

6873 CBMS HCA Case Management Flowcharts

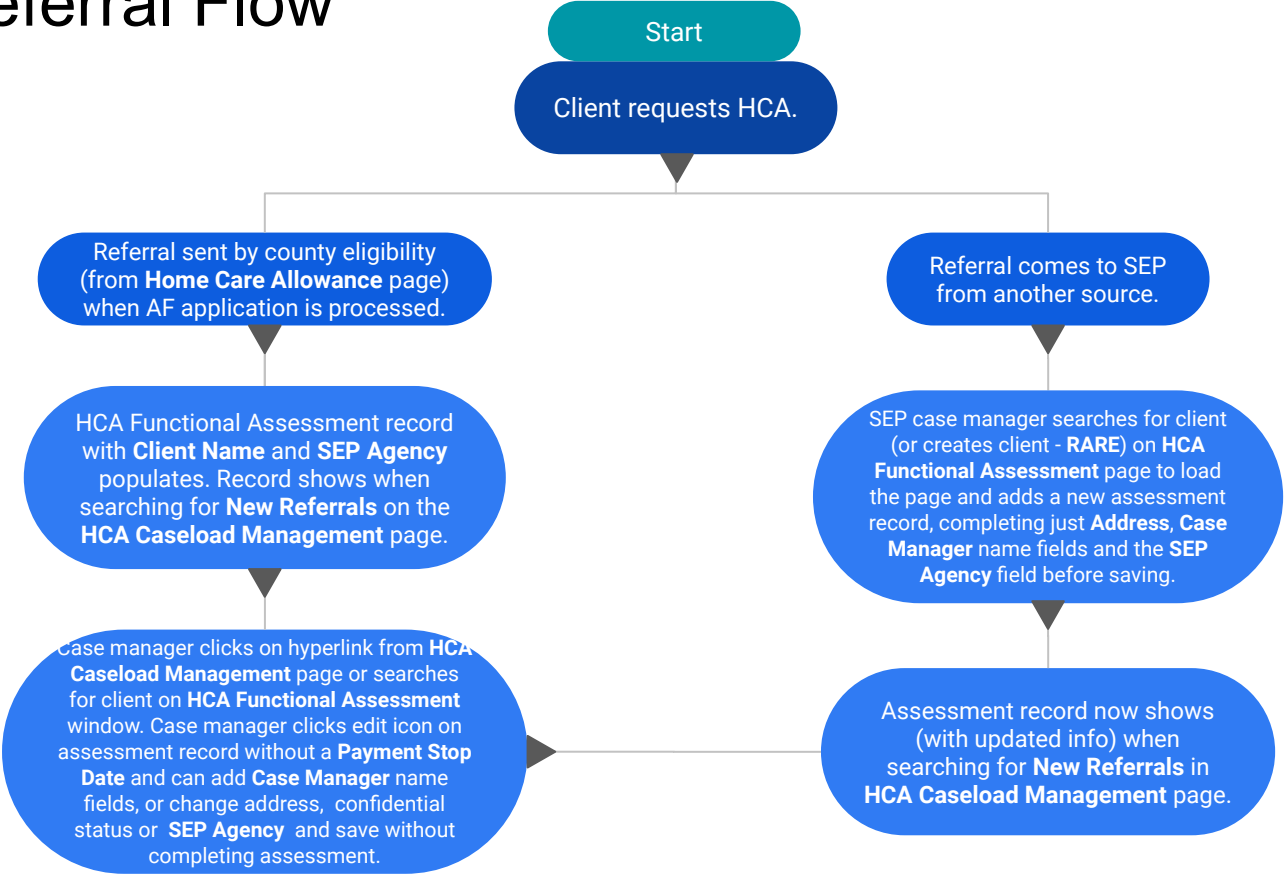


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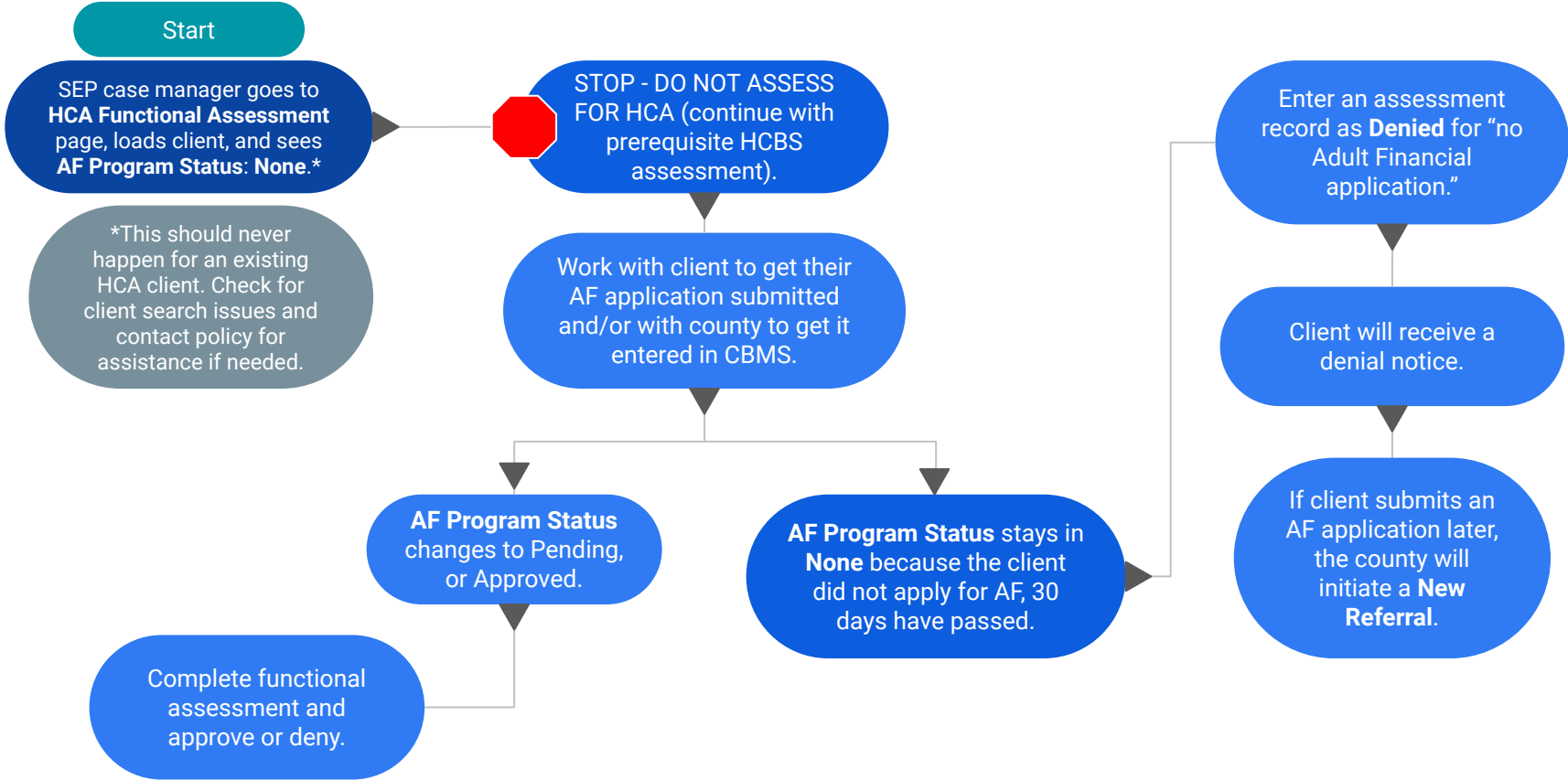
Office of Economic Security

Division of Economic & Workforce Support

New Referral Flow



AF Program Status = None flow



Start

SEP case manager goes to **HCA Functional Assessment** page, loads client, and sees **AF Program Status: None.***

*This should never happen for an existing HCA client. Check for client search issues and contact policy for assistance if needed.

STOP - DO NOT ASSESS FOR HCA (continue with prerequisite HCBS assessment).

Work with client to get their AF application submitted and/or with county to get it entered in CBMS.

AF Program Status changes to Pending, or Approved.

Complete functional assessment and approve or deny.

