



OPERATIONAL MEMO

TITLE:	FORM AP-5615, COUNTY SUBMISSION TO FINANCIAL COMPLIANCE UNIT FOR REVIEW
SUPERSEDES NUMBER:	N/A
EFFECTIVE DATE:	JANUARY 1, 2020
DIVISION AND OFFICE:	OFFICE OF COMMUNITY LIVING, OPERATIONS AND ADMINISTRATION DIVISION
PROGRAM AREA:	LONG TERM CARE
KEY WORDS:	AP-5615, COLA, COUNTY, ELIGIBILITY SITE, NURSING FACILITY, INTERMEDIATE CARE FACILITY, NF, ICF, ICF-IID, PATIENT LIABILITY, RESIDENT INCOME, REVIEW, AUDIT, COMPLIANCE, Rule 8.482
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APPROVED BY: DANIEL KRUG	

HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

Purpose and Audience:

The purpose of this Operational Memo is to inform eligibility sites (county departments of human/social services) of operational instructions to satisfy the eligibility sites regulatory requirement to submit a copy of the Form AP-5615 to the Department of Health Care Policy & Financing (Department) per Department rule 10 CCR 2505-10, Section 8.482.34.B. The submission also satisfies the Department's statutory requirement to perform compliance monitoring per Department rule 10 CCR 2505-10, Section 8.076.2.C.

Background:

The Form AP-5615 is the form completed by the eligibility sites for each resident residing in a Nursing Facility (NF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). The form identifies the monthly amount of patient liability the resident must pay to the facility prior to Medicaid paying the facility.

The form is generated whenever there is a change in resident status and/or income according to Department rule 10 CCR, Section 8.100.7.V and Section 8.482. In addition,

each year a cost of living adjustment (COLA) is announced by Social Security. The eligibility sites must update the long-term care residents' patient liability amount accordingly. Department rule 10 CCR 2505-10, Section 8.415 defines the roles of the counties and facilities involving this form.

Currently, this form is provided to the NF or ICF-IID by the eligibility site on either the Form AP-5615 for an individual resident or on a COLA report. Department rule 10 CCR 2505-10, Section 8.100.3.N.8 allows the confidential information on this form to be shared with the Department auditors, NF and ICF-IIDs.

Information:

Throughout the year, when a form or spreadsheet is generated the following should occur:

Form AP-5615:

- Must be complete and readable.
- Include the resident information and the NF or ICF-IID information.
- The patient liability amount must be calculated accurately with the effective date of the new patient liability amount.
- The form must be signed by the eligibility worker.
- Submission format: PDF document.

COLA Report (Generated from CBMS):

- Refer to Agency Letter HCPF 14-016 from November 2014 – Cost of Living Adjustment and/or Personal Needs Allowance Change – 5615 for instructions on obtaining the COGNOS report.
- Must be complete and readable.
- Include the NF or ICF-IID information in the header of the report and the resident's listed in alphabetical order.
- The patient liability amount must be calculated accurately with the effective date of the new patient liability amount.
- Submission format: a COGNOS report document.

Submissions to the Department should be made within regulation defined requirements, within five (5) working days; not to exceed thirty (30) days past the defined requirement.

To ensure the eligibility sites and the Department satisfy the regulation requirements, the Department has established a special email inbox for the submission of the Form AP-5615 and/or the COLA report.

All submissions should be sent to email box: [HCPF LTC FinCompliance@state.co.us](mailto:HCPF_LTC_FinCompliance@state.co.us).

When submitting either the form or the report, use the NF or ICF-IID name followed by 5615 as the subject line of the email. (Example: Facility Name 5615)

Attachment(s):

None

Department Contact:

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