



(HCBS) Part 1

Home and Community Based Services Waivers for Children

ADVOCACYDENVER

providing active voice and supporting civil rights
for people with disabilities



in collaboration with

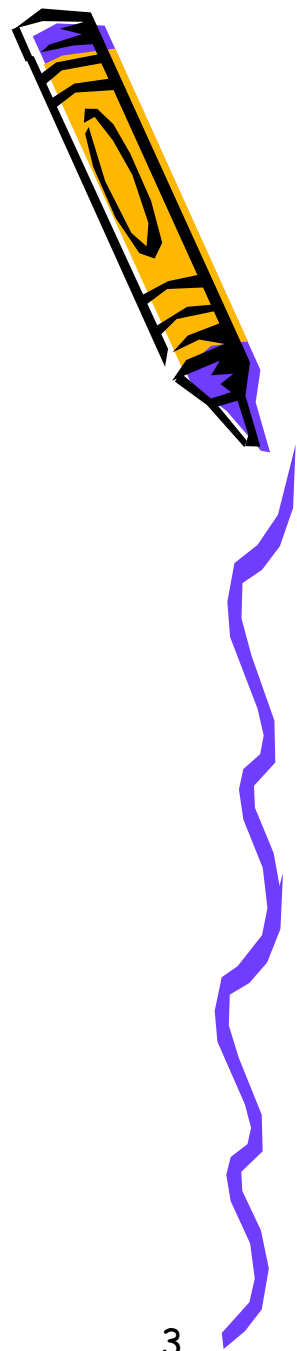
FAMILY  VOICES
COLORADO

I Need A Road Map



www.advocacydenver.org
www.familyvoicesco.org

What we hope you walk away knowing today...



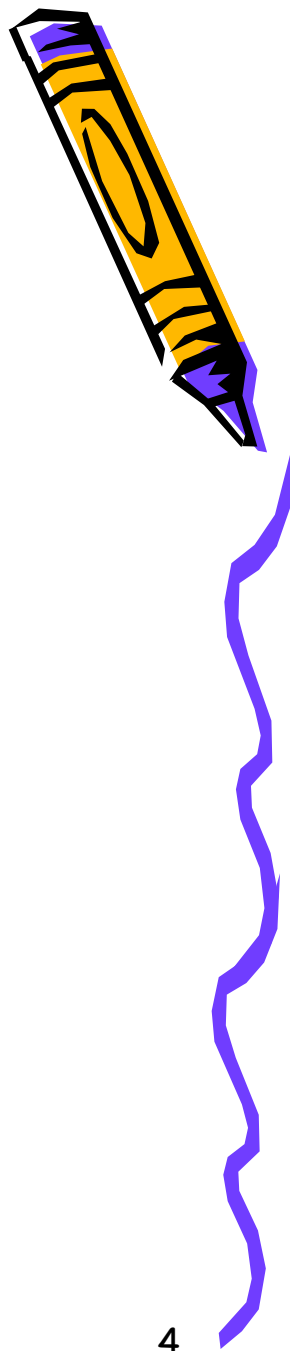
- Funding by Age
- Medicaid and HCBS Waiver Basics
- Accessing HCBS Waiver Services
 - Case Management Agencies
 - Eligibility
 - Enrollment
- HCBS Waivers in Colorado & Resources



Funding by Age

- Birth to 3 years
- 3 to 5 years
- 5 to 18 years
- 18 to 21 years
- 21 years and Beyond

What's Age Got To Do With It?



Funding by Age

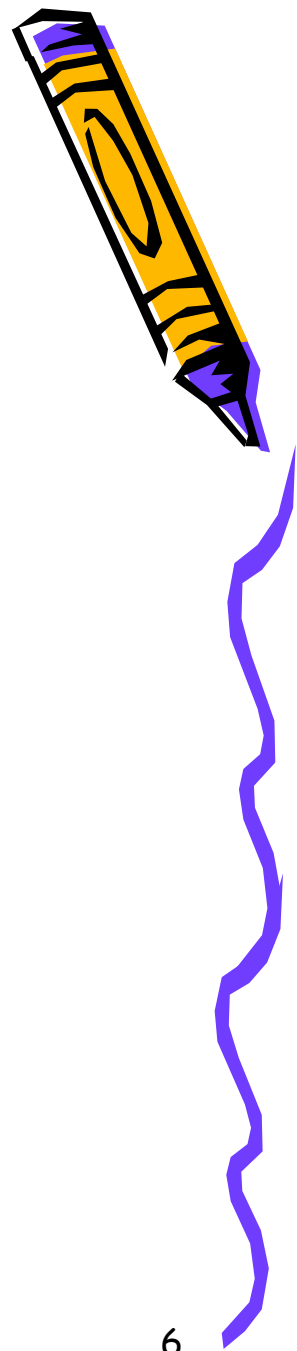
- Birth to 3 years
- 3 to 5 years
- 5 to 18 years
- 18 to 21 years
- 21 years and Beyond
- Early Intervention, IFSP, HCBS Waiver
- School (IEP), CCB, HCBS
- School (IEP), CCB, HCBS
- School (IEP), CCB, HCBS
- Voc. Rehab (DVR), CCB, HCBS

What's Age Got To Do With It?