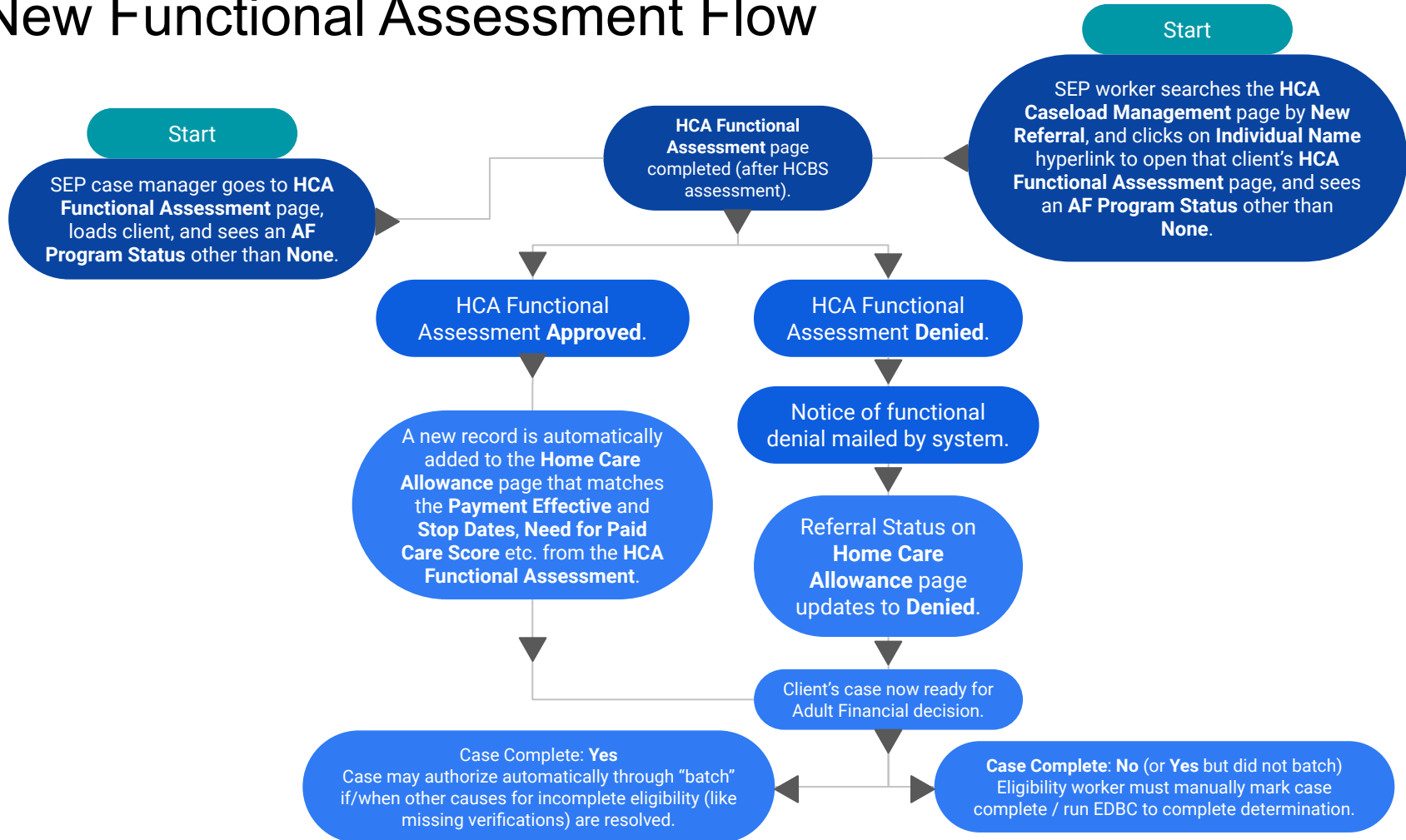
AF Program Status stays in **None** because the client did not apply for AF, 30 days have passed.

Enter an assessment record as **Denied** for "no Adult Financial application."

