 BY 11/06/2015 OR YOU MAY LOSE YOUR APPEAL RIGHTS.

[redacted]

Case Manager's Signature | Phone | Supervisor's Signature | Phone

Access Long Term Support Solutions
Case Management Agency | Mailed By | Date

LTC 803 Rev. 10/04
D

this was case manager error + not accurate reduction

[Next]

THE FIRST PAGE OF THIS FORM GIVES YOU NOTICE OF A PROPOSED ACTION BY THE CASE MANAGEMENT AGENCY. THE FOLLOWING IS AN EXPLANATION OF YOUR APPEAL RIGHTS.

STATE APPEAL

If you disagree with the proposed action listed on the first page of this form and choose to appeal to the State, you must **write** to **the State Office of Administrative Courts at 1525 Sherman Street, 4th Floor, Denver, CO 80203. Your written request must be received by the Office of Administrative Courts by 11/06/2015. Your written request must be received by the Office of Administrative Courts by the date specified on the Notice of Action form.**

10/18 was date to continue benefits

State in the letter that you want to appeal and why. You may obtain assistance from anyone including a legal aid office to complete the necessary paperwork.

When your appeal is received, the Office of Administrative Courts will send you a letter explaining the time, place and procedure for the appeal hearing. You have the right to represent yourself or have an attorney, friend, relative or other spokesperson represent you at the hearing.

The case management agency is required to give you full and complete explanation of the proposed actions. You or your representative have the right to examine the documents that were considered by the case management agency in determining this proposed action.

DISCRIMINATION

If you believe that you have been discriminated against because of race, color, sex, age, religion, political beliefs, national origin, or disability you have the right to file a complaint with: Colorado Civil Rights Division, 1560 Broadway, Suite 1050, Denver, CO 80202 or

The Office of Civil Rights, Region VIII
U.S. Department of Health and Human Services
999 18th Street, Suite 417
Denver, Colorado 80202
Phone: 303-844-2024
FAX: 844-2025
TDD: 844-3439

STATEMENT OF PENALTIES

If you make a willfully false statement or representation, or use other fraudulent methods to obtain public assistance or medical assistance you are not entitled to, you could be prosecuted for theft under state and/or federal law. If you are convicted by a court of fraudulently obtaining such assistance, you could be subject to a fine and/or imprisonment.

LTC 803 Rev. 10/04

COLORADO MEDICAID PROGRAM

(10)

July 04, 2013

C45W00015

[redacted]

this is what medicaid service denials look like

THIS IS NOT A BILL.

This SUPPLY (DME) prior authorization has been denied.

PA NUMBER: D858502 EFFECTIVE DATE: 06/26/13 EXPIRATION DATE: 06/25/14
CLIENT ID: [redacted] CLIENT NAME (L/F/M): [redacted]
PROVIDER NAME: UNITED SEATING & MOBILITY LLC

This product is not a benefit of the Durable Medical Equipment program. 10 C.C.R. 2505 10, Sec. 8.590.0 R S .

LINE NBR:	01	STATUS:	DENIED
START DATE:	06/26/13	END DATE:	06/25/14
PROC/REV CODE/DESC:	K0108	W/C COMPONENT/ ACCESSORY NOS	
REQUESTED UNITS:	1		

This product is not a benefit of the Durable Medical Equipment program. 10 C.C.R. 2505-10, Sec. 8.590.0 (R-S).

LINE NBR:	02	STATUS:	DENIED
START DATE:	06/26/13	END DATE:	06/25/14
PROC/REV CODE/DESC:	K0739	Repairs/svc Dme non-oxygen eq	
REQUESTED UNITS:	6		

This product is not a benefit of the Durable Medical Equipment program. 10 C.C.R. 2505-10, Sec. 8.590.0 (R-S).

If you have questions regarding this prior authorization denial, please contact your doctor, dentist, medical supplier or service provider.
If you or an authorized representative (such as your attorney, legal guardian, sponsor, next of kin or your physician) disagree with this denial, you have the right to appeal this decision as described on the back of this letter.

CLIENT APPEAL RIGHTS

If you agree with the decision, you do not need to take any further action. If you think the decision is wrong, you can appeal and ask for a hearing. You may have an appeal hearing with an Administrative Law Judge. You may represent yourself, or have a lawyer, a relative, a friend or other spokesperson assist you as your authorized representative.

How to Appeal:

1. You must ask for a hearing in writing. This is called a **LETTER OF APPEAL.**

2. Your letter of appeal must include:
   a. Your name, address, phone number and Medicaid number;
   b. Why you want a hearing; and
   c. A copy of the front page of the notice of action you are appealing.

