

Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 09-013
	CROSS REFERENCE:
DIVISION OR OFFICE: Client and Community Relations Office	DATE: November 9, 2009
SUBJECT AREA: General	
SUBJECT: ADDRESS CONFIDENTIALITY PROGRAM (ACP)	APPROVED BY:  Sue Williamson

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

Purpose:

This agency letter provides county departments of human/social services, Medical Assistance (MA) and Presumptive Eligibility (PE) sites with information to assist in meeting the needs of participants and assist in complying with the Colorado Address Confidentiality Program (ACP). This is not intended to provide specific program area policy or procedures.

In May of 2007, HB 07-1350 created the ACP. The ACP began accepting participants in July of 2008.

During the 2008 legislative session, HB 08-1274 proposed several changes to the ACP laws, and was referred to as the "ACP clean-up bill." This bill, in part, gave the Department of Human Services (DHS) and the Department of Health Care Policy and Financing (HCPF) an additional year to demonstrate compliance with the ACP laws.

In accordance with HB 08-1274, DHS and HCPF are required to be in compliance with the ACP laws as of July 1, 2009.

HB 07-1350 and HB 08-1274 are now incorporated into the Address Confidential Program Act. The Act can be found in its entirety at §24-21-201, C.R.S.

Background:

The ACP provides relocated survivors of domestic violence, sexual offenses, or stalking with a substitute address to use in place of their actual address when they apply for or receive state or local government services. The goal of the ACP is to prevent an abuser or potential abuser from finding the survivor through government records. Laws governing the program are located at §24-21-201, C.R.S.

ACP participants are provided with a legal, substitute address, which may be used as a residential, school, and/or work address. The ACP also provides participants with a first-class mail forwarding service. When ACP participants use the substitute address, mail is sent to the substitute address. The ACP receives participant mail and forwards the mail to the participant's actual confidential address. The ACP can accept registered mail, certified mail, and legal mail (subpoenas) on behalf of participants.

Those interested in enrolling in the ACP must meet with an Application Assistant who has been trained and registered by the ACP. A listing of Application Assistants and enrolling agencies can be found on the ACP website at www.acp.colorado.gov.

Procedure or Information:

1. An ACP participant is a person who has been certified as a member of the ACP. Participants may include the parent, spouse, dependent child, or other family members or persons who reside with the applicant who also need to be a program participant in order to ensure the safety of the applicant. The ACP law can be found at 24-21-201, C.R.S., et seq.
2. All ACP participants will be provided with an *ACP Authorization Card* and *County of Residency Letter*, which must be presented when applying for services.
3. The *ACP Authorization Card* contains the ACP participant's substitute legal address. All county departments of human/social services and eligibility sites are required to accept the *ACP Authorization Card* as the applicant's legal address. This address should replace all addresses that are currently being used in all existing and new files and systems. The original card should be viewed and copied for documentation.
4. The *County of Residency Letter* will serve as verification of the ACP participant's county of residence. The ACP participant's substitute address will always be an Adams County address, but ACP participants will be directed to apply for benefits in the county in which they reside. The *County of Residency Letter* will be an original and copies should not be made. The county of residency should be documented from this letter.
5. County departments of human/social services, MA and PE sites may contact the ACP program manager to verify the *ACP Authorization Card* and/or *County of Residency Letter*.
6. There are criminal penalties for obtaining or disclosing an ACP participant's confidential information and actual physical address of residency when the person obtaining the information knows they are not authorized to do so. Any person who knowingly and intentionally obtains or discloses information in violation of the ACP law shall be guilty of a class 1 misdemeanor. §24-21-209 (6), C.R.S.
7. County departments of human/social services, MA and PE sites are accountable and liable for protecting and maintaining the confidentiality of ACP participant's actual physical address. Therefore, the county departments of human/social services and

eligibility sites must develop and implement special procedures to ensure limited exposure of the actual physical address. Agencies cannot require the participant to disclose their actual address.

8. There may be specific circumstances and/or services that require the acquisition of the ACP participant's address. The specific circumstances and procedure for acquiring an actual address are outlined in §24-21-210, C.R.S.
9. In an emergency situation where the participant is the subject of a criminal investigation, a law enforcement official must request the information via the process outlined in Rule 5.1 and 5.2 of the ACP Rules. The Rules can be found on the ACP website at www.acp.colorado.gov.
10. Whenever the laws or rules of a program require or provide a participant the legal right to act within a prescribed period of ten days or less after the service of a notice by mail, the county departments of human/social services, MA and PE sites must allow **five additional days** to the prescribed period for the ACP participant to act. §24-21-204 (c), C.R.S.
11. County departments of human/social services, MA and PE sites should develop and implement procedures to ensure services for ACP participants are provided in a confidential and safe manner. The absence of formal guidance should not prevent services from being provided.
12. County departments of human/social services, MA and PE sites are encouraged to identify an individual to act as the ACP point of contact for their agency or site. They will serve as an "ACP liaison" between their department or site and the State departments (DHS, HCPF, Secretary of State's Office). Training will be provided for this individual.