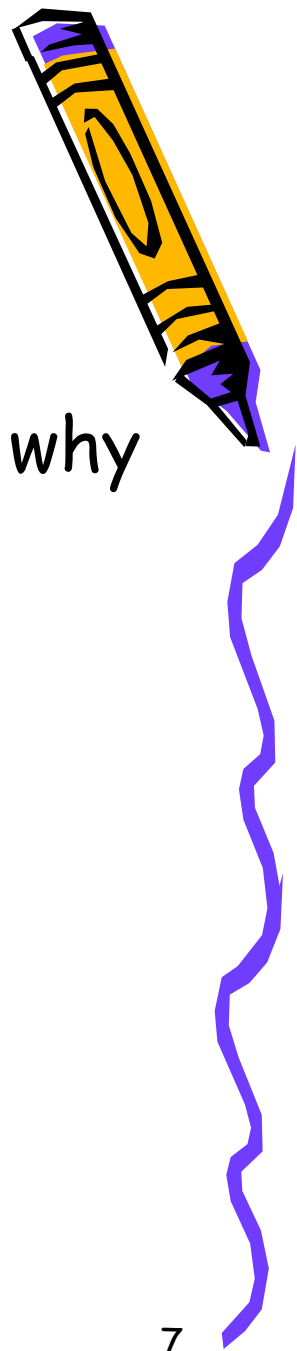


Every System has....

- Eligibility
- Language, Terms and Definitions
- Laws, rules which guide services
- Procedures (IFSP, IEP, IPE, IP)
- Benefits
- Precedence (history)
- Appeals Process



Questions to Ask Yourself



- Am I clear on what my child needs, and why
- What is the age of the individual
- What funding is available
- Who is the most appropriate to fund
- Do I need an evaluation
- Is this medically necessary
- Do I know the steps to take
- What documentation is needed



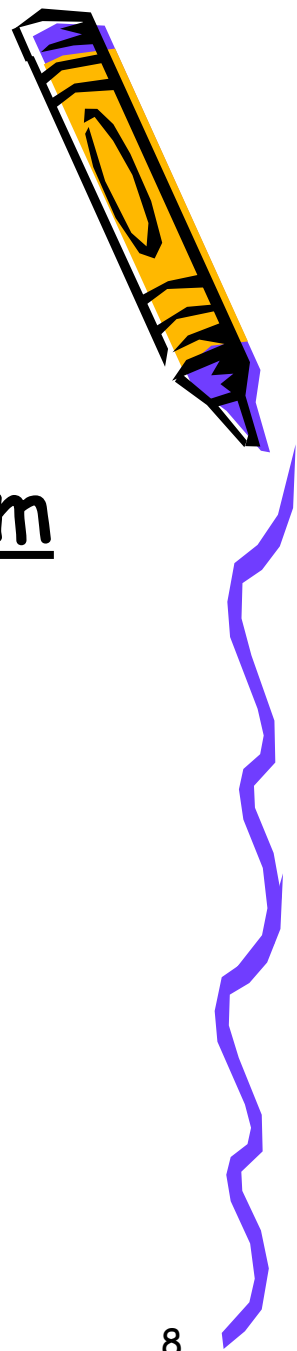
Public Health Programs

Health First Colorado- Colorado's Medicaid Program

- Baby Care/Kids Care
- SSI/SSDI
- TANF
- Medicaid (HCBS) Waivers

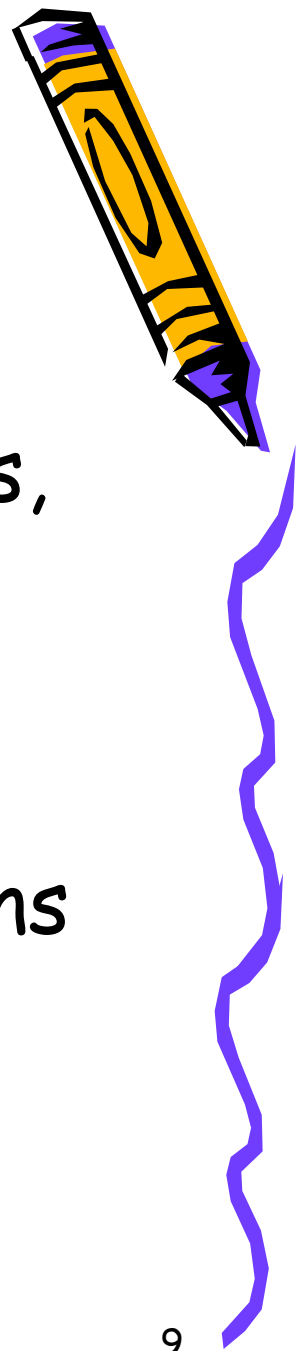
Other Health Programs

- CHP+
- Cover Colorado



Medicaid Basics

- Created in 1965
- Health insurance for eligible adults, children, pregnant women, elderly adults and people with disabilities
- Entitlement program currently covering nearly 72 million Americans nationwide



Medicaid Basics, cont.