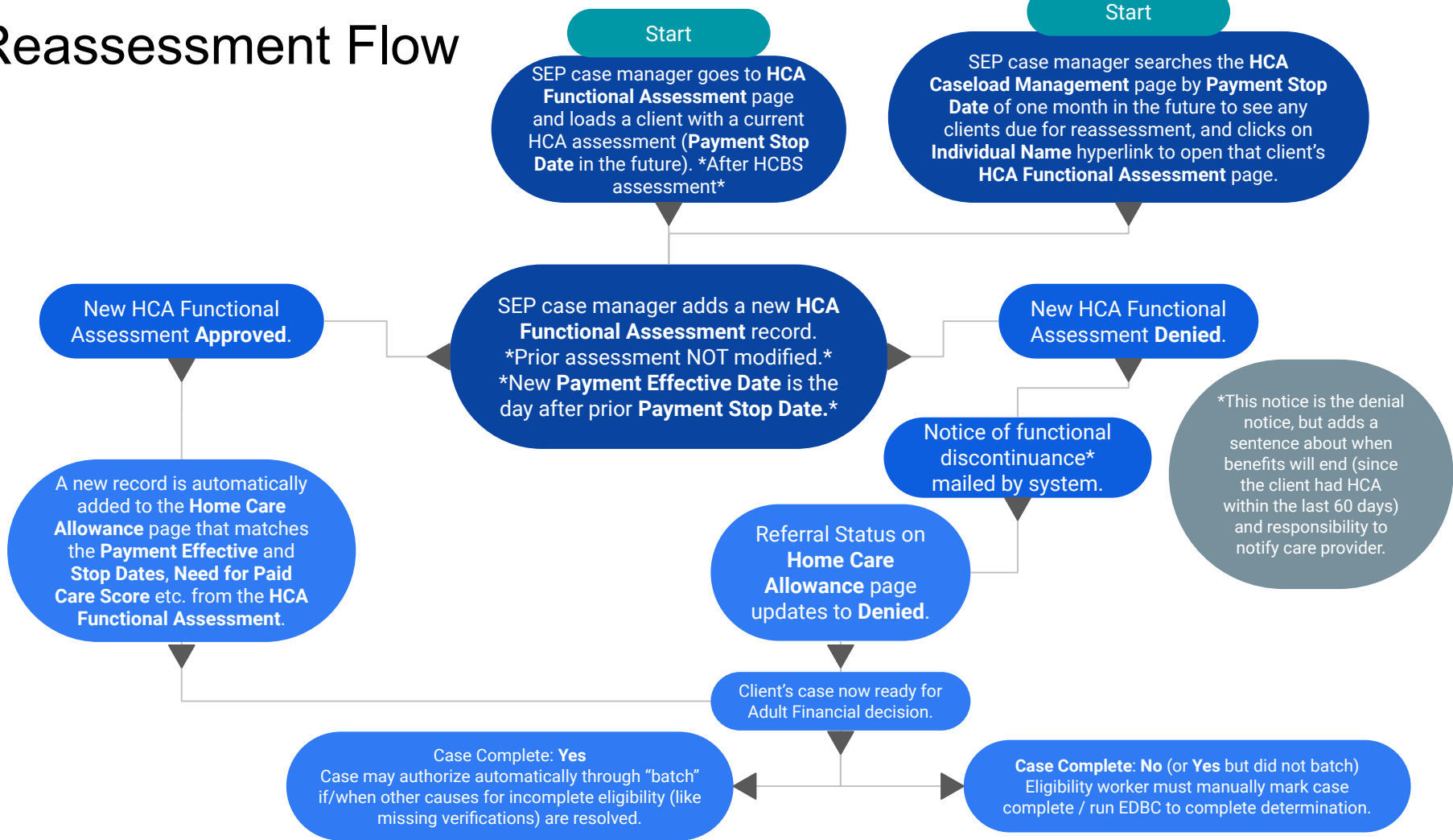
Client will receive a denial notice.

If client submits an AF application later, the county will initiate a **New Referral**.

New Functional Assessment Flow



Reassessment Flow



Start

SEP case manager goes to **HCA Functional Assessment** page and loads a client with a current HCA assessment (**Payment Stop Date** in the future). *After HCBS assessment*

Start

SEP case manager searches the **HCA Caseload Management** page by **Payment Stop Date** of one month in the future to see any clients due for reassessment, and clicks on **Individual Name** hyperlink to open that client's **HCA Functional Assessment** page.

New HCA Functional Assessment **Approved**.

SEP case manager adds a new **HCA Functional Assessment** record. *Prior assessment NOT modified.* *New **Payment Effective Date** is the day after prior **Payment Stop Date**.*

New HCA Functional Assessment **Denied**.

