

HOME AND COMMUNITY BASED SERVICES (HCBS) MEDICAID WAIVERS

Medicaid is a health care program for low income Coloradans. Applicants must meet eligibility criteria for one of the Medicaid Program categories in order to qualify for benefits. Major program categories include Aid to Families with Dependent Children/Medicaid Only, Colorado Works/TANF (Temporary Assistance for Needy Families), Baby Care/Kids Care, Aid to the Needy Disabled, Aid to the Blind, and Old Age Pension. To apply for Medicaid, contact your local County Department of Social/Human Services.

Waiver programs provide additional Medicaid benefits to specific populations who meet special eligibility criteria. This chart summarizes those benefits and criteria, and tells you how to apply for Medicaid under a waiver. For some people, a waiver is the only way to qualify for Medicaid.

Clients must meet financial, medical, and program criteria to access services under a waiver. The applicant's income must be less than \$2,022.00 (300%, or three times, the Supplemental Security Income allowance) per month and countable resources less than \$2,000 for a single person or \$3,000 for a couple. The applicant must also be at risk of placement in a nursing facility, hospital, or ICF/MR (intermediate care facility for the mentally retarded). To utilize waiver benefits, clients must be willing to receive services in their homes or communities. A client who receives services through a waiver is also eligible for all basic Medicaid covered services except nursing facility and long-term hospital care. When a client chooses to receive services under a waiver, the services must be provided by certified Medicaid providers or by a Medicaid contracting managed care organization. The cost of waiver services cannot be more than the cost of placement in a nursing facility, hospital, or ICF/MR.

Each waiver has an enrollment limit. There may be a waiting list for any particular waiver. Applicants may apply for more than one waiver, but may only receive services through one waiver at a time. Anyone who is denied Medicaid eligibility for any reason has a right to appeal. Talk to your County Department of Social/Human Services if you wish to exercise your right to appeal.

This chart was produced by the Community Based Long Term Care Section, Colorado Department of Health Care Policy and Financing.

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NAME OF WAIVER	CHILDREN'S HCBS WAIVER (CHILDREN'S HCBS)	HCBS – CHILDREN WITH AUTISM WAIVER (HCBS-CWA)*	CHILDREN'S EXTENSIVE SUPPORT WAIVER (HCBS-CES)	CHILDREN'S HABILITATION RESIDENTIAL PROGRAM WAIVER (HCBS-CHRP)	HCBS WAIVER for PERSONS with BRAIN INJURY (HCBS-BI)	HCBS WAIVER for PERSONS with MENTAL ILLNESS (HCBS-MI)	HCBS WAIVER for PERSONS LIVING WITH AIDS (HCBS-PLWA)	HCBS WAIVER for PERSONS who are ELDERLY, BLIND, AND DISABLED (HCBS-EBD)	PEDIATRIC HOSPICE WAIVER (HCBS-PHW)	SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)	WAIVER for PERSONS DEVELOPMENTALLY DISABLED (HCBS-DD)
What is the primary purpose of this waiver?	To provide Medicaid benefits in the home or community for disabled children who would otherwise be ineligible for Medicaid due to excess parental income and/or resources. Children must be at risk of nursing facility or hospital placement.	To provide Medicaid benefits in the home or community for children with a medical diagnosis of Autism who are most in need due to the severity of their disability. Children must meet additional targeted criteria.	To provide Medicaid benefits in the home or community for children with developmental disabilities or delays, that are most in need due to the severity of their disability. Children must meet additional targeted criteria.	To provide residential services for children and youth in foster care who have a developmental disability and extraordinary needs. Children must be at risk for institutionalization	To provide a home or community based alternative to hospital or specialized nursing facility care for persons with brain injury.	To provide a home or community based alternative to nursing facility care for persons with major mental illness.	To provide a home or community based alternative to hospital or nursing facility care for persons living with HIV/AIDS.	To provide a home or community based alternative to nursing facility care for elderly, blind, and disabled persons.	To provide Medicaid benefits in the home for children who would otherwise be ineligible for curative treatments while receiving palliative care.	To provide to persons with developmental disabilities supported living in the home or community.	To provide to persons with developmental disabilities services and supports out of the family home which allow them to continue to live in the community.

