COLORADO HOME AND COMMUNITY-BASED SERVICES (HCBS) MEDICAID WAIVERS: ADULT 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 targeting criteria to access services under a waiver. The applicant's income must be less than $2,094.00 (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/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities). 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/IID.

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 Long Term Care Operations Division and the Division for Developmental Disabilities *Updated: November 2012*

NAME OF WAIVER	HCBS WAIVER for PERSONS with BRAIN INJURY (HCBS-BI)	COMMUNITY MENTAL HEALTH SUPPORTS WAIVER (HCBS-CMHS)	HCBS WAIVER for PERSONS LIVING WITH AIDS (HCBS-PLWA)	HCBS WAIVER for PERSONS who are ELDERLY, BLIND, AND DISABLED (HCBS-EBD)	HCBS WAIVER for PERSONS with SPINAL CORD INJURY (HCBS-SCI)	SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)	WAIVER for PERSONS with DEVELOPMENTAL DISABILITIES (HCBS-DD)
What is the primary purpose of this waiver?	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 a home or community based alternative to nursing care for persons with a **spinal cord injury**.	To provide persons with **developmental disabilities** supported living services in the person's home or community.	To provide to persons with **developmental disabilities** services and supports which allow them to continue to live in the community.
What ages are served?	Age 16 and older	Age 18 and older	All ages	Age 18 and older	Age 18 or older	Age 18 and older	Age 18 and older
Who is served?	Persons with brain injury as defined in the Colorado Code of Regulations with specific diagnostic codes.	Persons with a diagnosis of major mental illness as defined in the Colorado Code of Regulations with specific DSM-IV diagnostic codes.	Persons with a diagnosis of HIV/AIDS.	Elderly persons with a functional impairment (aged 65+) or blind or physically disabled persons (aged 18-64).	Persons with a spinal cord injury as defined in the Colorado Code of Regulation with specific diagnostic codes.	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 are in need of services and supports 24 hours a day that will allow them to live safely and participate in the community
What is the active enrollment cap on the program?	500 persons	2,954 persons	200 persons	22,384 persons	67 persons	3,012 persons	4,007 persons
Where to apply?	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, for nursing facility level of care in the Supported Living Program	No	No	No	No	Yes	Yes
What is the Level of Care Requirement?	Hospital or nursing facility level of care.	Nursing facility level of care.	Nursing facility or hospital level of care.	Nursing facility level of care.	Nursing facility level of care	Intermediate Care Facility for Individuals with Intellectual Disabilities.	Intermediate Care Facility for Individuals with Intellectual Disabilities.
Who determines the eligible person's needs?	• Client • Case manager • Family or legal guardian • Inpatient interdisciplinary team	• Client • Case manager • Family or legal guardian	• Client • Case manager • Family or legal guardian	• Client • Case manager • Family or legal guardian	• Client • Case Manager • Family or legal guardian	• Client • Case manager • Family or legal guardian	• Client • Case manager • Family or legal guardian
What waiver services are available?	• 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 • Consumer Directed Attendant Supportive Services (CDASS) • 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	• Adult day services • Alternative care facilities • Community transition services • Consumer Directed Attendant Supportive Services (CDASS) • Personal Emergency Response System • Home modifications • Homemaker services • In home support services (IHSS) • Non-medical transportation • Personal care • Respite care	• Adult day services • Alternative Therapies(Acupuncture, Chiropractic, Massage) • Consumer Directed Attendant Supportive Services (CDASS) • In-Home Support Service (IHSS) • Personal Emergency Response System • Home modifications • Homemaker services • Non-medical transportation • Personal care • Respite care	• Assistive Technology • Behavioral Services • Day habilitation services (Specialized Habilitation, Supported Community Connections) • Dental services • Support Employment • Prevocational Services • Home Modifications • Homemaker Services • Mentorship • Personal Care Services • Personalized Emergency Response System (PERS) • Professional Services (Includes Hipportherapy, Massage & Movement Therapy) • Respite Services • Specialized Medical Equipment & Supplies • Transportation • Vehicle Modifications • Vision services	• Behavioral Services • Day Habilitation (Specialized Habilitation, Supported Community Connections) • Prevocational Services • Dental Services • Residential habilitation (24 hour individual or group) • Transportation • Specialized medical equipment and supplies • Supported Employment • Vision Services
Who selects the service providers?	• Client	• Client	• Client	• Client	• Client	• Guardian • Client	• Guardian • Client
What type of plan is used?	Long-term care plan	Long-term care plan	Long-term care plan	Long-term care plan	Long-term care plan	Individualized Service Plan	Individualized Service Plan
Who provides case management?	• 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 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, Division for Developmental Disabilities, Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services	Department of Human Services, Division for Developmental Disabilities, Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services
What laws and regulations govern the program?	C.R.S. 25.5-6.701-706, 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. 25.5-6-13.01-13.04 as amended; 42 C.F.R. 441.300 – 310 Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.517	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, Division for Developmental Disabilities, 2 CCR 503-1; Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.500.90	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, Division for Developmental Disabilities, 2 CCR-503-1; Department of Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.500
State contact person?	Bonnie Silva HCPF 303-866-6702	Sarah Hoerle HCPF 303-866-2669	Phil Stoltzfus HCPF 303-866-5720	Phil Stoltzfus HCPF 303-866-5720	Sarah Hoerle HCPF 303-866-2669	Tyler Deines DHS-DDD 303-866-7441	Lori Thompson DHS-DDD 303-866-7395