### HB 10-1146 Changes to HCA and HCBS

CBMS Project 1537 Implementation December 18, 2011





### Proj 1537 HB 10-1146

### **Objective**

- Provide an overview of policy and CBMS changes prompted by HB 10-1146
  - Background
  - Policy
  - CBMS Implementation Dates
  - CBMS Updates
  - Identified Issues





### Background

### HB 10-1146

- Prohibits eligible clients from receiving services simultaneously through the Home Care Allowance (HCA) program and the Home and Community Based Services (HCBS) program
- Allows Supplemental Security Income (SSI) clients to qualify for a full HCA benefit
- Assists the State in meeting the Social Security
   Administration's Maintenance of Effort requirement





### **Policy Citations**

- Adult Financial-HCA
  - -3.720
  - Agency Letter AFS-11-02-P
- Long-Term Care-HCBS
  - -8.393.23.D.4
  - Agency Letter HCPF 11-013





### Home Care Allowance

- Provides direct cash payments for clients to hire a provider to help them in-home
- Co-funded by the state and individual counties
- Benefit is dependent on eligibility for:
  - Old Age Pension (OAP), Aid to the Needy Disabled(AND) and/or Aid to the Blind(AB) parent programs





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### Home and Community Based Services

- Federally funded program
- Provides benefits through Medicaid certified providers
- Waivers





### Questions?



### <sup>2</sup>roj 1537 HB 10-1146

### **CBMS** Updates

- Mass Update
- HCA category for SSI recipients
- HCA Assessments Alert
- HCA Window
- Dual HCA and HCBS records





### **CBMS** Implementation Dates

December 18, 2011

- CBMS Updates

January 1, 2012

- Effective Date





### Proj 1537 HB 10-1146

### Mass Update

 Mass update to end date HCA on all dual eligible clients effective 12/31/2011



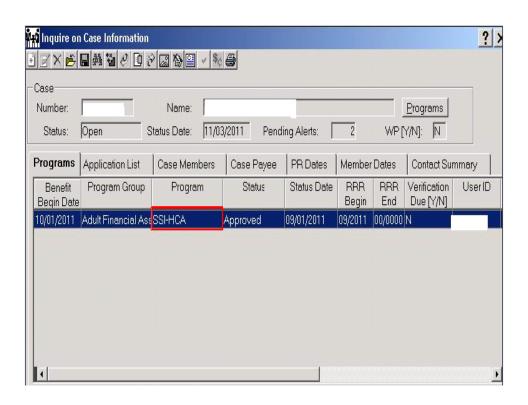


### **AF HCA-SSI**

- New HCA category for SSI recipients
  - Receiving at least \$ 1 SSI
  - No income limits
  - Grant standard calculation does not apply to this category, still applies to all other AF categories







Grant Standard Formula (For clients not receiving at least \$1.00 of SSI)	AND/AB-SO	AND/AB-SO	OAP	OAP
Categorical grant standard	\$175.00	\$175.00	\$699.00	\$699.00
Authorized HCA amount	\$342.00	<u>\$342.00</u>	<u>\$342.00</u>	<u>\$342.00</u>
Total	\$517.00	\$517.00	\$1041.00	\$1041.00
Countable income	- <u>\$200.00</u>	- <u>\$0.00</u>	- <u>\$750.00</u>	- <u>\$0.00</u>
Net payment to client	<u>\$317.00</u>	<u>\$517.00</u>	<u>\$291.00</u>	\$1041.00
Authorized amount from HCA				
	\$317.00	\$342.00	<u>\$291.00</u>	<u>\$342.00</u>
Authorized amount from AND/AB-SO	<b>©</b> 0.	\$175.00	<b>©</b> 0.	\$600.00
or OAP	<u>\$0</u>	<b>\$175.00</b>	<u>\$0</u>	<u>\$699.00</u>

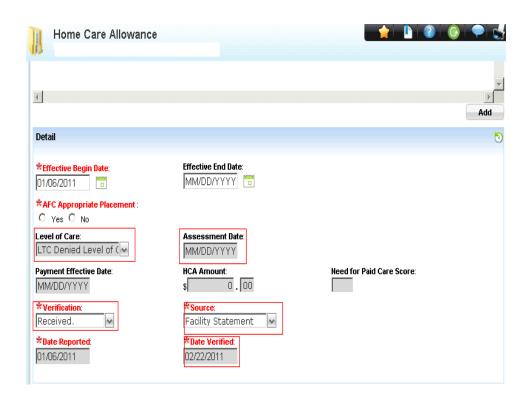


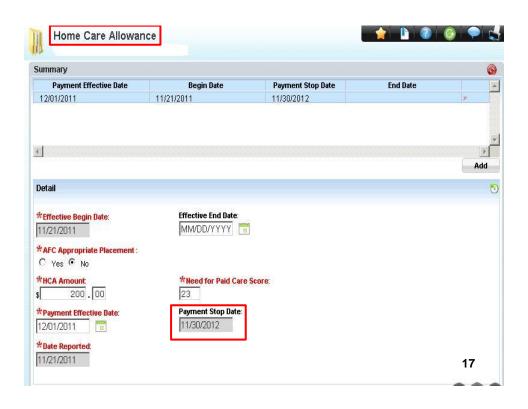


### **HCA** Window

- HCA Window modified
  - New field
    - Payment Stop Date
  - Fields removed
    - Level of Care
    - Assessment Date
    - Verification
    - Source
  - Date Verified







