

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 paid 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.



County Department (determines financial eligibility)

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

Single Entry Point (SEP) Agency (determines functional eligibility)

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

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

SEP contacts client to complete the initial assessment.



County Department (continued)

Single Entry Point (SEP) Agency (continued)

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 SEP.
- If denied, the Referral Status field on the HCA Referral status related list will change to Denied.

SEP 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.

SEPs 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.

SEP coordinates services based on care plan.

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



County Department (continued)

A new Home Care Allowance record will automatically appear for the client if the SEP found that the client is still functionally eligible for HCA. If the SEP 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 SEP within 5 working days of determination.

Single Entry Point (SEP) Agency (continued)

SEP completes a reassessment at least every 12 months from the initial assessment. When the reassessment is completed, the SEP creates and saves a new HCA Functional Assessment for the client.



Counties and SEP Agencies must notify each other within 5 working days if client is no longer financially or functionally eligible for HCA.

Counties and SEP Agencies must respond to a request for information from the other within 10 working days.

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