A new record is automatically added to the **Home Care Allowance** page that matches the **Payment Effective** and **Stop Dates, Need for Paid Care Score** etc. from the **HCA Functional Assessment**.

Notice of functional discontinuance* mailed by system.

*This notice is the denial notice, but adds a sentence about when benefits will end (since the client had HCA within the last 60 days) and responsibility to notify care provider.

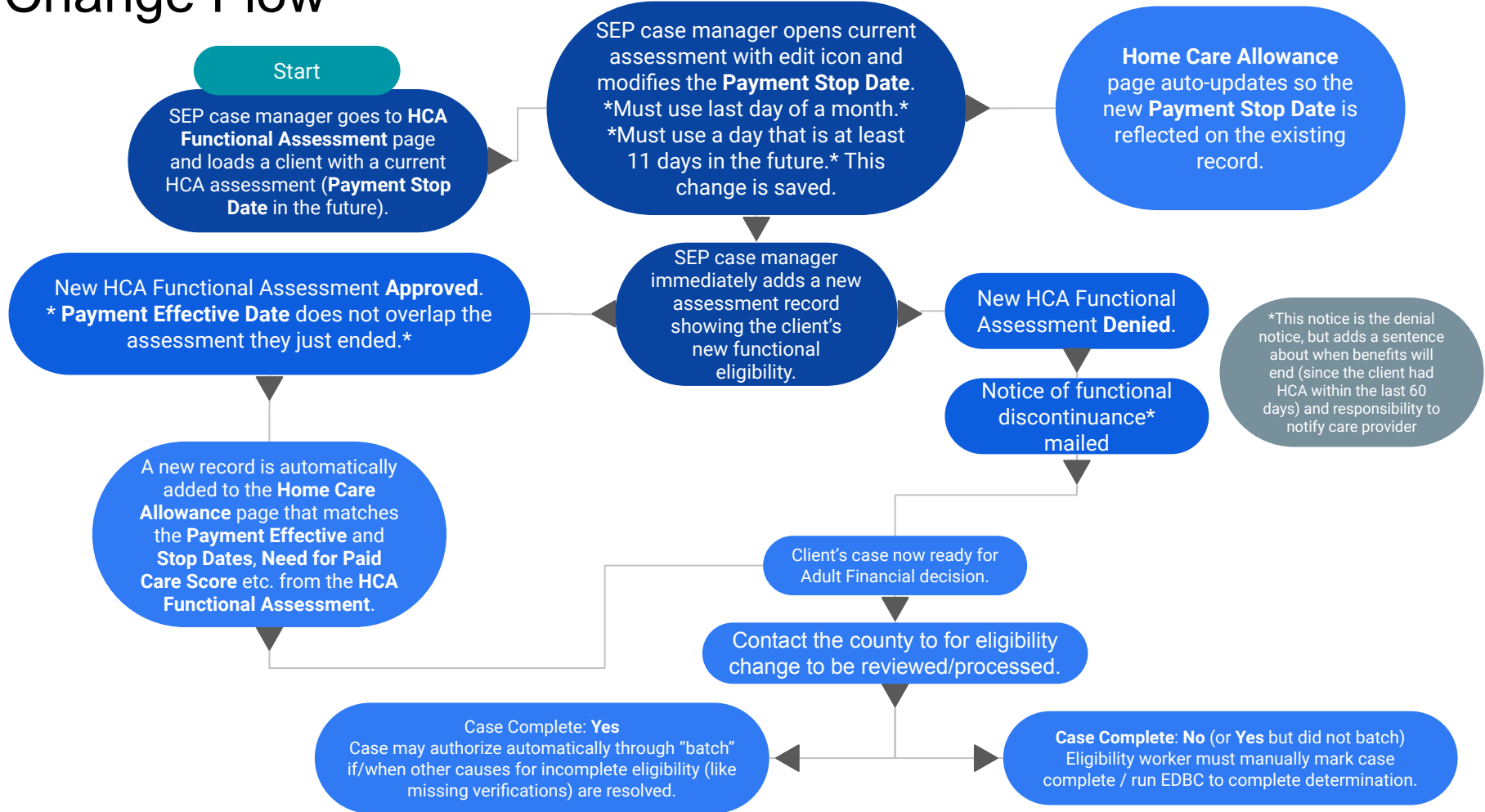
Referral Status on **Home Care Allowance** page updates to **Denied**.

