



OPERATIONAL MEMO

Title: Notice of Action Requirements for Case Management Agencies	Topic: Notice of Action
Audience: Case Management Agencies	Sub-Topic: Case Management
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Purpose and Audience:

The purpose of this Operational Memo is to provide clarifying guidance to Case Management Agencies (CMAs) regarding when to issue a Long-Term Care Notice of Action (LTC NOA, formally LTC-803).

Definitions:

Action: Termination, suspension, or reduction of Medicaid, eligibility, or covered services. It also means adverse determinations regarding a Level II Screen finding for the preadmission screening and resident review (PASRR) requirements, or PASRR Level II Screen findings that the individual does not require nursing facility services or that the individual does or does not require specialized services (§8.057.1.1 and 2).

Action Date: The intended date on which a termination, suspension, reduction, transfer or discharge becomes effective. This must be the LTC NOA letter date plus 11 calendar days.

Appeal Deadline: The date on which the Member must appeal the LTC NOA by. This must be the LTC NOA letter date plus 60 calendar days.

Case Status Advisement Letter: A proactive letter provided to a Member requesting they contact their Case Manager within 15 calendar days to complete their Level of Care (LOC) Screen Reassessment or Monitoring Contact.

Communication Modalities: Ways in which a Member may or may not be contacted, for example: phone, text message, email, and mail, depending on contractual and/or regulatory requirements.

Long-Term Care Benefits Status Withdrawal Letter: A letter sent to a Member by a CMA notifying them that they have withdrawn the LTC NOA Benefits Status Letter.

LTC NOA: A written notice hand delivered or sent by first class mail to an individual notifying them of a denial, discontinuation, or action to their application, placement on the waiting list, or benefit status which contains the proposed action, reason(s) for that action, effective date of that action, specific rule(s) supporting the action, information about the individual's right to a fair hearing, and appeal procedures.

LTC NOA Benefits Status Letter: A fillable LTC NOA PDF Case Managers use for adverse actions.

Service Limit Exception Request: A request submitted to the Department of Health Care Policy and Financing (HCPF) when a CMA has determined a member has a need for Home and Community Based Services (HCBS) that are outside the HCBS service limits set in the HCPF Provider Rates and Fee Schedule.

Information:

Over the past year, the Long-Term Services and Supports (LTSS) system has been impacted by several challenges at the same time, including:

- Increased workload due to the end of the Public Health Emergency (PHE),
- The implementation of IT system changes that have resulted in additional workload for Case Managers, and
- Unanticipated complications with the transition of Members to CMAs to achieve conflict-free case management.

The impact of all three occurring at once, which was not intended, caused short-term challenges to Member eligibility, Provider reimbursement, CMA processing, and Member service response time.

HCPF's top priority is ensuring ongoing coverage for LTSS Members while mitigating payment delays for LTSS Providers so Members can access the services needed. To protect member coverage and support CMAs in performing case management activities, HCPF is providing the following written guidance to Case Managers when an LTC NOA or LTC NOA Benefits Status Letter is required to be issued.

Action To Be Taken:

Effective immediately, Case Managers are to follow the guidance as outlined in this memo. Please note, guidance located at §8.057.2.A-E, §8.607.2.L.4, §8.7202.G.3, §8.7202.R, §8.7202.CC.8, §8.7515.Q.5(c), and §8.7528.I.4(g)(i) remain current unless identified below.

Case Managers shall not issue LTC NOAs for the following:

- Initial Functional Eligibility Approval
 - This option has been removed from the LTC Application Status Letter.
- Financial Ineligibility and Periods of Ineligibility (POIs)
 - These LTC NOAs are issued through the Colorado Benefits Management System (CBMS) and are not the responsibility of the CMA.
 - §8.7202.R.1(a)(ii) will be repealed.
 - The Case Manager shall notify the Member and their Provider(s) of financial ineligibility or POI immediately upon discovery.
- HCPF Denial of Service Limit Exception Request
 - Rules will be promulgated to add that the Service Limit Exception Review Process outcome is not an action subject to appeal.
- Voluntary Withdrawal
 - §8.7202.R.4(e) will be repealed.
- State General Fund Programs

- An LTC NOA as outlined in §8.057.2.A-E and §8.7202.R do not apply to State General Fund programs¹.

