



COLORADO

Department of Health Care
Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

AGENCY LETTER

AGENCY LETTER NUMBER: HCPF 15-005

SUPRECEDES NUMBER: HCPF 06-034

DATE: 3/30/2015

DIVISION OR OFFICE: BENEFITS COORDINATION SECTION, LEGAL DIVISION

SUBJECT AREA: CONSIDERATION OF TRUSTS IN DETERMINING MEDICAL ASSISTANCE ELIGIBILITY

SUBJECT: TRUST REVIEW PERSONNEL CONTACT INFORMATION AND TRUST DOCUMENT SUBMITTAL PROCEDURE

TYPE: P - PROCEDURE

APPROVED BY: ROBERT C. DOUGLAS, JR., LEGAL DIRECTOR

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Purpose:

The purpose of this agency letter is to advise County Departments of Social/Human Services of the current contact information for requests to the Benefits Coordination Section, Legal Division, at the Colorado Department of Health Care Policy and Financing ("the Department") for review, approval and monitoring of trusts established for Medicaid eligibility to ensure compliance with Federal and State eligibility requirements.

Additionally, the purpose of this agency letter is to advise County Departments of Social/Human Services of the most effective and efficient way to submit trust documentation for review by the Department. We have attached a revised Trust Transmittal Form which must be utilized by the County Departments of Social/Human Services or any other eligibility site when submitting trust documents for review by the Department.

Background:

If a Medicaid applicant or recipient is the beneficiary of a trust or transferor of assets into a trust, the County Department of Social/Human Services must submit a copy of the trust or asset transfer to the Department. *See* 10 C.C.R. 2505-10, Sections 8.100.5.E.8, 8.100.7.E.7

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and 8.100.7.G.9. County Departments of Social/Human Services have previously submitted copies of trusts or asset transfer documents to the sole attention of the Department's Trust Officer for consideration of how to treat the trusts and asset transfers in determining Medicaid eligibility.

Due to the increase in the number and complexity of trust or asset transfer matters being submitted by the counties, the Department has added staff resources allocated to this function. The Department will continue to review trust or asset transfers to determine their effect on eligibility and send a written determination to the county as directed by Department regulations, while endeavoring to decrease the turnaround timeframes for responses.

In spite of the adjustment in staffing, the Department has not changed the requirement that a completed Trust Transmittal Form must be included when a county submits a trust for review. The Department's Trust Transmittal Form has been modified to request additional contact information from the county making the request. The form also includes space for the technician to describe the nature of their request as well as updated contact information for the Department.

Procedure or Information:

If at all possible, trust documents submitted for review by the Department should be submitted via email to: Medicaid.Trusts@hcpf.state.co.us.

If the documents contain patient health information protected by Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the County Departments of Social/Human Services forwarding the documents for consideration are encouraged to encrypt any such emails. If encrypted email service is not available to the county agency, trust documents may be submitted to the Department for review as follows:

Via fax to: (303) 866-3552
Via mail to: Colorado Department of Health Care Policy and Financing
Attn: Trust Unit
1570 Grant Street
Denver, CO 80203-1818

Trust Transmittal Form

When submitting a copy of any trust for review, the county must use the Department's Trust Transmittal Form. Each separate trust submitted must have a separate Trust Transmittal Form. The Trust Transmittal Form includes fields for the county department's fax number and the Medicaid applicant's State ID or social security number. The form also includes a field for the email address of the county technician who is forwarding the materials. All fields must be completed before sending the trust to the Department, including the number of pages being submitted. Also, the type of medical assistance (NF, HCBS, or PACE) should be provided to expedite the review process.

Please note that if the trust documents being submitted are more than thirty (30) pages in length, it is highly recommended that the trust be submitted to the Department by either email or mail to avoid complications that can occur when using fax transmittal.

To facilitate the review process, the appropriate sections of the Trust Transmittal Form must be filled out.

1. Contact information and identification of the Applicant/Client is always required.
2. If the matter concerns an income trust, make sure Section #1 of the Trust Transmittal Form entitled "Income Trusts" has been filled out. If the situation deals with a trust other than an income trust, be sure to list the type of trust being submitted in Section #2 of the form entitled "Other Trusts."
3. The "Additional Information" section should be filled out to provide the Department with any supplemental information relevant to why the documents are being submitted, i.e., any concern the county may have with the materials that would provide insight into why review is requested, etc.

Please be aware that if the Trust Transmittal Form is incomplete when submitted or is missing, it will be necessary for the Department to reject the trust and the trust documents will have to be re-submitted with a completed form. Additionally, if trust documents are missing or incomplete, particularly in the case of income trusts, the Department will reject the trust and the trust documents will then have to be re-submitted. For income trusts, read Section #1 of the Trust Transmittal Form carefully to ensure that all information and documents have been included.

Effective Date:

Immediately.

Contact:

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Attachment:

Trust Transmittal Form