3. You may ask for a telephone hearing rather than appear in person.

4. Mail or fax your letter of appeal to:

   OFFICE OF ADMINISTRATIVE COURTS
   633 17TH STREET, SUITE 1300
   DENVER, CO 80202
   FAX 303-866-5909

5. Your letter of appeal **must be received** by the Office of Administrative Courts no later than thirty (30) calendar days from the date on this notice of action. The date of the notice of action is located on the front of this notice.
6. The Office of Administrative Courts will contact you by mail with the date, time and place for your hearing with the Administrative Law Judge.

Continued Benefits: To continue receiving the denied services listed on the notice, you must file your request for a hearing in writing before the effective date on the front of this notice. You may continue receiving services while you are waiting for a decision on your appeal. If you lose your appeal, you must pay back the cost of the services you received during the appeal. If you win your appeal, the State will pay your provider for the service(s) you received during your appeal process. Your provider is responsible for reimbursing you for the amount you paid them during your appeal.

If you have questions about this process, please call:

CUSTOMER SERVICE:

303-866-3513 (within the Denver Metro area)
1-800-221-3943 (outside the Denver Metro area)
Se Habla Español

DISCRIMINATION

If you believe that you have been discriminated against because of race, color, sex, age, religion, national origin, or disability, you have the right to file a complaint with: the U.S. Department of Health & Human Services, Office for Civil Rights, 1961 Stout Street, Room 1426, Denver, CO 80294. Voice phone 303-844-2024 or TDD 303-844-3439. If you have any questions, or need help to file your complaint, call OCR toll-free at 1-800-368-1019 (voice) or 1-800-537-7697 (TDD). You may also send an email to OCRcomplaint@hhs.gov.

STATEMENT OF PENALITIES

If you make a willfully false statement or representation, or use other fraudulent methods to obtain public assistance or medical assistance you are not entitled to, you could be prosecuted for theft under state and/or federal law. If you are convicted by a court of fraudulently obtaining such assistance, you could be subject to a fine and/ or imprisonment for theft.

DRAFT

COMMISSION ON AFFORDABLE HEALTH CARE

Advisory Committee Process
06-08-16

CONCEPT/PURPOSE

Creating Advisory Committees has the advantage of bringing more specialized expertise to bear on a specific topic or issue. It creates efficiency in that the work can be condensed into a stated timeframe with prescribed outcomes. It also brings more individuals into the discussion and debate and thus widens the base of committed individuals.

AUTHORITY

Senate Bill 14-187 (the Commission's enabling legislation) provides in 25-46-104 (4)(a) ("Duties of the Commission") that:

> "The Commission shall create Advisory Committees that focus on specific subject matters and make recommendations to the full Commission. The Chair of the Commission shall appoint members of the Commission to serve on Advisory Committees and shall appoint a Commission member as Chair of each Advisory Committee formed pursuant to this Section 4."
>
> "The Chair of an Advisory Committee shall select interested members of the community who are not members of the Commission to serve on the Advisory Committee he or she chairs. When appointing noncommission members to an Advisory Committee, the Chair of the Advisory Committee shall ensure representation from broad and diverse interests. Noncommission members of an Advisory Committee serve without compensation or reimbursement of expenses."

POINTS TO BE CONSIDERED

The following considerations should be weighed by the Commission in deciding to implement such Advisory Committee(s):

1. How many are needed? What is realistic from a time and logistics standpoint?
2. How will individuals be solicited and selected for these Committees?
3. If our funding ends in approximately March of 2017, when should they be formed so that we can obtain the maximum value from each?
4. Which Commissioners would be able to sit on such Committees and who might best chair each? How many Commissioners are needed if we are to have "community members" included?
5. Which topics need a Committee's attention?
6. What staff time will be required (Minutes, meeting logistics, coordination, etc.) and what is the cost of standing up such an activity?

POTENTIAL COMMITTEES

The Commission has identified a few areas in need of more in-depth study. One or two of these may warrant the use of an Advisory Committee?

- Pharmacy Costs
- Rural Health Care Challenges and Charges
- Pursuit of a CMS waiver regarding hospital/physician payment models
- Administrative costs and waste within the system
- Hospital expansion/growth

Are there other potential topics to be considered in lieu of these?

POTENTIAL STRUCTURE/PROCESS

It is proposed that initially one Advisory Committee be formed to test this concept. Another can be added later, based upon the lessons learned from this first group. The topic for this Committee should be the one considered the most pressing but also one that is possible to solve. With the guidance of the Planning Committee, the Chair will recruit and select the Commissioner to Chair this group. The Planning Committee will compile a list of experts who might be asked to serve, and a process by which other interested parties might apply to be considered.

For efficiency reasons the Committee should have no more than ten members, two of whom will be Commissioners (one Chair and a Vice-Chair). The charge for the Committee must be specific and focused, not wide ranging or multi-faceted. The time frame should be forty-five days for the work.

The work of the staff to the Commission must be carefully managed through this process to ensure that it is realistic and the process remains efficient.

All meetings of the Advisory Committee shall be public and conducted with public input.

No more than three Advisory Committees should be created given the time left for the Commission's work, and our budget.