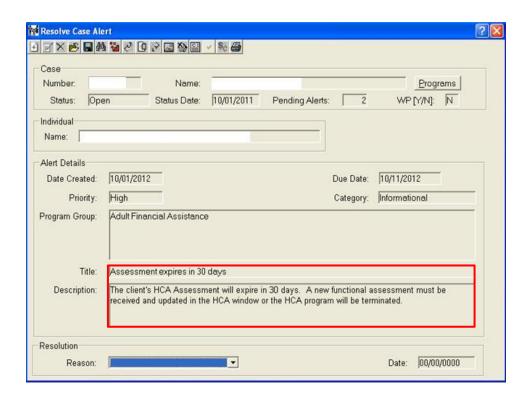
Payment Effective Date	Payment Stop Date	MU Trigger Date	Alert Date	NOA Trigger Date
04/01/2012	03/31/2013	03/10/2013	03/01/2013	01/31/2013
03/10/2012	02/28/2013	02/10/2013	01/29/2013	12/30/2012
10/20/2011	09/30/2012	09/10/2012	08/31/2012	08/01/2012
09/30/2010	07/31/2012	07/10/2012	07/01/2012	05/31/2012

### **Alert**

- New AF HCA alert for Assessments "HCA Assessment avaires in 30 days"
  - "HCA Assessment expires in 30 days"







### STATE OF COLORADO



TO :

FROM :

DATE :

Your Home Care Allowance grant of per month will be terminated as of because your functional assessment has not been updated. Please contact your Single Entry Point case manager to complete a functional assessment and to have your case records updated. Failure to do so will result in the termination of your Home Care Allowance benefits.

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### Dual HCA and HCBS Records

- Both HCA and HCBS benefits cannot be authorized in the same month
  - Applies in all modes (Intake, Ongoing, Redetermination)
  - Edit to prevent overlapping records
  - Creates case data conflict
  - Correspondence





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### **HCA Categories**

- OAP A HCA
- OAP B HCA
- AND SSI/CS HCA
- AB SSI/CS HCA
- State AND HCA
- State AB HCA
- SSI HCA





### **HCBS** Categories

- Adult HCBS Waivers
  - Elderly, Blind or Disabled (EBD)
  - Persons with Brain Injury (BI)
  - Persons with Mental Illness (MI)
  - Persons Living with AIDS (PLWA)
  - Supported Living Services (SLS)
  - Persons with a Developmental Disability (DD)





### **HCBS** Categories

- Children HCBS Waivers
  - Children's Extensive Support (CES)
  - Children's Habilitation Residential Program (CHRP)
  - Children's Home and Community Based Services (CHCBS)
  - Children with Autism (CWA)
  - Pediatric Hospice (PHW)