Effective Date:

July 1, 2009

Attachments:

County of Residency Letter

Contact Persons:

Claudia Guillen HCPF-Adult Medical Operations-ACP Liaison
303-866-3486
Medicaid.Eligibility@hcpf.state.co.us

Jacqueline Sanders SOS-ACP Program Manager
303-869-4911
acp@sos.state.co.us
www.acp.colorado.gov

Please contact the ACP for information regarding:

- General - provide a general overview of the program.
- ACP Referrals - client is in need of ACP services.
- ACP Liaison Training - for those who serve as point of contact in County departments of human/social services and eligibility sites.
- Application Assistant Training - for those who enroll clients in the ACP.

**STATE OF
COLORADO**
Department of State
1700 Broadway
Suite 300
Denver, CO 80290



Bernie Buescher
Secretary of State

Michael L. Shea
Director, Licensing & Enforcement
Division

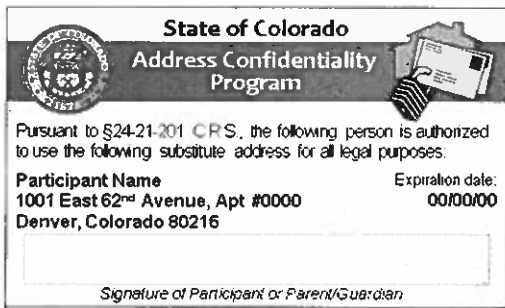
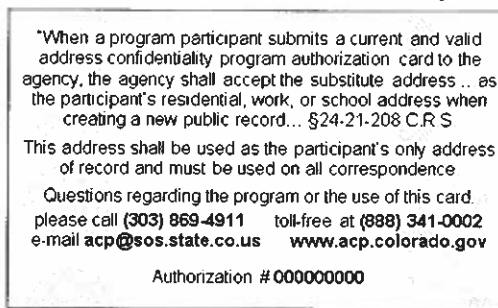
Proof of County Residency for Interacting with State and Local Government Agencies

FROM: Address Confidentiality Program
DATE: (date letter was issued)

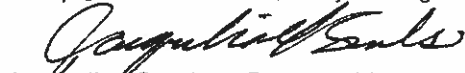
The purpose of this letter is to verify the presenter's residency in the county listed below. Although the presenter's identification places their residency in Adams County, they are a participant of a unique state program called the Address Confidentiality Program (ACP). The ACP protects the participant's actual address, including their county, from being revealed through government records. By virtue of this correspondence, the secretary of state certifies that the person listed below is a rightful resident of the county listed below according to our records and therefore should be afforded the rights and privileges reserved for residents of this county.

Participant name: (legal name – should match the name on the ACP authorization card)
County: (actual county of residence)

This substitute address is reflected on an ACP authorization card carried by participants. When presented with a current and valid authorization card, state and local government agencies are required to accept the substitute address as a participant's actual address. See §24-21-208(2), C.R.S., government agencies can make a copy of the participant's ACP authorization card.

AUTHORIZATION CARD: FRONT	AUTHORIZATION CARD: BACK
 State of Colorado Address Confidentiality Program Pursuant to §24-21-201 C.R.S., the following person is authorized to use the following substitute address for all legal purposes: Participant Name 1001 East 62nd Avenue, Apt #0000 Denver, Colorado 80216 Expiration date: 00/00/00 Signature of Participant or Parent/Guardian	 "When a program participant submits a current and valid address confidentiality program authorization card to the agency, the agency shall accept the substitute address... as the participant's residential, work, or school address when creating a new public record... §24-21-208 C.R.S. This address shall be used as the participant's only address of record and must be used on all correspondence. Questions regarding the program or the use of this card, please call (303) 869-4911 toll-free at (888) 341-0002 e-mail acp@sos.state.co.us www.acp.colorado.gov Authorization # 000000000

Please be aware that pursuant to 24-21-209 (5), C.R.S., it is unlawful to knowingly and intentionally disclose a program participant's actual address when that person has specific knowledge that the actual address belongs to a participant of the ACP. By virtue of receiving this letter, this agency has been granted specific knowledge of the participant's county address and therefore is prohibited from revealing this information. Further information may be obtained by contacting the ACP at 303-869-4911, by e-mail at acp@sos.state.co.us, or by visiting the ACP website at www.acp.colorado.gov.


Jacqueline Sanders, Program Manager

Please do not copy this letter

**Raised State Seal
Here**

Main Number (303) 894-2200
Administration (303) 860-6900
Fax (303) 869-4860

TDD (303) 869-4867
Web Site www.sos.state.co.us
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