- States given the option to participate
 - Funded jointly with State and Federal Funding
 - Mandatory requirements
 - Flexibility for States to tailor their Medicaid program to their needs and population
- Home and Community Based Services
Waivers are optional services



EPSDT

Early Periodic Screening Diagnostic & Treatment

- For all children on Medicaid
- Birth up to age 21
- The screening is the first step to
- accessing EPSDT services.
- Provides medically necessary services
- Provides benefits for children above the State Plan benefit



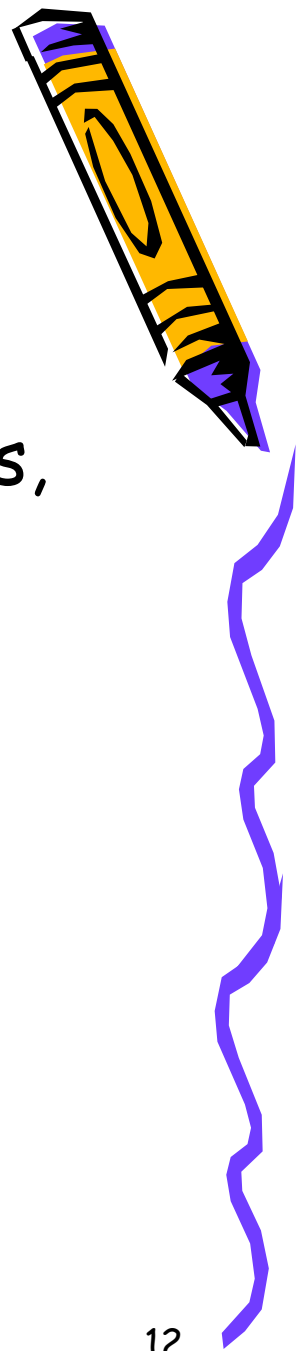
Medicaid Coverage

Mandatory State Plan Benefits

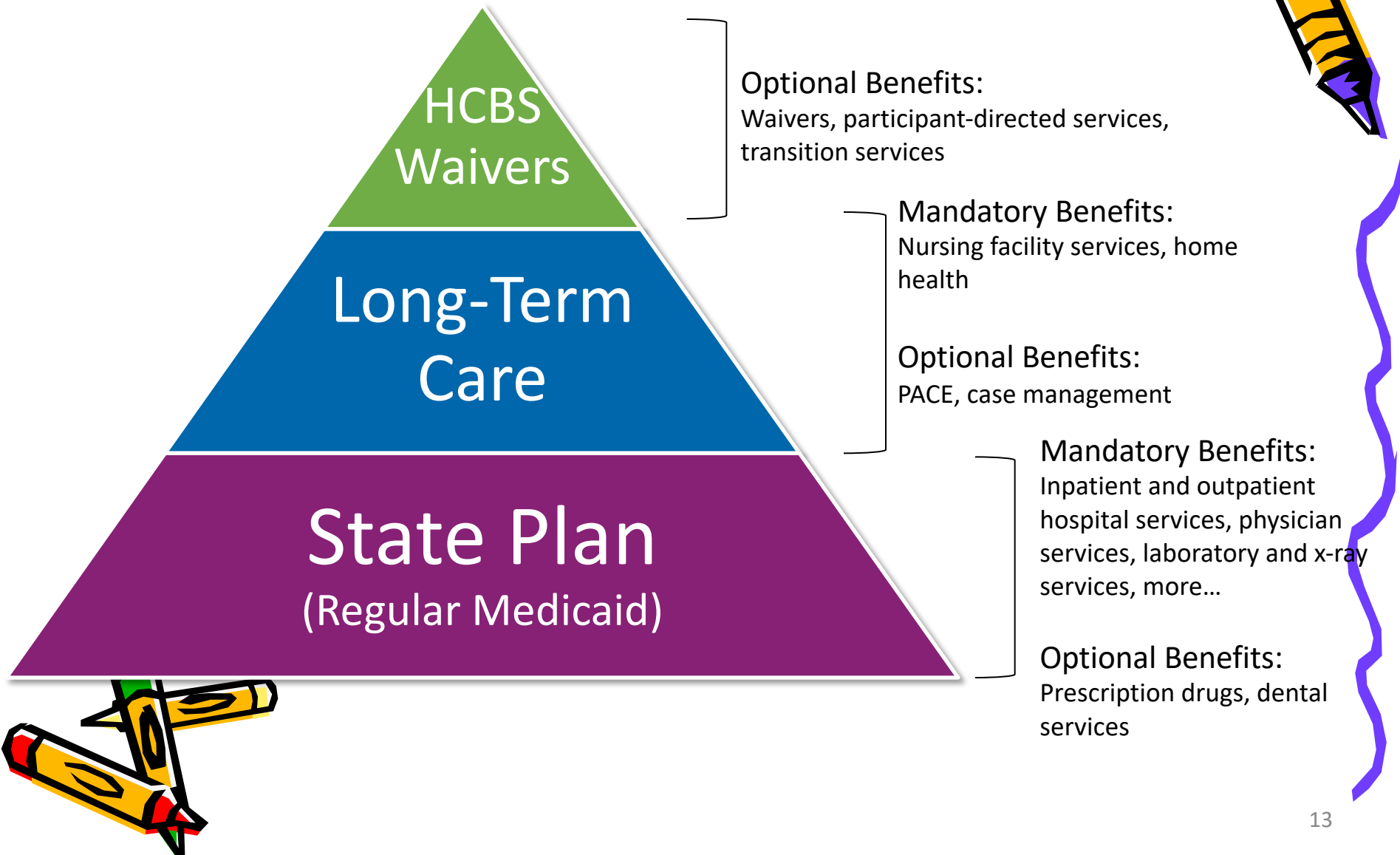
- Inpatient and outpatient hospital services, physician services, laboratory and x-ray services, nursing facility services, home health, and more...

