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 Color Work/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 (100%, 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 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 care 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.

Name of Waiver

<table>
<thead>
<tr>
<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-CSW)</th>
<th>CHILDREN’S HABILITATION RESIDENTIAL PROGRAM WAIVER (HCBS-CRP)</th>
<th>WAIVER FOR CHILDREN with a LIFE-LIMITING ILLNESS (HCBS-CLLI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the primary purpose of this waiver?</td>
<td>To provide Medicaid benefits to the home or community for 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. Children must meet all additional targeting criteria.</td>
<td>To provide Medicaid benefits to the home or community for children with a medical diagnosis of Autism. Children must meet additional targeting criteria.</td>
<td>To provide Medicaid benefits to the home or community for children with developmental disabilities or delays that are at risk due to the severity of their disability. Children must meet additional targeting criteria.</td>
<td>To provide Medicaid benefits to children with a life-limiting disability and extra needs. Children must be at risk for institutionalization.</td>
</tr>
<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 through age 20</td>
</tr>
<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 for institutionalization in an Intermediate Care Facility (ICF)</td>
<td>Children with intensive behavioral or medical needs who are at risk of institutionalization. Children, birth through age 6, must have a developmental delay. Children, 6 through 17, must have a developmental disability.</td>
<td>Children age 0-20 years of age, who are at risk of institutionalization. Must meet criteria for the Colorado Department of Human/Social Services. A CHIP approved placement and have a developmental disability (developmental delay age 0-4) OR children who are at risk for institutionalization in a hospital or ICF/MR (Intermediate Care Facility for Individuals with Intellectual Disabilities).</td>
</tr>
<tr>
<td>Who is the lead of Care/Requirement?</td>
<td>Community Based Services</td>
<td>Intermediate Care Facility for individuals with Intellectual Disabilities</td>
<td>Intermediate Care Facility for individuals with Intellectual Disabilities</td>
<td>Intermediate Care Facility for children and youth in out of home placement</td>
</tr>
<tr>
<td>What waiver services are available?</td>
<td>Behavioral Therapies</td>
<td>Adopted Therapeutic Recreation and Finess</td>
<td>Assisted Technology</td>
<td>Behavioral Services</td>
</tr>
<tr>
<td>Who selects the service providers?</td>
<td>Family</td>
<td>Consumer</td>
<td>Case Manager</td>
<td>Case Manager</td>
</tr>
<tr>
<td>What type of plan is used?</td>
<td>Individualized Care Plan</td>
<td>Individualized Care Plan</td>
<td>Individualized Service Plan</td>
<td>Individualized Service Plan</td>
</tr>
<tr>
<td>Who provides case management?</td>
<td>Approved Care Management Agencies</td>
<td>Community Based Services</td>
<td>Community Based Services</td>
<td>Community Based Services</td>
</tr>
<tr>
<td>What is the annual enrollment cap?</td>
<td>1,500 Children</td>
<td>75 Children</td>
<td>95 Children</td>
<td>100 Children</td>
</tr>
<tr>
<td>Where to apply?</td>
<td>County Department of Human/Social Services, Option For Long Term Care</td>
<td>Community Based Services</td>
<td>Community Based Services</td>
<td>Community Based Services</td>
</tr>
<tr>
<td>To whom should you appeal?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**Care Managers**
- Family, primary physician or parent/legal guardian
- Case Manager
- Family
- Community Based Services
- Community Based Services
- Community Based Services
- Community Based Services

**County Department of Human/Social Services**
- Community Based Services
- Community Based Services
- Community Based Services
- Community Based Services
- Community Based Services

**HCBS-CWA**
- 1 C.R.S. 25.5-601, as amended: 42 C.F.R. 441.300 – 310
- Department of Health Care Policy and Financing Centers for Medicare and Medicaid Services

**HCBS-CSW**
- 1 C.R.S. 25.5-601, as amended: 42 C.F.R. 441.300 – 310
- Department of Health Care Policy and Financing Centers for Medicaid - Long Term Care
- Department of Health Care Policy and Financing Centers for Medicare and Medicaid Services

**HCBS-CRP**
- 1 C.R.S. 25.5-601, as amended: 42 C.F.R. 441.300 – 310
- Department of Health Care Policy and Financing Centers for Medicaid and Medicare Services
- Department of Human Services, Division for Developmental Disabilities Services, Department of Health Care Policy and Financing, Centers for Medicare and Medicaid Services

**HCBS-CLLI**
- 1 C.R.S. 25.5-601, as amended: 42 C.F.R. 441.300 – 310
- Department of Health Care Policy and Financing Centers for Medicaid - Long Term Care
- Department of Health Care Policy and Financing Centers for Medicare and Medicaid Services
- Department of Human Services, Division for Developmental Disabilities Services, Department of Health Care Policy and Financing, Centers for Medicare and Medicaid Services

**CHIP**
- 1 C.R.S. 25.5-601, as amended: 42 C.F.R. 441.300 – 310
- Department of Health Care Policy and Financing Centers for Medicaid - Long Term Care
- Department of Health Care Policy and Financing Centers for Medicare and Medicaid Services

**C.R.S. 25.5-601, as amended: 42 C.F.R. 441.300 – 310**
- Department of Health Care Policy and Financing Centers for Medicaid and Medicare Services

**C.R.S. 25.5-601, as amended: 42 C.F.R. 441.300 – 310**
- Department of Health Care Policy and Financing Centers for Medicaid and Medicare Services

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Co-care contacts:
- Kathy Sorensen 303-866-9331
- Candace Bailey 303-866-8877
- Sheila Poll 303-866-7373
- Nancy Harris 303-866-4350
- Candace Bailey 303-866-3357