What ages are served?	Birth through age 17	Birth through age 5	Birth through age 17	Birth to 21 years of age	Age 16 through 64	Age 18 and older	All ages	Age 18 and older	Birth through age 18	Age 18 and older	Age 18 and older
Who is served?	Disabled children in the home at risk of nursing facility or hospital placement.	Children medically diagnosed with Autism with intensive behavioral needs who are at risk of institutionalization.	Children with intensive behavioral or medical needs who are at risk of institutionalization. Children, birth through age 4, must have a developmental delay. Children, 5 through 17, must have a developmental disability.	Children from birth to 21 years of age who are placed through a County Department of Social Services, have a developmental disability and extraordinary service needs, and for whom services cannot be provided at the county negotiated rate.	Persons with brain injury as defined in the Colorado Code of Regulations with specific diagnostic codes.	Persons with a diagnosis of major mental illness.	Persons with a diagnosis of HIV/AIDS.	Elderly persons with a functional impairment (aged 65+) or blind or physically disabled persons (aged 18-64).	Children critically ill who can be safely cared for in the home and at risk of being placed in either a hospital or a nursing facility.	Persons who can either live independently with limited supports or who, if they need extensive supports, are already receiving that high level of support from other sources, such as family.	Persons who require extensive supports to live safely, including access to 24-hour supervision, and who do not have other resources for meeting those needs.
What is the active enrollment cap on the program?	1,308 children	75 children	375 children	299 children	400 persons	2,883 persons	110 persons	19,981 persons	200 persons	3,012 persons	4,007 persons
Where to apply?	County Department of Social or Human Services, Options For Long Term Care - also known as Single Entry Point Agencies (SEP), or Community Centered Boards	Community Centered Boards	Community Centered Boards	County Department of Social or Human Services for children and youth in out-of-home placement	Single Entry Point (SEP) Agencies	Single Entry Point (SEP) Agencies	Single Entry Point (SEP) Agencies	Single Entry Point (SEP) Agencies	Single Entry Point (SEP) Agencies	Community Centered Boards	Community Centered Boards
Is there a waiting list?	Yes	Yes	Yes	Yes	Yes, for nursing facility level of care in the Supported Living Program	No	No	No	NO	YES	YES
What are the medical criteria?	Nursing facility or hospital level of care.	<ul style="list-style-type: none"> Diagnosed with Autism Under 6 years of age 	Intermediate care facility for the mentally retarded level of care.	Children/youth must be determined to be at risk of institutionalization in an intermediate care facility for the mentally retarded level of care by his/her physician	Hospital or nursing facility level of care.	Nursing facility level of care.	Nursing facility or hospital level of care.	Nursing facility level of care.	HOSPITAL LEVEL OF CARE WITH A LIFE LIMITING ILLNESS WHERE DEATH IS HIGHLY PROBABLE BEFORE ADULTHOOD.	INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED LEVEL OF CARE.	INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED LEVEL OF CARE.

