

# 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

If the user selects this choice, the Denial Explanation and Rule will not appear on the printed copy

## General Information



**If this an ADVERSE Notice, the Effective Date must be 11 days after the mailed date.**

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)

Services is/are denied

\*(complete Service Change)

Services are being decreased or changed

Clear Answer

Case Manager

Phone Number

Please use one of these two choices and the Denial Explanation and Rule will appear on the printed copy