Client's case now ready for Adult Financial decision.

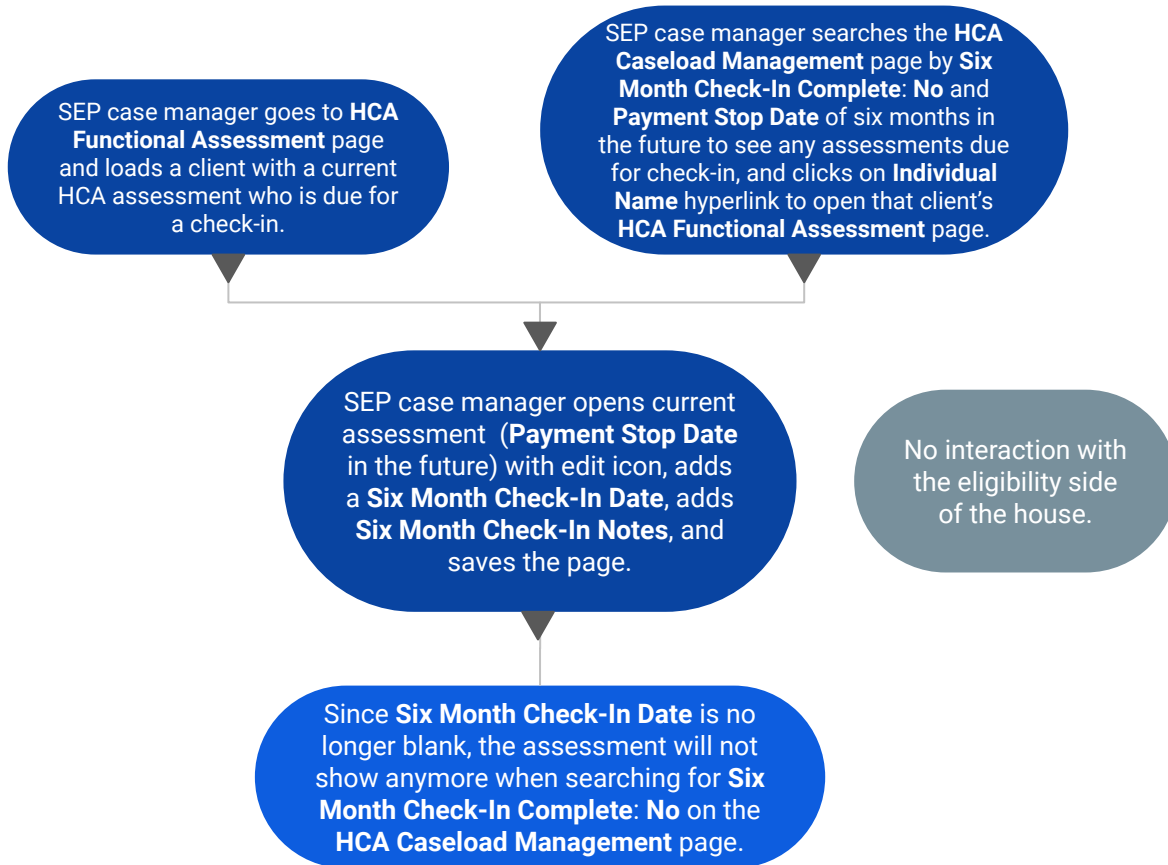
Case Complete: Yes
Case may authorize automatically through "batch" if/when other causes for incomplete eligibility (like missing verifications) are resolved.

Case Complete: No (or Yes but did not batch)
Eligibility worker must manually mark case complete / run EDBC to complete determination.

Change Flow



Six Month Check-In Flow



Correction Flow

STOP! If you accidentally approved an assessment when you should have denied it, you cannot just correct it. The approved results were already sent to eligibility and there's no way to undo that. **Contact the county for help, so they can invalidate or delete the incorrect record.**

SEP goes to HCA Functional Assessment page and loads a client with a current HCA assessment (Payment Stop Date in the future)

SEP worker opens current assessment with edit icon, modifies the incorrect data and saves.

Home Care Allowance Page auto-updates so any changed data is reflected on the existing record.

