
HB 10-1146 Changes to HCA and HCBS

CBMS Project 1537

Implementation

December 18, 2011



Objective

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



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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



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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



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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



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Questions?



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CBMS Updates

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



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CBMS Implementation Dates

December 18, 2011

– CBMS Updates

January 1, 2012

– Effective Date



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Mass Update

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



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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



Inquire on Case Information

Case Number: Name: Programs

Status: Status Date: Pending Alerts: WP [Y/N]:

Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due [Y/N]	User ID
10/01/2011	Adult Financial Ass	SSHCA	Approved	09/01/2011	09/2011	00/0000	N	

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	<u>\$342.00</u>	<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>	<u>\$1041.00</u>
Authorized amount from HCA	\$317.00	\$342.00	\$291.00	\$342.00
Authorized amount from AND/AB-SO or OAP	\$0	\$175.00	\$0	\$699.00

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Questions?



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HCA Window

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



Home Care Allowance

Add

Detail

*Effective Begin Date: 01/06/2011 Effective End Date: MM/DD/YYYY

*AFC Appropriate Placement: Yes No

Level of Care: LTC Denied Level of C Assessment Date: MM/DD/YYYY

Payment Effective Date: MM/DD/YYYY HCA Amount: \$ 0.00 Need for Paid Care Score:

*Verification: Received. *Source: Facility Statement

*Date Reported: 01/06/2011 *Date Verified: 02/22/2011

Home Care Allowance

Summary

Payment Effective Date	Begin Date	Payment Stop Date	End Date
12/01/2011	11/21/2011	11/30/2012	

Detail

*Effective Begin Date: 11/21/2011 Effective End Date: MM/DD/YYYY

*AFC Appropriate Placement: Yes No

*HCA Amount: \$ 200.00 *Need for Paid Care Score: 23

*Payment Effective Date: 12/01/2011 **Payment Stop Date: 11/30/2012**

*Date Reported: 11/21/2011

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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

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Alert

- New AF HCA alert for Assessments
 - “HCA Assessment expires in 30 days”



Resolve Case Alert

Case
 Number: Name: Programs
 Status: Status Date: Pending Alerts: WP [Y/N]:

Individual
 Name:

Alert Details
 Date Created: Due Date:
 Priority: Category:
 Program Group:
 Title:
 Description:

Resolution
 Reason: Date:

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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Questions?



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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



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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)



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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)



Cash Programs	Colorado Supplement to SSI – For persons not receiving the full SSI grant. Colorado Supplement provides a cash supplement.	
	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.	
	Home Care Services – 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 style="list-style-type: none"> • Personal Needs Allowance (PNA) – For persons residing in a nursing home who have income less than \$50 per month for personal needs. 	
	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.	

Programs Requested



Application Initiation

Programs Requested

<input checked="" type="checkbox"/> Adult Financial Assistance	<input type="checkbox"/> Adult Medical Assistance	<input type="checkbox"/> Adult Protective Services
<input type="checkbox"/> Childrens Health Plan Plus	<input type="checkbox"/> Colorado Works	<input type="checkbox"/> Disaster Food Stamps
<input type="checkbox"/> Family Medical Assistance	<input type="checkbox"/> Family Preservation	<input checked="" type="checkbox"/> Food Stamps
<input checked="" type="checkbox"/> Long Term Care	<input type="checkbox"/> Medicare Part D LIS	<input type="checkbox"/> Medicare Savings Program
<input type="checkbox"/> NonMonetary Services	<input type="checkbox"/> Presumptive Eligible Medical	

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DO NOT COMPLETE BELOW IF CLIENT IS APPROVED FOR WAITLIST		
Target Group	Program Approval	Contact Information
<input type="checkbox"/> 1 Developmental Disability/MR	<input type="checkbox"/> AFC	Confirmation Number:
<input type="checkbox"/> 2 Mental Health	<input type="checkbox"/> CDASS	HBU Confirmation Number:
<input type="checkbox"/> 3 Frail Elderly (65+)	<input type="checkbox"/> HBU	Start Date:
<input checked="" type="checkbox"/> 4 Physically Disabled (18-64)	<input type="checkbox"/> HCA	End Date:
<input type="checkbox"/> 5 Physically Disabled (13-17)	<input type="checkbox"/> HCBS-BI	Authorized By:
<input type="checkbox"/> 6 Pediatric (< 13)	<input type="checkbox"/> HCBS-CES	Agency:
<input type="checkbox"/> 7 Brain Injury (16-64)	<input type="checkbox"/> HCBS-CHRP	Authorization Date:
ULTC 100.2	<input type="checkbox"/> HCBS-CW	Denial Information
	<input type="checkbox"/> HCBS-CWA	Date Denied
	<input type="checkbox"/> HCBS-DD	Date Denial Letter Mailed
	<input checked="" type="checkbox"/> HCBS-EBD	Case Manager
	<input type="checkbox"/> HCBS-MI	
	<input type="checkbox"/> HCBS-PHW	
	<input type="checkbox"/> HCBS-PLWA	
	<input type="checkbox"/> HCBS-SLS	
	<input type="checkbox"/> Home Connections	
	<input type="checkbox"/> ICF-MR	
	<input type="checkbox"/> LTHH	
	<input type="checkbox"/> NF	
	<input type="checkbox"/> Other	
	<input type="checkbox"/> PACE	
	<input type="checkbox"/> PCM	

