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. Effective: May 2009

<table>
<thead>
<tr>
<th>NAME OF WAIVER</th>
<th>CHILDREN'S HCBS WAIVER (CHILDREN'S HCBS)</th>
<th>HCBS - CHILDREN WITH AUTISM WAIVER (HCBS-CWA)*</th>
<th>CHILDREN'S EXTENSIVE SUPPORT WAIVER (HCBS-CES)</th>
<th>CHILDREN'S HABILITATION RESIDENTIAL PROGRAM WAIVER (HCBS-CHRSP)</th>
<th>HCBS WAIVER for PERSONS with BRAIN INJURY (HCBS-BI)</th>
<th>HCBS WAIVER for PERSONS with MENTAL ILLNESS (HCBS-MI)</th>
<th>HCBS WAIVER for PERSONS LIVING with AIDS (HCBS-PLWA)</th>
<th>HCBS WAIVER for PERSONS who are ELDERLY, BLIND, and DISABLED (HCBS-EDB)</th>
<th>PEDIATRIC HOSPICE WAIVER (HCBS-PHW)</th>
<th>SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)</th>
<th>WAIVER for PERSONS DEVELOPMENTAL DISABLED (HCBS-DD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the primary purpose of this waiver?</td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
<td>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</td>
<td>To provide a home or community based alternative to nursing facility care for persons with brain injury.</td>
<td>To provide a home or community based alternative to hospital or specialized nursing facility care for persons with major mental illness.</td>
<td>To provide a home or community based alternative to nursing facility care for persons with HIV/AIDS.</td>
<td>To provide Medicaid benefits in the home for children who would otherwise be ineligible for curative treatments while receiving palliative care.</td>
<td>To provide to persons with developmental disabilities supported living in the home or community.</td>
<td>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.</td>
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<tr>
<td>What ages are served?</td>
<td>Birth through age 17</td>
<td>Birth through age 5</td>
<td>Birth through age 17</td>
<td>Birth to 21 years of age</td>
<td>Age 16 through 64</td>
<td>Age 18 and older</td>
<td>All ages</td>
<td>Age 18 and older</td>
<td>Birth through age 18</td>
<td>Age 18 and older</td>
<td>Age 18 and older</td>
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<tr>
<td>Who is served?</td>
<td>Disabled children in the home at risk of nursing facility or hospital placement.</td>
<td>Children medically diagnosed with Autism with intensive behavioral needs who are at risk of institutionalization.</td>
<td>Children with intensive behavioral or medical needs who are at risk of institutionalization.</td>
<td>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.</td>
<td>Persons with brain injury as defined in the Colorado Code of Regulations with specific diagnostic codes.</td>
<td>Persons with a diagnosis of major mental illness.</td>
<td>Persons with a diagnosis of HIV/AIDS.</td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
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<td>What is the active enrollment cap on the program?</td>
<td>1,308 children</td>
<td>75 children</td>
<td>375 children</td>
<td>299 children</td>
<td>400 persons</td>
<td>2,883 persons</td>
<td>110 persons</td>
<td>19,981 persons</td>
<td>200 persons</td>
<td>3,012 persons</td>
<td>-4,007 persons</td>
</tr>
<tr>
<td>Where to apply?</td>
<td>County Department of Social or Human Services, Options For Long Term Care - also known as Single Entry Point Agencies (SEP), or Community Centered Boards</td>
<td>Community Centered Boards</td>
<td>Community Centered Boards</td>
<td>County Department of Social or Human Services for children and youth in out-of-home placement</td>
<td>Single Entry Point (SEP) Agencies</td>
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<td>Single Entry Point (SEP) Agencies</td>
<td>Single Entry Point (SEP) Agencies</td>
<td>Community Centered Boards</td>
<td>Community Centered Boards</td>
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<tr>
<td>Is there a waiting list?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>YES</td>
<td>YES</td>
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<td>What are the medical criteria?</td>
<td>Nursing facility or hospital level of care.</td>
<td>Diagnosed with Autism.</td>
<td>Under 6 years of age.</td>
<td>Intermediate care facility for the mentally retarded level of care.</td>
<td>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.</td>
<td>Hospital or nursing facility level of care.</td>
<td>Nursing facility level of care.</td>
<td>Nursing facility level of care.</td>
<td>HOSPITAL LEVEL OF CARE WITH A LIFE LIMITING ILLNESS WHERE DEATH IS HIGHLY PROBABLE BEFORE ADULTHOOD.</td>
<td>INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED LEVEL OF CARE.</td>
<td>INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED LEVEL OF CARE.</td>
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</tbody>
</table>
| What determines the eligible persons needs? | Case manager  
Family  
Primary physician | Case Manager  
County Department of Social or Human Services | Case Manager  
Family or legal guardian  
Inpatient interdisciplina ry team | Case manager  
Family or legal guardian | Case manager  
Family or legal guardian | Case manager  
Family or legal guardian | Case manager  
Family or legal guardian | Case manager  
Family or legal guardian |
|------------------------------------------|-------------------|---------------------------------|-------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Who selects available? | Case management  
In home support services (IHSS) | Case Management  
Behavioral therapies | Specialized Medical Equipment & Supplies  
Community Connection Services  
Home modifications  
Personal assistance  
Professional services (incl. behavioral) | 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 | Adult day services  
Alternative care facilities  
Personal Emergency Response System  
Home modifications  
Homemaker services  
Non-medical transportation  
Personal care  
Respite care | Adult day services  
Personal Emergency Response System  
Homemaker services  
Non-medical transportation  
Personal care  
Private duty nursing | 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 | Counseling Services  
Expressive Therapy  
Palliative/Supportive Care  
Respite care | 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) | 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 |
| What waiver services are available? | Individualized care plan | Individualized care plan | Individualized care plan | Individualized care plan | Individualized care plan | Individualized care plan | Individualized care plan | Individualized care plan |
| Who provides case management? | Approved Case Management Agencies  
Approved Community Centered Boards | Community Centered Boards  
County Department of Social Services | Single Entry Point (SEP) Agencies  
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Single Entry Point (SEP) Agencies | Community Centered Boards  
Community Centered Boards |
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<th>What state/federal organizations administer this program?</th>
<th>Department of Human Services, Division of Child Welfare Services; Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services</th>
<th>Department of Human Services, Developmental Disabilities Services; Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services</th>
<th>Department of Human Services, Division of Child Welfare Services; Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services</th>
<th>Department of Human Services, Division of Child Welfare Services; Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services</th>
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<th>Department of Human Services, Developmental Disabilities Services; Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services</th>
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<td>State contact person?</td>
<td>Lois Jacobs</td>
<td>Michelle Cason</td>
<td>Sheila Peil</td>
<td>Connie Fixsen</td>
<td>Brittany Kipp</td>
<td>Laurie Jensen</td>
<td>Laurie Jensen</td>
<td>Liz Stuedek</td>
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