Optional Benefits

- Prescription drugs, case management, physical therapy, occupational therapy, mental health services, HCBS and more...



Benefits Pyramid



Buy In Program for Children with Disabilities



- You must be a child under the age of 19,
- You must have a qualifying disability. The [Social Security Administration \(SSA\) listings](#) describes what disabilities qualify, and
- Your gross family income after disregards must be below 300% of the Federal Poverty Level (FPL). You may have additional income that is disregarded. For example, in 2019, a family of four earning about \$8,653 a month may qualify.
 - Applicants should always complete the [Health First Colorado application](#) to find out if their income qualifies.

<https://www.colorado.gov/pacific/hcpf/medicaid-buy-program-children-disabilities>



Children's Home and Community Based Service Waivers



- Children's HCBS- Children's with medical needs
- CHRP-Children Habilitative Rehabilitation Program
- CES-Children Extensive Services
- CLLI- Children with Life Limiting Illness



Medicaid Waivers

Home and Community Based (HCBS)



- Talk with someone to identify which waiver meets your child's needs
- There are different waivers for different needs
- Contact your county Social Services office or your CCB
- Get a denial from SSI (for HCBS Children's Waiver)
- Home visit to complete ULTC 100.2 (functional eligibility)
- There may be a waiting list ☹️
- Medicaid is secondary payer to private insurance



Waiver Eligibility

Eligibility

Financial

County Human/Social
Services Office

Income and Resources

Level of Care

Case Management
Agency

ULTC 100.2- Level of Care
Assessment

Targeting Criteria

Case Management Agency
Waiver Criteria



Financial Eligibility



- Applicant's income must be less than three times (300%) of the current Supplemental Security Income (SSI) limit
- May be a combination of different types of income such as SSI, SSDI, Social Security Survivor benefits, child support, or income from a trust or employment
- The individual resource limit is \$2,000.



NOTE: all household income

Level of Care

- **Hospital Level of Care**

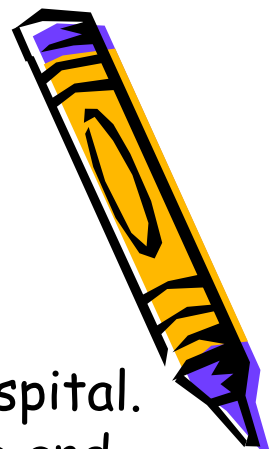
Participant's needs are similar to that of a person in a hospital. They have acute care needs or their condition is unstable and unpredictable.

- **Nursing Facility Level of Care**

Participant's needs are similar to that of a person in a nursing facility. They require regular medical care, in-home services at least once every 30 days, and oversight of a physician to maintain stability.

- **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) Level of Care**

Participant's needs are similar to that of a person in an ICF-IID facility. They require regular medical care and rehabilitation.



Home and Community Based Services (HCBS) Waivers



- **Alternative to institutional care**
Provide institutional level of care to individuals who prefer to live in their home or community
- **Home and Community Based Services (HCBS) Waivers allow states flexibility to:**
 - Waive certain income/eligibility criteria
 - Provide specific services to target groups or geographic regions
 - Can have waiting lists or enrollment caps
- **Provide individuals more choice and independence**



Targeting Criteria



Includes:

- Age Range
- Diagnoses
- Injuries
- Region

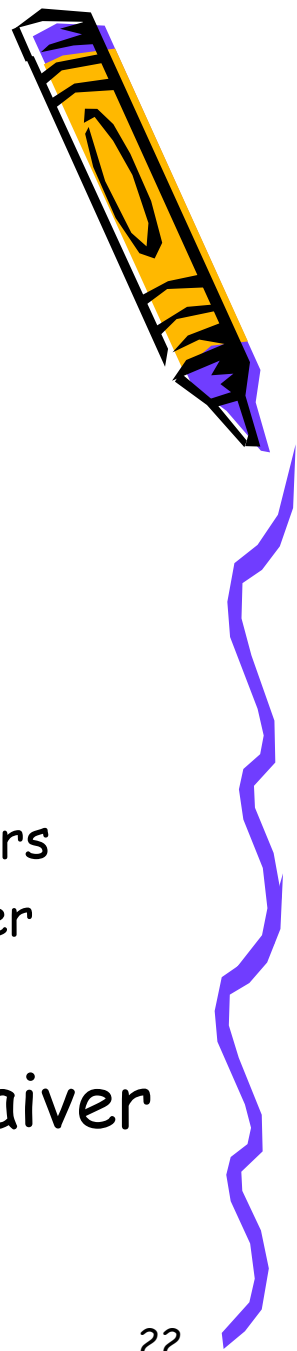
Example:

- Brain Injury Waiver participants must:
- Be 16 years old or older
 - Living with a diagnosed brain injury
 - Sustained that injury prior to age 65

- Participants may qualify for multiple HCBS waivers
- Case managers must be familiar with all waivers to best inform participants of all of their options
- Participants and families select waiver that works best for them

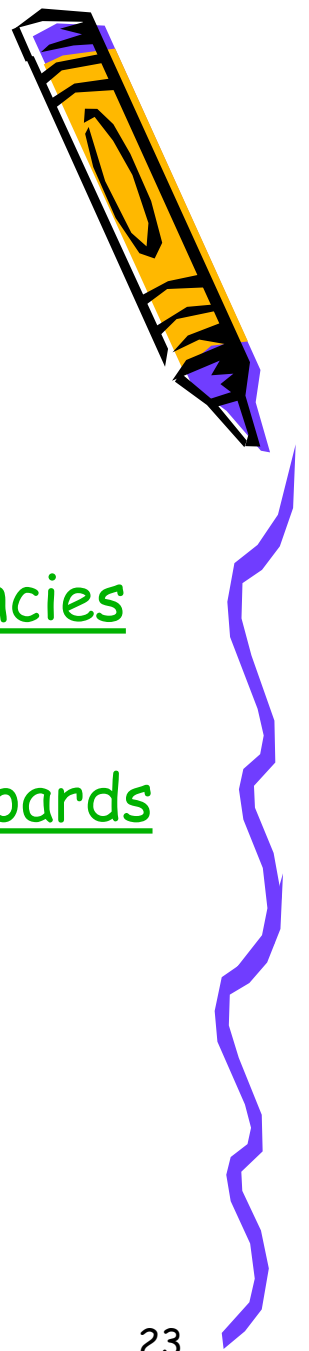


Case Management Agencies



- **24 Single Entry Point Agencies (SEP)**
Provides case management for BI, CLLI, CMHS, EBD, SCI waivers
Some SEPs provide case management for CHCBS waiver
- **20 Community Centered Boards (CCB)**
Provides case management for CES, CHRP, DD, SLS waivers
 - Some CCBs provide case management for CHCBS waiver
- **3 Private Case Management Agencies**
Provides case management for CHCBS waiver





County Management & Contacts

- Single Entry Point Agencies
www.colorado.gov/hcpf/single-entry-point-agencies
- Community Centered Boards
www.colorado.gov/hcpf/community-centered-boards
- County Eligibility
www.colorado.gov/cdhs/contact-your-county



Waiver Charts

Provide a side-by-side comparison of key components and eligibility requirements of each waiver

Includes program contact information

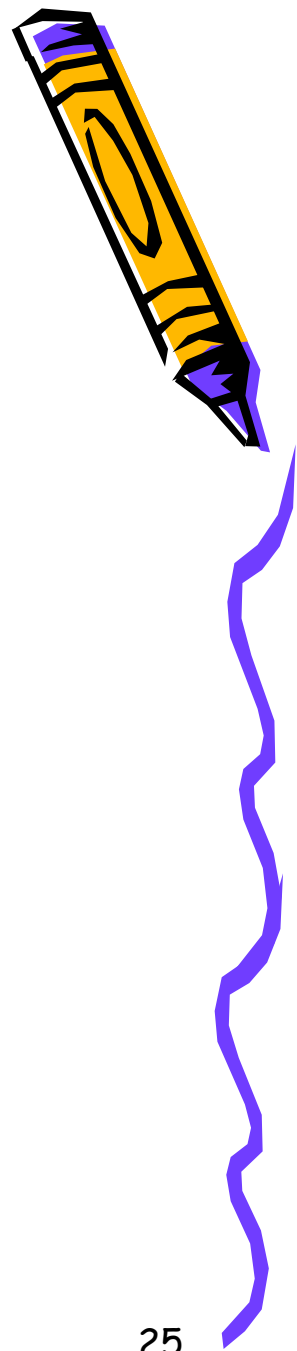
Flow Charts

Provide participants and families a decision-tree to help them understand all of the program options



www.colorado.gov/hcpf/long-term-services-and-supports-training

Step by Step Procedure



1. Contact your CCB* or Case Management Agency
2. 100.2 ULTC assessment
3. Paperwork & Eligibility
4. Approval or Denial in mail
5. Appeals Procedure



*Community Centered Board

Health Record Keeping

- Record keeping will save you time!
- Record keeping will assist you and providers to give better care.
- Organize by areas of need or specialty
- It does not take a fortune to create a care notebook.
- Simple things like medication lists help.

<https://familyvoicesco.org/wp-content/uploads/2020/05/blankmedicationschedule.pdf>



Document! Document! Document! Document!

