


Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 14 - 016
	CROSS REFERENCE:
DIVISION OR OFFICE: Health Information Office	DATE: 11/24/2014
SUBJECT AREA: Long-Term Care	
SUBJECT: Cost of Living Adjustment and/or Personal Needs Allowance Change – 5615	APPROVED BY:  Chris Underwood
TYPE: I-Information and P-Procedure	

HCPF Agency Letters can be accessed online at:
[>> For Our Stakeholders >> Eligibility Partners >> Agency and Director Letters >> Agency Letters](http://www.colorado.gov/hcpf)

Purpose:

This procedure provides eligibility sites and Nursing Facilities with policies and procedures necessary for processing patient payment updates when a Cost of Living adjustment (COLA) and/or a change to the Personal Needs Allowance (PNA) occurs.

Background:

When a Long-Term Care (LTC) Medicaid client's income increases, or, PNA changes, it is the Eligibility sites' responsibility to notify the nursing facility (NF) where the client resides of the adjustment to the patient payment. This notification is completed by submitting a 5615 form to the NF which will include the new income, PNA and patient payment amount. The majority of LTC clients residing in an NF receive a financial payment from the Social Security Administration (SSA). In the event that there is a COLA, the SSA benefits are increased. This increase in income, and/or PNA, impacts the client's patient payment. A 5615 form must be completed for each client to confirm the new patient payment amount. This process can be burdensome to both the eligibility sites and NF.

In February of 2009, a report was developed and generated that included income information for nursing facility clients contained within the Colorado Benefit Management System (CBMS). All active nursing facility clients were included within this report, which was organized by Eligibility sites and then NF. This report was meant to expedite the process of notifying nursing facilities of the new patient payment amounts for their Medicaid residents. This report may be sent to the nursing facility in lieu of the 5615 form as long as the eligibility site has verified information within the report. Effective October 2012, this report was modified and will be generated annually in the event there is a COLA and/or PNA change. The following procedure will need to be followed:

Procedure or Information:

Report Details:

- **Report Name** = COLA 5615
- **Location** = COGNOS within Eligibility Reports folder
- **Implementation Date** = CBMS Project #3502 implemented on October 28, 2012
- **Report Frequency** = This report will be generated annually in the event of an SSA COLA and/or PNA change
- **Report Availability** = This report will be generated and available anytime an SSA COLA and/or PNA change is processed
- **Content** = This report captures all clients who are currently in a NF, who are active in Medical Assistance (MA) within the category of NF/Hospital 300% Institutionalized at the time the report is generated
- **Fields** = This report captures client demographics, income, expenses, etc. and will include blank rows to capture other items that impact the patient payment
- **Format** = This report is available in Excel format for editing, filtering and is sorted by County, Office, and NF (please make sure all columns are visible)

Report Procedure:

The following procedure will need to be followed for **Nursing Facilities:**

1. Beginning in December, send an Income Verification letter to all residents/families/power of attorneys that have non-SSA income, income trust, spousal allowance, disregards, etc.
2. Provide a copy of the Income Verification letter to the client's eligibility site
3. Send income verification received to the eligibility site by the end of December
4. Retain reports for 6 years

The following procedure will need to be followed for **Eligibility Sites:**

1. Filter the report by clients that receive SSA benefits only
2. Verify accuracy of data populated within the report including updated SSA benefit amount
3. Make any corrections and complete any applicable fields that were not populated, including verified by signature. Any corrections that need to be made to the income contained in this report should also be done within CBMS.
4. Submit this portion of the report to the NFs by **January 10th** by mail, email or fax ensuring compliance with HIPAA regulations
5. Add a case comment within each case detailing action taken
6. Filter the report by clients that receive additional income other than SSA
7. If verification of income other than SSA income has not been received by **January 10th**, send a request for income verification
8. Verify accuracy of data populated within the report including updated SSA and other income amounts

9. Make any corrections and complete any applicable fields that were not populated including verified by signature. Any corrections that need to be made to the income contained in this report should also be done within CBMS.
10. Submit to the NF as the final report at the end of **February**
11. Add a case comment within each case detailing action taken
12. Retain reports for 3 years

Additional Report Details:

- The report data is considered final on **March 1st**
- On March 1st, anyone who has not been finalized on the report will require a 5615 to be submitted from the NF to the eligibility site for completion of the COLA
- All new LTC NF cases from December through March will require a 5615

Effective Date:

11/1/2014

Contact:

Eligibility Sites = Medicaid.Eligibility@hcpf.state.co.us

Nursing Facilities = Kathy.Snow@state.co.us