

	Entered	Effective	Final	Case Manager	Notification Type
View	05/01/2017 07:51:59 AM	05/12/2017	05/01/2017	Joe Smith	Service(s) is/are denied
View	05/21/2009 04:01:52 PM	06/02/2009	05/21/2009	Joe Smith	Eligible to receive services
View	05/21/2009 12:19:22 PM	05/31/2009	05/21/2009	Joe Smith	Not eligible for waitlist or not eligible or no longer eligible to receive services

Select Print 803

	Entered	Effective	Final
Print	05/01/2017 07:51:59 AM	05/12/2017	05/01/2017
Print	05/21/2009 04:01:52 PM	06/02/2009	05/21/2009
Print	05/21/2009 12:19:22 PM	05/31/2009	05/21/2009

Click Print for the record – No Reason is Displayed

[\[Next\]](#)

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

Client's Name:
Address:

State/Medicaid ID:
Date of Birth:

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

Home and Community Based Services - Elderly, Blind and Disabled

Services are being decreased, changed or denied effective 05/12/2017 because:

Services being decreased, changed or denied are: CDASS

Rule(s) which apply: 10 CCR 2505-10 Section 8.510.2.A.7

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 06/30/2017 OR YOU MAY LOSE YOUR APPEAL RIGHTS.**

Case Manager's Signature	Phone	Supervisor's Signature	Phone
Not available for State Admin			
Case Management Agency		Mailed By	Date

Select Print 803 PDF

	<i>Entered</i>	<i>Effective</i>	<i>Final</i>
PrintPDF	05/01/2017 07:51:59 AM	05/12/2017	05/01/2017
PrintPDF	05/21/2009 04:01:52 PM	06/02/2009	05/21/2009
PrintPDF	05/21/2009 12:19:22 PM	05/31/2009	05/21/2009

Click Print PDF for the record to be displayed – **The Reason is Displayed**

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

Client's Name



State/Medicaid ID:



Address:



Date of Birth:



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

Home and Community Based Services - Elderly, Blind and Disabled

Services are being decreased, changed or denied effective 05/12/2017 because: CDASS service denied due to physician attestation form marked "no" regarding regulation: "Provide a statement from the primary care physician attesting to the client's ability to direct his or her care with sound judgment or a required AR with the ability to direct the care on the client's behalf"

Services being decreased, changed or denied are: CDASS

Rule(s) which apply: 10 CCR 2505-10 Section 8.510.2.A.7