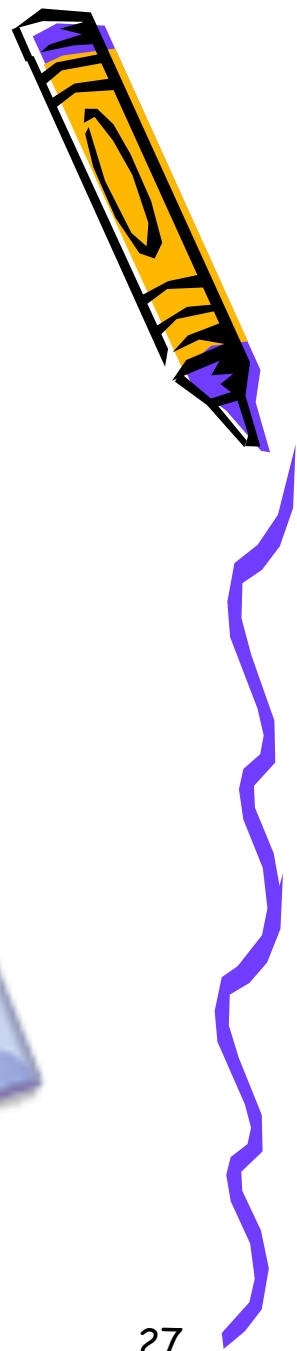


ALWAYS GET YOUR DENIAL

- In Writing.....



- WHY?



Medical Necessity



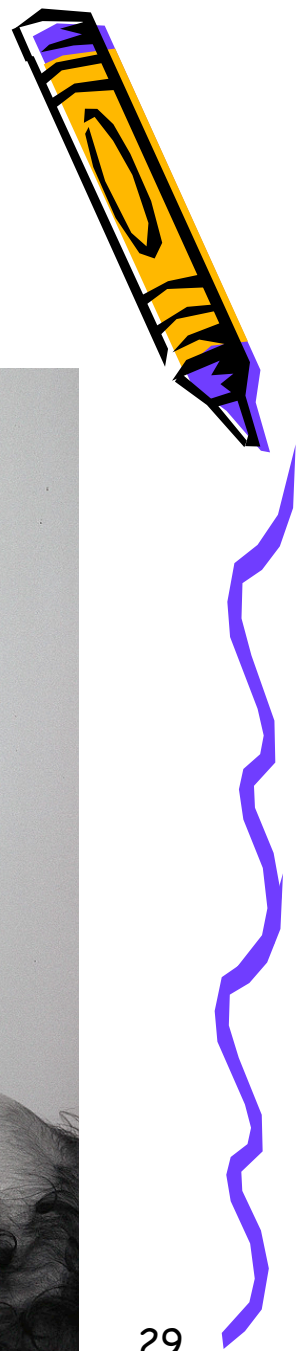
- What is it?
- Who decides?
- How is it proven?
- Why is it important?
- **COMMUNICATE CLEARLY**

What does Medical Necessity have to do with it?

How do I document Medical Necessity?

HINT: Template for Writing the Letter of Medical Necessity

www.familyvoicesco.org



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Medicaid's Definition of Medical Necessity



EPSDT 8.280-8.281.01(B)

Medically necessary, or medical necessity, shall be defined as a Medicaid service that will, or is reasonably expected to prevent, diagnose, cure, correct, reduce or ameliorate the pain and suffering, or the physical, mental, cognitive or developmental effects of an illness, injury, or disability; and for which there is no other equally effective or substantially less costly course of treatment suitable for the child's needs.

[10 CCR 2505-10 8.076.1.8](#)



Information When Calling

- What should I have ready, when I call?
 - Have the PAR, denial or problem documents in front of you when you call.
 - Full Name
 - ID #
 - Date of Birth
 - Write down the day and the time of call
 - Ask who you speak to & phone # with extension
 - Ask for their response in writing if it is about benefits



Insurance Language

Private

Public

- Co Payment
- Deductible
- Maximum Lifetime Benefit (Cap)
- Medical Necessity
- Open Enrollment
- Pre-Existing Condition
- Prior Authorization
- Risk
- Benefit

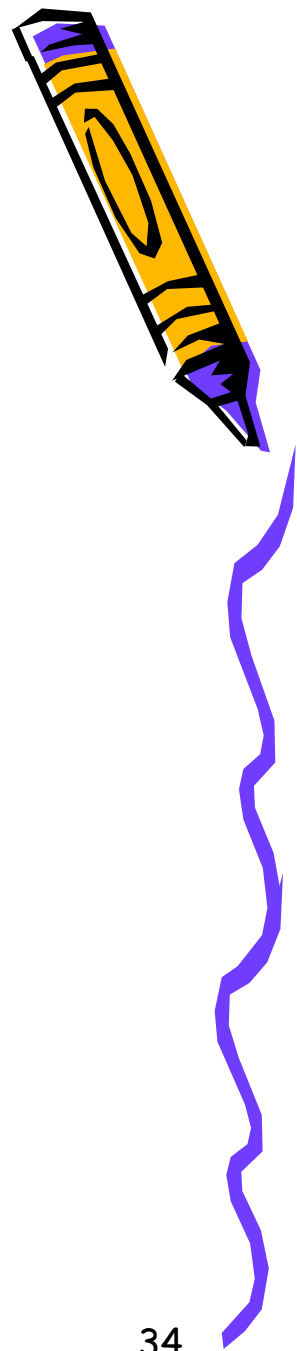
Medicaid/ CHP+

- Co Payment Exempt
- Medically Necessary
- Open Enrollment
- Eligibility
- Prior Authorization (PAR)
- Durable Medical Equipment (DME)
- Benefit
- Rehabilitative
- Amount, Duration and Scope
- Lifetime
- Ombudsman

