Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	**NUMBER:** **HCPF 11-014** **CROSS REFERENCE:**
DIVISION OR OFFICE: Client and Community Relations Office	**DATE:** 9/23/2011
SUBJECT AREA: Medicaid Assistance	
SUBJECT: Current Medicaid eligible clients no longer required to submit an application when needing Long-Term Care services **TYPE: I-Information and P-Procedure**	**APPROVED BY:** **Antoinette Taranto**

HCPF Agency Letters can be accessed online at:
www.colorado.gov/hcpf >>County and Medical Assistance Site Correspondence >>Agency Letters

Purpose:

The purpose of this agency letter is to advise county departments of human/social services and Medical Assistance sites of the rule amendment to 10 C.C.R. 2505-10, Section 8.100.7.A-D. This rule removes the requirement that individuals who are Medicaid eligible must submit an application to be determined eligible to receive Long-Term Care (LTC) services. This rule was amended to comply with 42 C.F.R. 435.909 which prohibits the agency from requiring an application from Medicaid eligible individuals being determined eligible under a different category.

The rule amendment also clarifies that individuals who are recipients of Supplemental Security Income (SSI) or Old Age Pension (OAP) A or B Medicaid only need to request the service and meet institutional level of care to receive Home and Community Based Services (HCBS). This does not apply to the Children's HCBS, Extensive Support, Hospice or Habilitation Residential Program Waivers. These Waivers require the child to be denied SSI eligibility due to income and/or resources.

Background:

The 1915(c) HCBS Waivers with the exception of the Waivers referenced above, allow current Medicaid recipients to receive HCBS Waiver services without completing a new Application for Medical Assistance. Clients who receive SSI and OAP A or B Medicaid need only be assessed to meet the level of care for HCBS to receive the services. They do not need to submit an application and are not subject to another financial eligibility determination.

Clients that receive other types of Medicaid (Family & Children's, Breast and Cervical Cancer Program, etc.) may need to provide income and resource information as well as meet the level of care for the program. However, they will not need to submit a new application.

When a current Medicaid recipient is in need of LTC Nursing Facility Services, they must be determined eligible under the 300% Special Income category without submitting a new application. The need for nursing facility services is a change in circumstance which only requires a redetermination of eligibility for Medicaid in order to receive the mandated State Plan services as well as the LTC Nursing Facility Services.

Clients pending transition from a Nursing Facility (NF) or an Intermediate Care Facility for the Mentally Retarded (ICF/MR) to a community setting, who are currently Medicaid eligible, are not required to submit a new Medicaid application to receive HCBS. In these situations, the eligibility technician shall require that the Single Entry Point (SEP) agency submit an updated Long Term Care certification page authorizing HCBS services.

Specific information on when applications or redeterminations are required is outlined in the chart within this letter.

Procedure or Information:

Request for Long-Term Care Medical Services Form
The Request for Long-Term Care Medical Services form has been created for clients, or individuals acting on behalf of clients, to easily request a redetermination or level of care assessment for LTC services. The form is attached to this agency letter and will also be available on the HCPF website under the Applications page at Colorado.gov/hcpf.

County Responsibilities
When the form is received at a county department of human/social services it shall be date stamped. The eligibility worker shall determine whether a full redetermination is needed or only a level of care assessment based on the client's current Medicaid eligibility category as directed below. **The county shall make the referral to the SEP upon receipt of the form. From this date, the SEP has 10 working days to perform the level of care assessment.**

For current Adult Medicaid client cases, attach the LTC High Level Program Group (HLPG) to the client's existing Adult Medicaid or Medicare Savings Program case.

For current Family and Children's Medicaid client cases, create a new LTC case with a new case number for the client. A redetermination will need to be initiated allowing the client to declare their resources and income. All unearned income and assets will need to be verified.

Intake Process

Application Initiation (AI) Process for Medicaid Recipients Requiring LTC

1. Client or representative contacts SEP to request assessment
   - SEP completes the "Request for Long-Term Care Medical Services" form
   - SEP sends form to eligibility site
   - Eligibility site receives, date stamps and files form
   - SEP performs assessment
   - SEP sends "ULTC 100.2" to eligibility site
   - What is the Application Initiation (AI) date for LTC?
     - If form **is** sent to eligibility site
       - Date stamp on form
     - If form **is not** sent to eligibility site
       - Assessment Date on ULTC 100.2

2. Client or representative contacts (call, walk-in, email, fax, etc.) eligibility site to request assessment
   - Eligibility site completes the "Request for Long-Term Care Medical Services" form
   - Eligibility site date stamps and files form
   - Eligibility site completes DSS-1 and sends to SEP for assessment
   - What is the AI date for LTC?
     - Date client contacts eligibility site
       - Date stamp should be the same date

3. Client or representative submits request for assessment to eligibility site
   - Client completes "Request for Long-Term Care Medical Services" form and submits to eligibility site
   - Eligibility site receives, date stamps and files form
   - Eligibility site completes DSS-1 and sends to SEP for assessment
   - What is my AI date for LTC?
     - Date stamp on form

Redetermination & Verification Process for Medicaid Recipients Requiring LTC

Medicaid Recipients Requiring LTC	Required Documentation					
	Application	Redetermination Form	Proof of Income and Assets	Level of Care (ULTC 100.2)	Disability Determination	Applicable LTC Screens in CBMS
Active Adult Medicaid-SSI Mandatory Requesting HCBS	No	No	No	Yes	No	Yes
Active Adult Medicaid-SSI Mandatory Requesting NF	No	Yes	Yes	Yes	No	Yes
Active Adult Medicaid-OAP Requesting HCBS	No	No	No	Yes	No	Yes
Active Adult Medicaid-OAP Requesting NF	No	Yes	Yes	Yes	No	Yes
All Other Active Adult Medicaid Requesting HCBS/NF	No	Yes	Yes	Yes	Yes	Yes
All Active Family Medicaid Requesting HCBS/NF	No	Yes	Yes	Yes	Yes	Yes
All Active Medicare Savings Program (MSP)categories Requesting HCBS/NF	No	Yes	Yes	Yes	Yes	Yes
Active LTC-NF Requesting HCBS	No	No	Only if changed	Yes	No	Yes
Active LTC-HCBS Requesting NF	No	No	Only if changed	Yes	No	Yes

Attachments:
Request for Long-Term Care Medical Services form
Redetermination Notice

Effective Date:
Immediately

Contact:
Medicaid.eligibility@hcpf.state.co.us