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<input type="checkbox"/> 5 Physically Disabled (13-17)	<input type="checkbox"/> HCBS-BI	Authorized By:
<input type="checkbox"/> 6 Pediatric (< 13)	<input type="checkbox"/> HCBS-CES	Agency:
<input type="checkbox"/> 7 Brain Injury (16-64)	<input type="checkbox"/> HCBS-CHRP	Authorization Date:
ULTC 100.2	<input type="checkbox"/> HCBS-CW	Denial Information
	<input type="checkbox"/> HCBS-CWA	Date Denied
	<input type="checkbox"/> HCBS-DD	Date Denial Letter Maile
	<input type="checkbox"/> HCBS-EBD	Case Manager
	<input type="checkbox"/> HCBS-MI	
	<input type="checkbox"/> HCBS-PHW	
	<input type="checkbox"/> HCBS-PLWA	
	<input type="checkbox"/> HCBS-SLS	
	<input type="checkbox"/> Home Connections	
	<input type="checkbox"/> ICF-MR	
	<input type="checkbox"/> LTHH	
	<input type="checkbox"/> NF	
	<input type="checkbox"/> Other	
	<input type="checkbox"/> PACE	
	<input type="checkbox"/> PCM	

HCBS Program

The following event(s) occurred:

342: There cannot be overlapping HCA and HCBS records.

*Name: [input field]

HCBS Summary

Waiver Type	Begin Date	Expiration Date
65+ in HCBS	10/01/2011	



Home Care Allowance

The following event(s) occurred:

342: There cannot be overlapping HCA/LTC/HCBS records.

*Name: [input field]

Summary

Payment Effective Date	Begin Date	Payment Stop Date	End Date
11/01/2011	10/01/2011		
11/01/2011	10/01/2011		



Display Eligibility Summary

Case #: Case Name:

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Long Term Care	2011/11	DENIED	\$ 00	\$ 00	1	00/00/0000	11/28/2011
Long Term Care	2011/12	DENIED	\$ 00	\$ 00	1	00/00/0000	11/28/2011
Long Term Care	2012/01	DENIED	\$ 00	\$ 00	1	00/00/0000	11/28/2011

Reason... Verification Che

Display Reasons

Reason

Client cannot be active in AF-HCA and LTC-HCBS at the same time.

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

STATE OF COLORADO



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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Questions?



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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



Home Care Allowance

Summary

Payment Effective Date	Begin Date	Payment Stop Date	End Date
11/01/2011	10/01/2011	10/31/2012	11/30/2011

Detail

*Effective Begin Date: 10/01/2011

*Effective End Date: 11/30/2011

*AFC Appropriate Placement: Yes No

*HCA Amount: \$ 200.00

*Need for Paid Care Score: 50

*Payment Effective Date: 11/01/2011

Payment Stop Date: 10/31/2012

*Date Reported: 10/01/2011

Display Claim Summary

Case
 Number: Name: Programs
 Status: Status Date: Pending Alerts: WP [Y/N]:

Claim #	Start Date	End Date	Discovery Date	Program Group	Status	Status Date	Error Type	O/P	Balance	Offset Override	Repay Ind
	12/01/2011	12/31/2011	11/30/2011	Adult Financial	Pending	11/30/2011	Admin Error	\$200.00	\$200.00	\$.00	N

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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



CBMS Web - SSI Details

SSI Details

SSI Details

***Effective Begin Date:** 10/01/2011

Effective End Date: MM/DD/YYYY

***Receiving:** Yes No

***Status:** Applied

***Status Date:** 09/15/2011

***Result:** Pending

Result Date: 09/28/2011

Result Reason: Early Input

Verification: Received.

***Source:** SSA Statement

Individual has SSI Potential: Yes No

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Questions?



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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



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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



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Questions?

Thank You
for
Your Time!