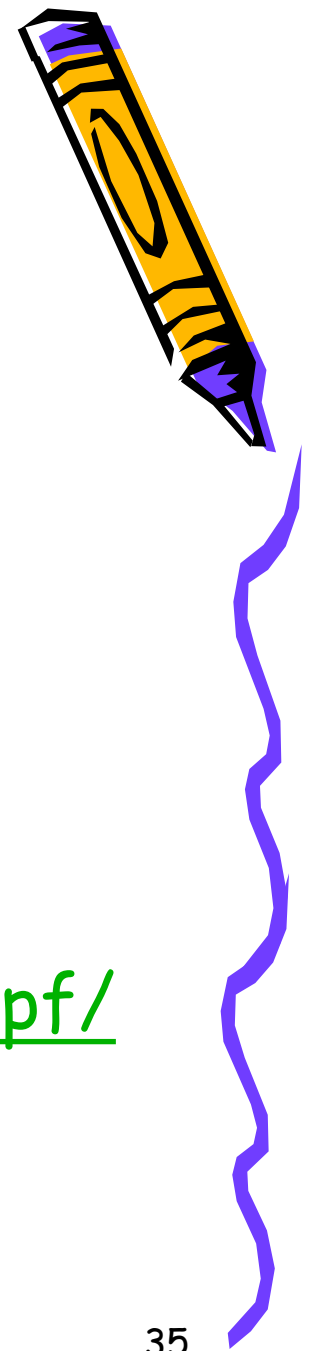


Don't Forget to document.....

- Don't forget to document.....
- Document
- Document
- Document
- Document
- Document
- Document



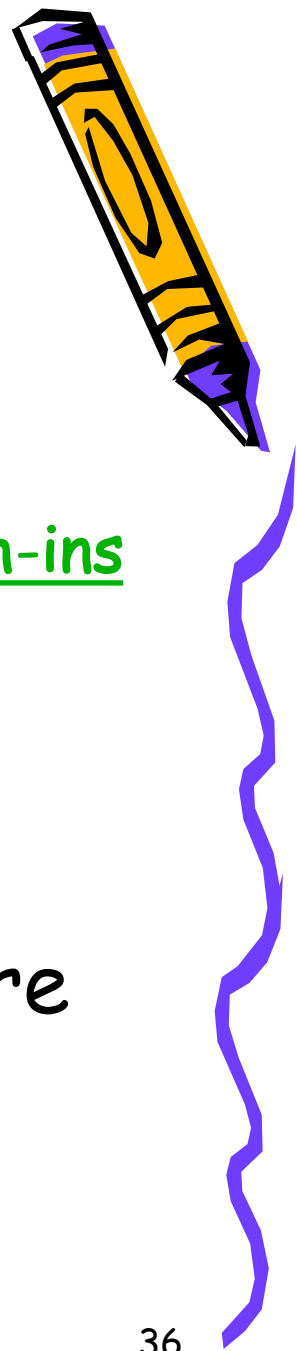
Public Funding



- Benefits for Medicaid- Volume 8
 - <http://www.chcpf.state.co.us/>
 - Reference Materials
 - HMO coverage
 - Volume 8
- <https://www.colorado.gov/pacific/hcpf/department-program-rules-and-regulations>



Public Funding



- Health Insurance Buy-In (HIBI)
- <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
- Health Insurance Buy-In (HIBI) is a premium assistance program for Health First Colorado (Colorado's Medicaid Program) members.
- Ombudsman Medicaid Managed Care
1-877-435-7123



help123#@maximus.com

Regional Accountable Entity (RAE)