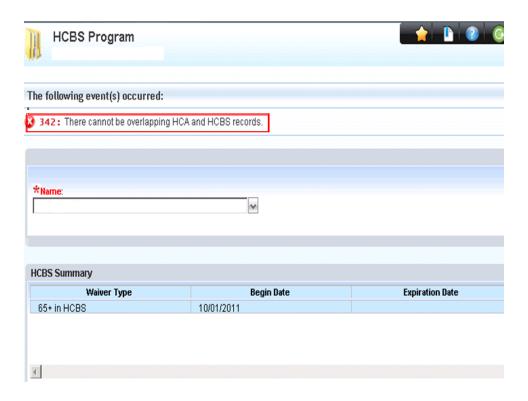


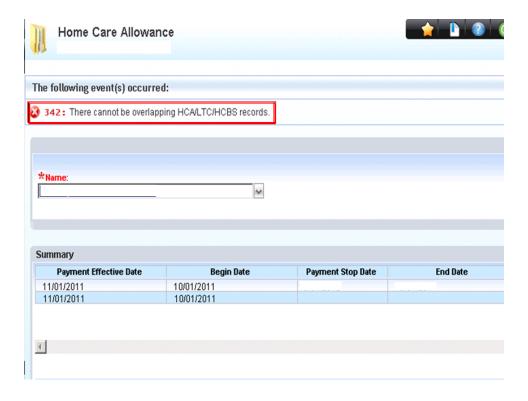
ms	Colorado Supplement to SSI – For persons not receiving the full SSI grant. Colorado Supplement provides a cash supplement.	
Cash Programs	Aid to the Needy Disabled (State AND) and Aid to the Blind (State AB) – For persons ages 18-59 who are totally disabled for at least six months or persons under age 59 who meet the definition of blindness. Provides a cash benefit. These programs do not include medical benefits.	
	Old Age Pension (OAP) – For low income persons age 60 or over. Provides a cash benefit and includes medical assistance. If you check this box, also check Adult Medical Assistance below.	
)	<b>Home Care Services</b> – For persons who need help on a regular basis with some or all of their daily self-care (such as bathing, dressing, eating, getting around, and using the bathroom). Provides a cash benefit to pay the provider for home care services. A functional assessment is required.	X
Medical Assistance Programs	Family Medical Assistance (FM) and Child Health Plan Plus (CHP+) – For children under 19, families, and pregnant women. Immediate, temporary coverage may be available for children and pregnant women through the Presumptive Eligibility Program.	
	Long-Term Care Medical Assistance (LTC) (Nursing Facility or Home and Community Based Services) – For persons needing help to pay for services received in their homes or in a medical facility for stays longer than 30 days. A medical and functional assessment is required.	X
	<ul> <li>Personal Needs Allowance (PNA) – For persons residing in a nursing home who have income less than \$50 per month for personal needs.</li> </ul>	
	Medicare Savings Program (MSP) – For persons who need help to pay for some of their Medicare costs, such as premiums, deductibles, and co-insurance.	
	Adult Medical Assistance (AM) – For persons who are disabled, blind, or age 19 and older.	
	Low Income Subsidy (LIS) – For persons needing help to pay for some of their Medicare Part D prescription costs, such as premiums, deductibles, and co-insurance. Before you apply for this program, please call 1-800-772-1213 to find out if you are already enrolled.	

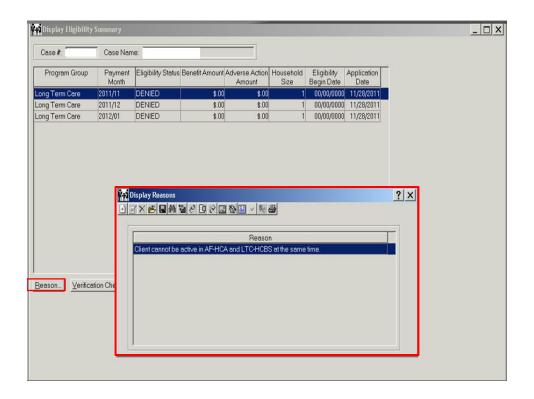


DO NOT COMPLETE	BELOW IF CLIENT IS APPRO	OVED FOR WAITLIST
Target Group	Program Approval	
☐ 1 Developmental Disability/MR	☐ AFC	Contact Information
2 Mental Health	CDASS	Confirmation Number:
3 Frail Elderly (65+)	☐ HBU	Somming of Name of States
4 Physically Disabled (18-64)	☐ HCA	<b>HBU Confirmation Number:</b>
5 Physically Disabled (13-17)	☐ HCBS-BI	
6 Pediatric (< 13)	☐ HCBS-CES	Start Date:
7 Brain Injury (16-64)	☐ HCBS-CHRP	
7 D R S 320	☐ HCBS-CW	End Date:
	☐ HCBS-CWA	
	HCBS-DD	Authorized By:
<b>ULTC 100.2</b>	✓ HCBS-EBD	-
CE1 3 100.2	☐ HCBS-MI	Agency:
	☐ HCBS-PHW	Authorization Date:
	☐ HCBS-PLWA	Authorization Date:
	☐ HCBS-SLS	Daniel Information
	☐ Home Connections	Denial Information
	☐ ICF-MR	Date Denied
	LTHH	
	□ NF	Date Denial Letter Mailed
	Other	I
	PACE	Case Manager
	PCM	1

	BELOW IF CLIENT IS APPRO	OVED FOR WAITLIST
Target Group	Program Approval	
☐ 1 Developmental Disability/MR	☐ AFC	Contact Information
2 Mental Health	CDASS	Confirmation Number:
3 Frail Elderly (65+)	☐ HBU	Communication realisers
4 Physically Disabled (18-64)	✓ HCA	HBU Confirmation Numb
5 Physically Disabled (13-17)	☐ HCBS-BI	
6 Pediatric (< 13)	☐ HCBS-CES	Start Date:
7 Brain Injury (16-64)	☐ HCBS-CHRP	L.
	☐ HCBS-CW	End Date:
	☐ HCBS-CWA	1
	☐ HCBS-DD	Authorized By:
<b>ULTC 100.2</b>	☐ HCBS-EBD	L.
OLIC 100.2	☐ HCBS-MI	Agency:
	☐ HCBS-PHW	Authorization Date:
	☐ HCBS-PLWA	Authorization Date:
	☐ HCBS-SLS	Denial Information
	☐ Home Connections	Denial Information
	☐ ICF-MR	Date Denied
	LTHH	
	□ NF	Date Denial Letter Maile
	Other	
	☐ PACE	Case Manager
	□ PCM	L







