

ADULT FINANCIAL HCA COUNTY CMA FLOW CHART

Home Care Allowance

Home Care Allowance (HCA) is a special cash payment made to a client, five (5) years of age or older for the purpose of securing in-home, personal care services. HCA is designed to serve clients with the lowest functional abilities and the greatest need for aid care. HCA cannot be received if functionally eligible for or receiving Home and Community Based Services.

The County Department and the Single-Entry Point (SEP) work together to meet the needs of the vulnerable HCA population.

START HERE

County Department
(determines financial eligibility)

Case Management Agency (CMA)
(determines functional eligibility)

County receives request for HCA and sends referral to CMA by clicking the **Send HCA Referral** button on the Home Care Allowance Screen in CBMS, choosing their local CMA agency, and clicking **Send**.

- If client is **receiving SSI**, they are financially eligible.
- If client is currently **receiving OAP/HCA** since December 31, 2013, they are financially eligible.
- If client is **approved for AND-SO**, they are financially eligible.
- If the client is **applying for AND-SO**, the county has **45 days** to process.

CMA receives referral from the county via the **HCA Caseload Management** page in CBMS.

- CMA has **10 working days** to complete the assessment.
- CMA has **5 working days** to complete assessment for a client going from a nursing facility to HCA.
- CMA has **2 working days** to complete assessment for a client going from a hospital to HCA.
- CMA has **30 working days** to complete assessment when referral comes from other sources.

CMA contacts client to complete the initial assessment.

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County Department
(determines financial eligibility)

County receives the results of the HCA referral directly into the Home Care Allowance Page in CBMS.

- If approved, a new record will appear in the page showing eligibility details determined by the CMA.
- If denied, the Referral Status field on the HCA Referral status related list will change to Denied.



A new Home Care Allowance record will automatically appear for the client if the CMA found that the client is still functionally **eligible** for HCA. If the CMA **denies** the client at the time of reassessment, no new record will populate and Adult Financial **will fail** for the month after the assessment expires.

- County communicates eligibility decision with CMA within **5 working days** of determination.

Case Management Agency (CMA)
(determines functional eligibility)

CMA completes the HCA Functional Assessment window in CBMS (either indicating the client is functionally **eligible** for HCA, or that they are **denied**) which is then sent to the county instantly through CBMS.

CMAs can identify that a client's Adult Financial is pending, active, denied, or discontinued by looking at the **AF Program Status** field on the HCA Functional Assessment page for the client. The county may also communicate the eligibility decision via email or another agreed upon method.

- If approved, complete care plan within **10 working days** from HCA approval.

CMA coordinates services based on care plan.

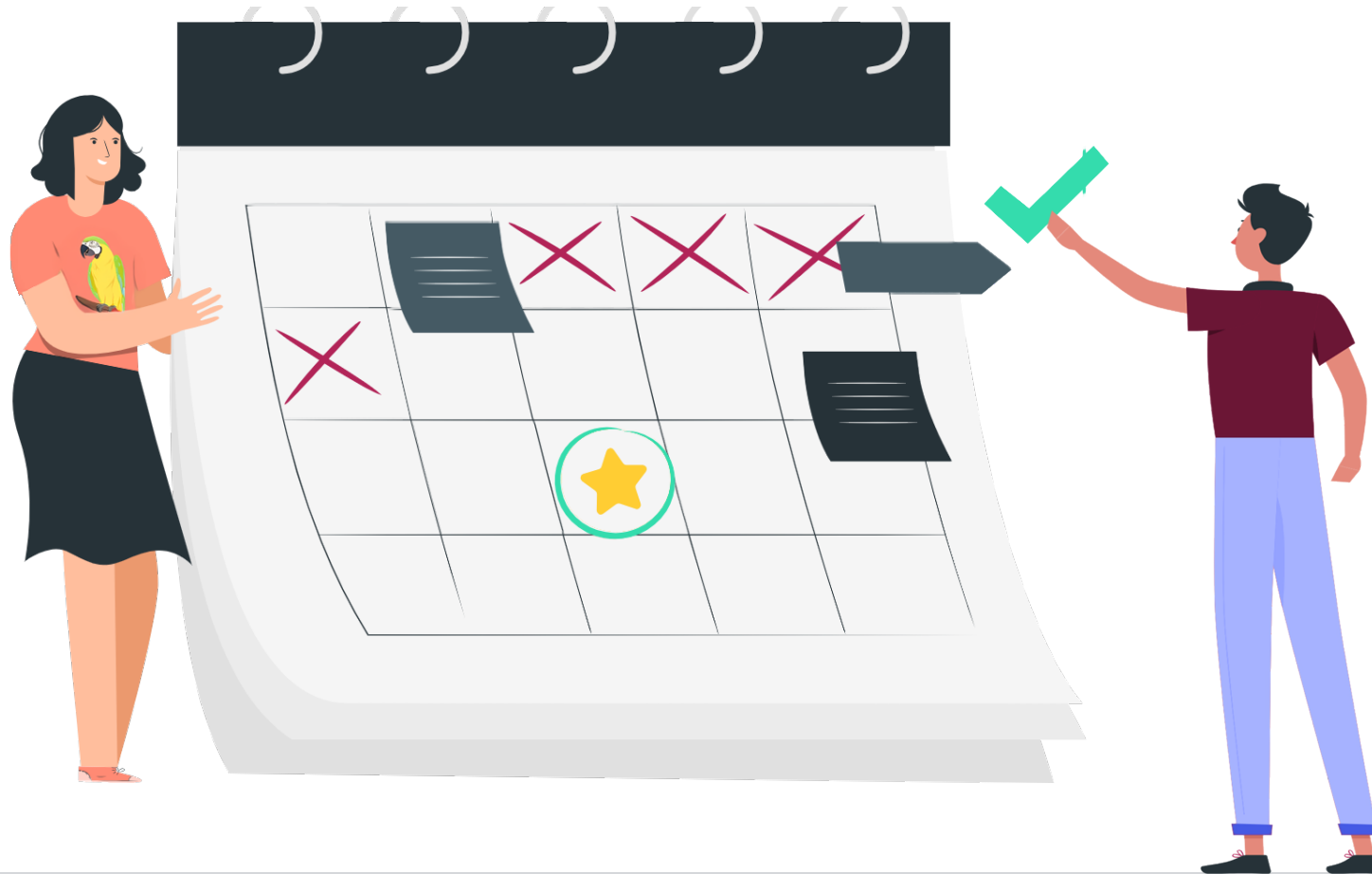
CMA completes a review **6 months** from assessment and logs the date and notes from their check-in on the HCA Functional Assessment Page.

CMA completes the HCA Functional Assessment window in CBMS (either indicating the client is functionally **eligible** for HCA, or that they are **denied**) which is then sent to the county instantly through CBMS.



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Counties and Case Management Agencies must notify each other within **5 working days** if client is no longer financially or functionally eligible for HCA. Counties and Case Management Agencies must respond to a request for information from the other within **10 working days**.



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