COLORADO
Department of Health Care Policy & Financing

303 E. 17th Ave. Suite 1100
Denver, CO 80203

NOTICE OF INCOME TRUST CLOSURE

Colorado Department of Health Care Policy and Financing
Attn: Trust Policy & Recoveries Section
303 E. 17th Ave. Suite 1100
Denver, CO 80203
Email: medicaid.trusts@state.co.us
Fax: (303) 866-3552

RE: Income Trust Closure

Member's Name: _____
Case Number: _____
State ID: _____
Trustee Name: _____
Trustee Address: _____
_____
Trustee Email: _____

Reason for Closure:

- ☐ Death
- ☐ Moved out of state
- ☐ Discontinued Medicaid
- ☐ Other:_____

Date of Closure Reason: _____

Pursuant to Colorado law, the trust shall be closed upon the earlier of the death of the member or when the trust is no longer necessary for Medicaid eligibility in Colorado (e.g. loss of eligibility for Long-Term Care services or change in gross income). Further, pursuant to 10 C.C.R. 2505-10, Section 8.100.7.E.6.a.i.l, the Department shall receive a trust accounting and all amounts remaining in the trust up to the total amount of medical assistance paid on behalf of the member within three (3) months following the member's date of death or any other termination event.

If closure of the member's trust is being requested by the county, please enclose copies of the member's 5615 forms, if any, trust ledgers not previously provided, any trust accountings or bank statements received and a copy of the trust agreement. Please also notify the trustee of record that a request for closure has been sent to the Department and that the trustee is required to remit the trust balance, up to the total amount of medical assistance paid on behalf of the member, to the Colorado Department of Health Care Policy and Financing.

Submitted by:_____
Telephone #: _____
Email: _____