### STATE OF COLORADO



### **HCBS** Discontinued

Date and time of eligibility determination

At the date and time shown above, your eligibility for one or more programs was determined. The details of that eligibility determination are as follows:

Your Long-Term Care Home and Community Based Services (HCBS) benefit will end on because you are enrolled in another program. You cannot receive benefits from both Adult Financial Home Care Allowance (HCA) and Long-Term Care HCBS programs at the same time.

Thank you.

The relevant Medicaid rules can be found at 10 CCR 2505-10, 8.393.23.D.4

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### **HCBS** Denial

Date and time of eligibility determination

At the date and time shown above, your eligibility for one or more programs was determined. The details of that eligibility determination are as follows:

Your application for Long-Term Care Home and Community Based Services (HCBS) dated has been denied because you are enrolled in another program. You cannot receive benefits from both Adult Financial Home Care Allowance (HCA) and Long-Term Care HCBS programs at the same time.

Thank you.

The relevant Medicaid rules can be found at 10 CCR 2505-10, 8.393.23.D.4

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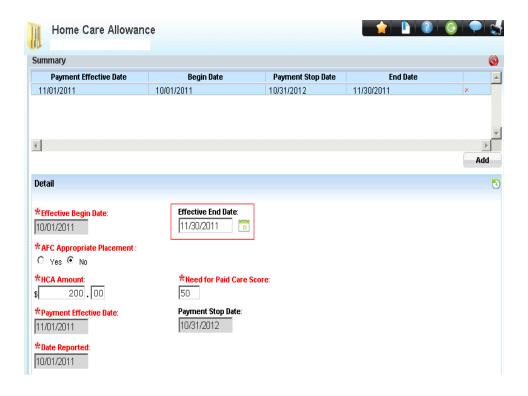


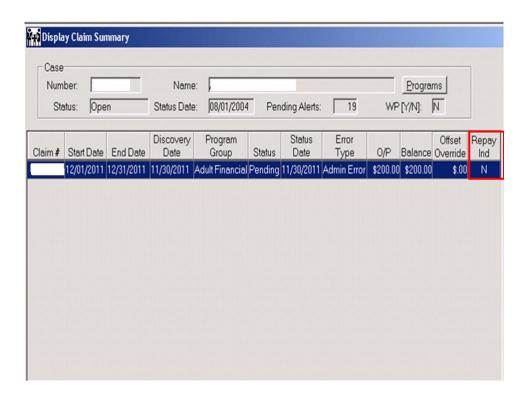
### Potential Issue 1

- Ongoing HCA client transitioning to LTC NF
  - End date HCA record end of the month prior to LTC start date
  - Ignore the AF claim





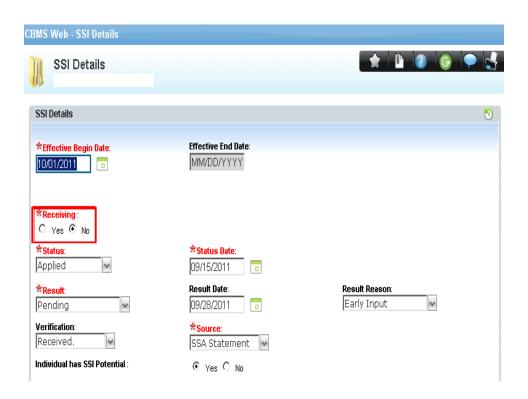




### Potential Issue 2

- Client is not receiving SSI at the time of the original application for HCA then receives SSI after HCA has been approved
- This issue is caused by a gap in between the CBMS SSI interface (SDX) update and when the technician updates the client record
  - Update the SSI receiving field from no to yes







### Reminders

- Add detailed case comments each time there is an update made to your cases
- Review and resolve all Alerts timely
- Follow the field definition guide and all data entry documents located on the Department of Human Services Web Portal or by using Shift + F1 within CBMS
- Read all CBMS Communications
  - If you are not signed up for communications, contact PC.HELPDESK@state.co.us





### Proj 1537 HB 10-1146

### Where to Get More Information

- Adult Financial Email Address-
  - Adult.Financial@state.co.us
- Adult Financial Policy-
  - Andrew.Aldis@state.co.us
- Medicaid Eligibility Email Address -
  - Medicaid.eligibility@hcpf.state.co.us