Case Managers shall issue an LTC NOA Benefits Status Letter for the following:

- Discontinue Members from their current LTSS program when a Member moves out of state².
 - The action date shall be the latter of the Member's move date or 10 calendar days from the mail date.
- Total or partial denial of services due to Utilization Review/Utilization Management (UR/UM) and CDASS over expenditure.
 - Case Managers shall use the most appropriate regulation citation specific to the reason of the denial.
- Members enrolled in HCBS, their Guardian, or Legally Authorized Representative, if applicable, have the responsibility of participating in the LOC Screen as outlined in §8.7001.C.4(a)(iv). Case Managers shall issue Members an LTC NOA Benefit Status Letter discontinuing HCBS for failure to complete the required LOC Screen Reassessment as outlined in §8.7202.R.1(c)(i)(2) and after the following has occurred:
 - Case Managers shall have made and documented in the Care and Case Management (CCM) system at least two (2) attempts on different days, at different times, and using different communication modalities, if available, to schedule the LOC Screen Reassessment with the Member and Provider, if appropriate, *or*

¹ CMAs are required to have a complaint process and procedure as outlined in §8.7201.D. Members enrolled in State General Fund Programs may file a complaint with their CMA following the CMA's complaint process which allows an opportunity to find a mutually acceptable solution and can include the use of mediation if both parties voluntarily agree.

² Members who are temporarily receiving therapy or treatment in state or out of state placements that are funded through Health First Colorado shall not be terminated by the CMA and a LTC NOA is not required.

- Scheduled and documented in the CCM system a LOC Screen Reassessment that the Member failed to keep twice within 30 calendar days, *and*
 - Mailed a [Case Status Advisement Letter](#) that was not responded to within 15 calendar days of the mailed date, *or*
 - If the Member fails to schedule and complete the LOC Screen Reassessment at least 10 business days prior to the current certification end date.
- Members enrolled in HCBS, their Guardian, or Legally Authorized Representative, if applicable, have the responsibility of participating in Monitoring Contacts as outlined in §8.7001.C.4(a)(iv). Case Managers shall issue Members an LTC NOA Benefits Status Letter discontinuing HCBS for failure to complete required Monitoring Contacts as outlined in §8.7202.R.1(c)(i)(2) and after the following has occurred:
 - The Case Manager shall have made and documented in the CCM system at least two (2) attempts on different days, at different times, and different communication modalities, if available, to schedule a quarterly Monitoring Contact with the Member and Provider, if appropriate, *or*
 - Scheduled and documented in the CCM system a Monitoring Contact that the Member failed to keep twice within the quarter, *and*
 - Mailed a [Case Status Advisement Letter](#) that was not responded to within 15 calendar days of the mailed date, *or*
 - If the Member refuses or fails to be seen in person throughout their certification date span, 30 calendar days prior to the current certification end date.

General LTC NOA Guidance

- Each LTC NOA mailed to Members, their Guardian, or Legally Authorized Representative, if applicable, includes appeals processes as outlined in §8.057. Members, their Guardian, or Legally Authorized Representative, if applicable, may request an appeal to be dismissed at any time. Should the Member fail to appeal, Case Managers shall terminate the Member the first business day

following the Appeal Deadline to ensure the Member has been allowed the full time to exercise their appeal rights.

- All appeal hearing notices come to HCPF from the Office of Administrative Courts. If a member requests to have continued benefits through the appeal period, HCPF staff determine if the member can receive continued benefits as outlined in §8.057. This HCPF decision is communicated to the CMA if further action is needed by the CMA to complete any prior authorization record (PAR) for continued benefits through the appeal period.
- If the action described in an LTC NOA is resolved prior to an appeal hearing, regardless of if the Member has appealed, the CMA shall mail a [Long-Term Care Benefits Status Withdrawal Letter](#) to the Member, their Guardian, or Legally Authorized Representative, if applicable, to notify them of the reason why the LTC NOA has been withdrawn by the CMA.
 - For example, in the event a Member receives an LTC NOA because they do not complete their Member responsibilities for an in-person Monitoring Contact, but schedules and completes an in-person Monitoring Contact prior to the appeal deadline, the CMA shall send the Long-Term Care Benefits Status Withdrawal Letter to notify the Member, their Guardian, or Legally Authorized Representative, if applicable, that they have withdrawn the LTC NOA due to the in-person Monitoring Contact being completed.
- Case Managers shall upload a copy of any LTC NOA, Advisement Letter, or Long-Term Care Benefits Status Withdrawal Letter into the Member's record in the CCM system within 10 business days of the activity.

Attachment(s):

None

Links:

[Case Status Advisement Letter](#)

[Long-Term Care Benefits Status Withdrawal Letter](#)

[LTC NOA Templates](#)

HCPF Contact:

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