

How to bypass the 30 Day Limit for LTC803

Add a new LTC803 – Select a Waiver - Enter the CORRECT Dates – Click SAVE One Time

Long Term Care 803 General Information

Refers to Following Long Term Care Program

- HCBS-Brain Injury
- HCBS-Community Mental Health Supports
- HCBS-Developmental Disabilities
- HCBS-Elderly, Blind, Disabled
- HCBS-Spinal Cord Injury - LTCO, JEFFCO Only
- HCBS-Supported Living Services
- HCBS-Childrens Waiver
- HCBS-Children with Autism
- HCBS-Children with Life Limiting Illness
- HCBS-Childrens Extensive Support
- HCBS-Childrens Habilitation Residential Program
- Colorado Choice Transitions - HCBS-BI
- Colorado Choice Transitions - HCBS-CMHS
- Colorado Choice Transitions - HCBS-DD
- Colorado Choice Transitions - HCBS-EBD/18-64
- Colorado Choice Transitions - HCBS-EBD/65+
- Colorado Choice Transitions - HCBS-SLS
- CDASS
- CDASS - 1915(i) State Plan
- Adult Foster Care
- Home Care Allowance
- Hospital Back Up/Nursing Facility
- ICF for Individuals with Intellectual Disabilities
- Long Term Home Health
- Mesa County Home Connections
- Nursing Facility
- PACE
- Private Case Management
- Other Program

Other Program Description

General Information

Mailed Date 
(mm/dd/yyyy)

Effective Date of Change 
Date Client Must Respond By 

Type of Notification

- *(complete Denial Reason)
- Eligible to receive services
- *(complete Denial Reason)
- Eligible to receive services - Waitlist
- *(complete Denial Reason)
- Not eligible for waitlist or not eligible or no longer eligible to receive services

*(complete Service Change)

- Service(s) is/are denied
- *(complete Service Change)
- Services are being decreased or changed
- Clear Answer

Case Manager 

Phone Number
(xxx-xxx-xxxx)

Once saved, go to Print (at the top) and click on Print – The correct Dates are on the Print Out

[\[Next\]](#)

**LONG TERM CARE WAIVER PROGRAM
NOTICE OF ACTION**

Client's Name: vanilla pudding

State/Medicaid ID: G100000

Address: 7714 Dover Road
Delta, CO 81416

Date of Birth: 05/06/1965

THIS NOTICE REFERS TO THE FOLLOWING LONG TERM CARE PROGRAM(S):

Childrens Home and Community Based Services Waiver

You have been determined to be functionally eligible for the above program as of 11/05/2016. You will not begin to receive services unless and until your Medicaid application has been processed and approved by the Income Maintenance Technician in your county of residence.

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 12/13/2016 OR YOU MAY LOSE YOUR APPEAL RIGHTS.

Case Manager's Signature

Phone

Supervisor's Signature

Phone

Health Care Policy and Financing

Case Management Agency

Mailed By

Date

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 12/12/2016. Your written request must be received by the Office of Administrative Courts by the date specified on the Notice of Action form.**

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.

REQUEST FOR ADMINISTRATIVE LAW JUDGE HEARING

I disagree with the case management agency's decision based on the reason entered on the attached Notice of Action form that I am not functionally eligible to receive long term care waiver services or that my services are being decreased/changed. I wish to have my case reconsidered by an Administrative Law Judge.

Please list your reason/s for appealing here:

vanilla pudding

Date Printed Name of Client

G100000

Signature of Client

State ID Number

Address

City and State

Zip Code

Area Code & Phone

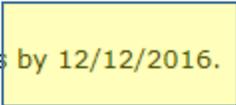
Representative (if applicable)

Area Code & Phone

Health Care Policy and Financing

Name of Case Management Agency

This written request must be received by the Office of Administrative Courts by 12/12/2016.



Mail this completed form to: State Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203