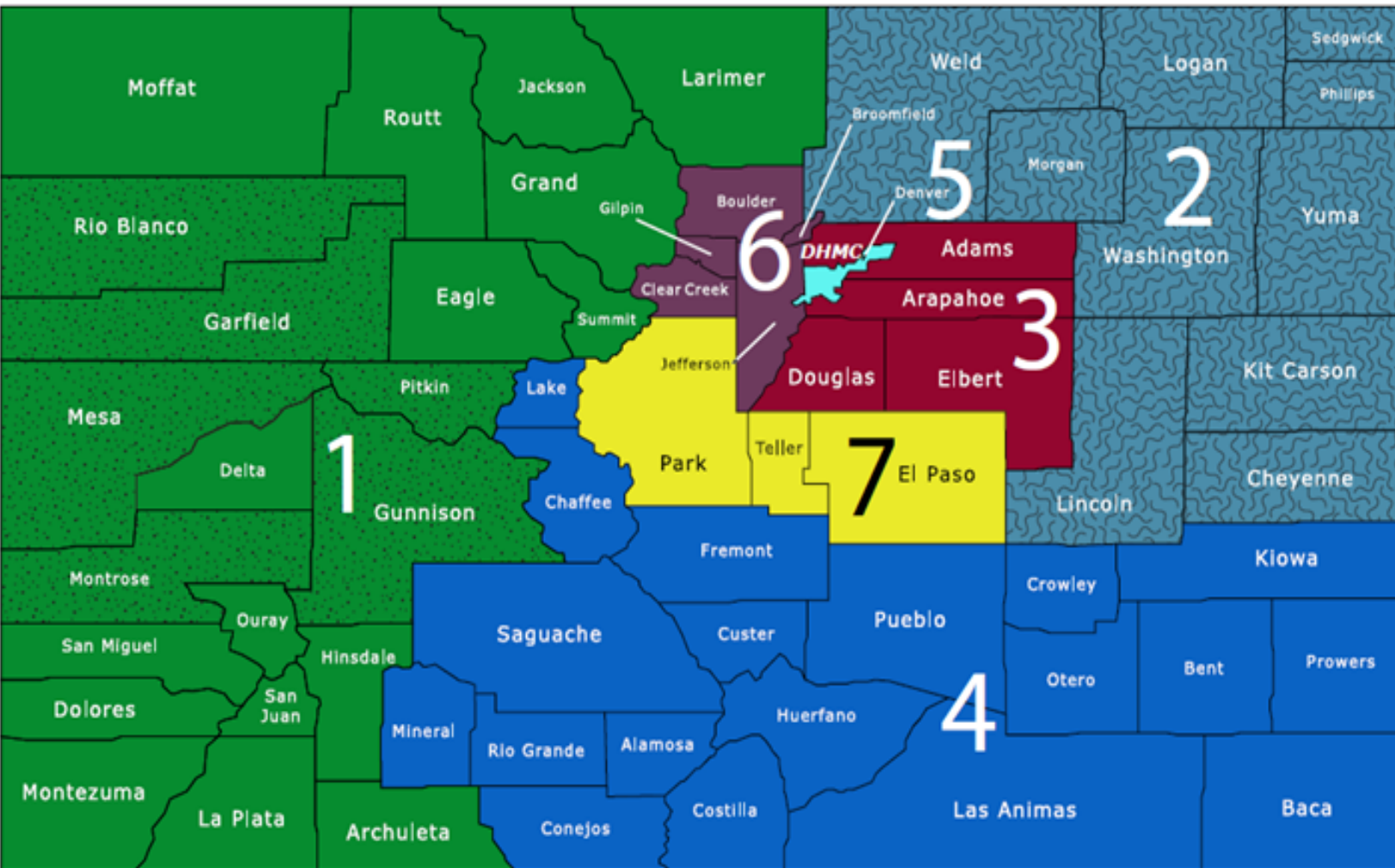
- You and your primary care provider belong to a regional organization that helps you make sure you get the health care and services you need. Your regional organization can also help you understand and manage your physical and behavioral health benefits, help connect you to providers, and connect you with resources for needs such as transportation, food assistance or other social services.



<https://www.healthfirstcolorado.com/health-first-colorado-regional-organizations/>

Regions

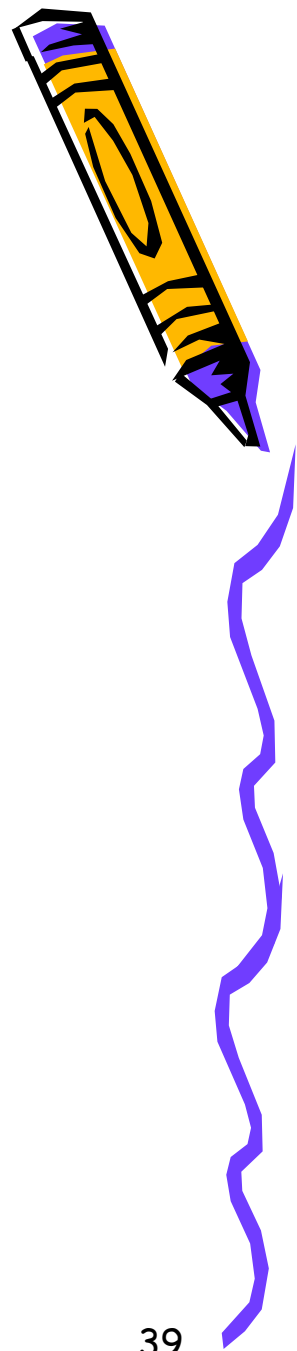
Accountable Care Collaborative



- Region 1 - Rocky Mountain Health Plans
- Rocky Mountain Health Prime
- Region 2 - Northeast Health Partners
- Region 3 - Colorado Access
- Region 4 - Health Colorado, Inc.

- Region 5 - Colorado Access
- Denver Health Medical Center (DHMC)
- Region 6 - Colorado Community Health Alliance
- Region 7 - Colorado Community Health Alliance

Resources You Have Available!



- ARC's
- Medicaid Managed Care Ombudsman
- Family Voices (health/insurance/navigation)
- PEAK Parent Center (education)
- HCP/Title V-Health Department
- Parent to Parent (list serve and family support)
- RAE- Regional Accountable Entity
- Disability Law Colorado
- Community Centered Board (CCB)



Questions & Next Steps

ADVOCACYDENVER

providing active voice and supporting civil rights
for people with disabilities

www.advocacydenver.org

Family Voices

www.familyvoicesco.org

1-800-881-8272



www.advocacydenver.org
www.familyvoicesco.org