Who determines the eligible persons needs?	<ul style="list-style-type: none"> • Case manager • Family • Primary physician 	• Case Manager	<ul style="list-style-type: none"> • Client • Case manager • Family or legal guardian 	• County Department of Social or /Human Services	<ul style="list-style-type: none"> • Client • Case manager • Family or legal guardian • Inpatient interdisciplinary team 	<ul style="list-style-type: none"> • Client • Case manager • Family or legal guardian 	<ul style="list-style-type: none"> • Client • Case manager • Family or legal guardian 	<ul style="list-style-type: none"> • Client • Case manager • Family or legal guardian 	• Family or legal guardian	<ul style="list-style-type: none"> • Client • Case manager • Family or legal guardian 	<ul style="list-style-type: none"> • Client • Case manager • Family or legal guardian
What waiver services are available?	<ul style="list-style-type: none"> • Case management • In home support services (IHSS) 	<ul style="list-style-type: none"> • Case Management • Behavioral therapies 	<ul style="list-style-type: none"> • Specialized Medical Equipment & Supplies • Community Connection Services • Home modifications • Personal assistance • Professional services (incl. behavioral) 	<p>The waiver is designed to assist children/youth to acquire, retain, and/or improve self-help, socialization, and adaptive skills necessary to live in the community with a plan to include the following services:</p> <ul style="list-style-type: none"> • Cognitive services • Communication services • Community Connection Services • Counseling and therapeutic services • Emergency assistance training • Independent living training • Personal care services • Self-advocacy training • Supervision services • Travel services 	<ul style="list-style-type: none"> • Adult day services • Specialized Medical Equipment & Supplies • Behavioral management • Day treatment • Home modifications • Mental health counseling • Non-medical transportation • Personal care • Respite care • Substance Abuse Counseling • Supported Living Program • Transitional Living • Personalized Emergency Response System 	<ul style="list-style-type: none"> • Adult day services • Alternative care facilities • Personal Emergency Response System • Homemaker services • Home modifications • Homemaker services • Non-medical transportation • Personal care • Respite care 	<ul style="list-style-type: none"> • Adult day services • Personal Emergency Response System • Homemaker services • Non-medical transportation • Personal care • Private duty nursing 	<ul style="list-style-type: none"> • Adult day services • Alternative care facilities • Community transition services • Personal Emergency Response System • Home modifications • Homemaker services • In home support services (IHSS) • Non-medical transportation • Personal care • Respite care 	<ul style="list-style-type: none"> • Counseling Services • Expressive Therapy • Palliative/Supportive Care • Respite care 	<ul style="list-style-type: none"> • Specialized Medical Equipment & Supplies • Counseling and therapeutic services • Dental services • Day habilitation services (specialized, community access) • Hearing services • Home modifications • Personal assistant services • Supported living consultation • Transportation • Vision services • Employment (pre-vocational and supported employment) 	<ul style="list-style-type: none"> • Day habilitation (specialized day, community access) • Residential habilitation (24 hour individual or group) • Transportation • Specialized medical equipment and supplies • Supported employment • Skilled nursing • Behavioral services • Dental • Vision
Who selects the service providers?	• Family	• Family	• Family	• County Department of Social Services	• Client	• Client	• Client	• Client	• Family • Client	• Client	• Family • Client
What type of plan is used?	Individualized care plan	Individualized care plan	Individualized care plan	Individualized care plan	Long-term care plan	Long-term care plan	Long-term care plan	Long-term care plan	Individualized care plan	Individualized care plan	Individualized care plan
Who provides case management?	<ul style="list-style-type: none"> • Approved Case Management Agencies • Approved Community Centered Boards 	• Community Centered Boards	• Community Centered Boards	• County Department of Social Services	• Single Entry Point (SEP) Agencies	• Single Entry Point (SEP) Agencies	• Single Entry Point (SEP) Agencies	• Single Entry Point (SEP) Agencies	• SINGLE ENTRY POINT (SEP) AGENCIES	• COMMUNITY CENTERED BOARDS	• Community Centered Boards

What state/federal organizations administer this program?	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Human Services, Developmental Disabilities Services; Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Human Services, Division of Child Welfare Services; Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Human Services, Developmental Disabilities Services; Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Human Services, Developmental Disabilities Services; Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services
What laws and regulations govern the program?	C.R.S. 25.5-6-901, as amended; 42 C.F.R. 441.300 – 310; Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.506	C.R.S. 25.5-6-801– 805, as amended Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.519	C.R.S. 27-10.5-401, as amended; C.R.S. 25.5-6-401-411, as amended; 42 C.F.R. 441.300-310 Department of Human Services, Developmental Disabilities Services, 2 CCR 503-1; Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.503	C.R.S. 25.5-5-306(1) (1995 Supp); C.R.S. 27-10.5-102(11) (1995 Supp) Department of Human Services, Child Welfare Services, 10.C.C.R. 2505-10, Section 8.508	C.R.S. 25.5-6.701-706, as amended; 42 C.F.R. 441.300 - 310 Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.515	C.R.S. 25.5-6-601-607, as amended; 42 C.F.R. 441.300 – 310 Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.509	C.R.S. 25.5-6-501-508, as amended; 42 C.F.R. 441.300 – 310 Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.496	C.R.S. 25.5-6-301-313, as amended; 42 C.F.R. 441.300 – 310 Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.485	C.R.S. 25.5-5-305 as amended; Department of Health Care Policy and Financing, 10.C.C.R. 2505, Section 8.504	C.R.S. 27-10.5-101 – 103, as amended; C.R.S. 25.5-6-401-411, as amended; 42 C.F.R. 441.300 – 310 Department of Human Services, Developmental Disabilities Services, 2 CCR 503-1; Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.500	C.R.S., 27-10.5-101 – 103, as amended; C.R.S. 25.5-6-401-411, as amended; 42 C.F.R. 441.300 – 310 Department of Human Services, Developmental Disabilities Services, 2 CCR 503-1; Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.500
State contact person?	Lois Jacobs HCPF 303-866-4770	Michelle Cason HCPF 303-866-3895	Sheila Peil DDD 303-866-7467	Connie Fixsen DHS 303-866-4393	Brittany Kipp HCPF 303-866-4654	Laurie Jensen HCPF 303-866-5942	Laurie Jensen HCPF 303-866-5942	Laurie Jensen HCPF 303-866-5942	Liz Svedek HCPF 303-866-3674	Jo Kammerzell DHS 303-866-7462	Jo Kammerzell DHS 303-866-7462