



OPERATIONAL MEMO

TITLE:	CHCBS ELIGIBILITY CLARIFICATION
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	OCTOBER 24, 2019
DIVISION AND OFFICE:	OFFICE OF COMMUNITY LIVING
PROGRAM AREA:	CHILDREN'S HOME AND COMMUNITY BASED SERVICES WAIVER
KEY WORDS:	CASE MANAGEMENT AGENCIES, ELIGIBILITY SITES, CHCBS, WAIVER
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APPROVED BY: COLIN LAUGHLIN	

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Purpose and Audience:

The purpose of this Operational Memo is to provide clarification to Case Management Agencies (CMAs) and Eligibility sites regarding the process for determining a child's eligibility for the Children's Home and Community Based Services (CHCBS) Waiver.

Information:

The Department of Health Care Policy & Financing (Department) recently began receiving questions regarding the process for determining a child's eligibility for the CHCBS waiver through the Colorado Benefits Management System (CBMS). Many of these questions are a result of stakeholder engagement that occurred in late 2018 and early 2019 related to a parental fees project. The Department has since paused the parental fees project. No policies have changed as a result of that project or the corresponding stakeholder engagement. Eligibility rules for the CHCBS waiver remain the same and can be found at [10 CCR 2505-10 8.506](#).

Eligibility sites should continue to allow the automated Colorado Benefits Management System (CBMS) to determine eligibility when processing a child's application for medical assistance. The system is designed to check for individuals' eligibility for programs that would most meet their needs. Additional documentation is not required to meet the requirements of 10 CCR 2505-10 8.506.6.A.1.d that a child "due to parental income

and/or resources, is not otherwise eligible for Medicaid benefits or enrolled in other Medicaid waiver programs.”

The CHCBS waiver requires that a child be determined to be at risk of institutionalization in a skilled nursing facility or acute care hospital. Case Managers from CMAs make this Level of Care (LOC) determination through the ULTC 100.2 assessment and provide Eligibility Sites with a LOC certification date of the determination that can be entered in the CBMS to determine eligibility for the CHCBS waiver. CMAs should complete an assessment for LOC when requested by an individual, family, guardian, or other interested party without requiring a denial of Medicaid eligibility first.

Attachment(s):

None

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