

Colorado Home and Community Based Services (HCBS) Adult Waivers and Program of All-Inclusive Care for the Elderly (PACE) Comparison Chart

HCBS Adult Waivers

Health First Colorado (Colorado's Medicaid Program) is a health care program for low-income Coloradans and people with disabilities. Applicants must meet eligibility criteria for one of the 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 Health First Colorado, contact your local County Department of Social/Human Services.

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

Members must meet financial, medical, and program targeting criteria to access services under a waiver. The applicant's income must be less than 300% or three times the Supplemental Security Income allowance per month (see www.ssa.gov/OACT/COLA/SSI.html for current information) 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, members must be willing to receive services in their homes or communities. A member who receives services through a waiver is also eligible for all basic Health First Colorado covered services except nursing facility and long-term hospital care. When a member chooses to receive services under a waiver, the services must be provided by certified Health First Colorado providers or by a Health First Colorado 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.

Applicants may apply for more than one waiver but may only receive services through one waiver at a time. There may be a waiting list for some waivers. Anyone who is denied Health First Colorado 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.

PACE Program

The **P**rogram of **A**ll-Inclusive **C**are for the **E**lderly (PACE) is a benefit available under the Health First Colorado State Plan. The PACE program is not a HCBS waiver.

Applicants must meet the PACE program eligibility requirements to qualify. The local Case Management Agency determines if an applicant meets the level of care required under the Health First Colorado State Plan for coverage of nursing facility services. Each PACE program determines if an applicant meets the PACE program eligibility requirements of living safely in the community, as outlined in their program agreement with the State of Colorado.

An applicant’s financial eligibility for Health First Colorado is determined by the County Department of Human/Social Services. If an applicant does not meet Health First Colorado financial criteria, he or she may pay privately to be on the PACE program.

The PACE benefit package for all participants, regardless of the source of payment, must include the following: 1) All Medicare-covered services. 2) All Health First Colorado-covered services specified in the State's approved Medicaid State Plan. 3) Other services determined necessary by the interdisciplinary team (IDT) to improve and maintain the participant’s overall health status. Medicare and Health First Colorado benefit limitations and conditions relating to amount, duration, scope of services, deductibles, copayments, coinsurance, or other cost-sharing do not apply.

The PACE program delivers comprehensive healthcare services to participants across all care settings. Services must be furnished in at least the PACE center, the home, and inpatient facilities, up to and including admission to a long-term care facility when the PACE program can no longer support the participant safely in the community.

The PACE program provides a team approach to care management and service delivery. Team members deliver much of the care and services to participants directly as well as coordinating and monitoring services delivered by contractors such as hospitals, residential care facilities, and specialists.

Participants may disenroll from the program at any time, for any reason.

Important: Participants must receive benefits solely through the PACE organization. Participants cannot receive care from outside providers, or they may be fully and personally liable for the costs of the unauthorized or out-of-PACE program agreement services.

Name of Waiver or Program	Persons with Brain Injury Waiver (HCBS-BI)	Community Mental Health Supports Waiver (HCBS-CMHS)	Complementary and Integrative Health Waiver (HCBS-CIH)	Persons with Developmental Disabilities Waiver (HCBS-DD)	Persons who are Elderly, Blind and Disabled Waiver (HCBS-EBD)	Supported Living Services Waiver (HCBS-SLS)	Program of All-Inclusive Care for the Elderly (PACE)
What is the primary purpose of this waiver or program?	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 for people with a spinal cord injury, multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability to walk independently	To provide persons with developmental disabilities services and supports which allow them to continue to live in the community	To provide a home or community-based alternative to nursing facility care for persons who are elderly, blind, and living with a disability	To provide persons with developmental disabilities supported living services in the person's home or community	To provide comprehensive health care services to older adults as a home or community-based alternative to nursing facility care while preserving and supporting the older adult's family unit
What ages are served?	Age 16 and older	Age 18 and older	Age 18 or older	Age 18 and older	Age 18 and older	Age 18 and older	Age 55 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 qualifying condition of a spinal cord injury, multiple sclerosis, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability to walk independently as result of one of these conditions	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	Elderly persons with a functional impairment (aged 65+) or persons who are blind or living with a physical disability (aged 18-64)	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	Older adults who meet nursing facility level of care, reside in the program's service area, able to live safely in the community at the time of enrollment, and meet any additional program specific eligibility conditions in the PACE program agreement
Is there a waiting list?	No	No	No	Yes	No	No	No
Where to apply?	Single Entry Point (SEP) Agencies	Single Entry Point (SEP) Agencies	Single Entry Point (SEP) Agencies	Community Centered Boards (CCB)	Single Entry Point (SEP) Agencies	Community Centered Boards (CCB)	Single Entry Point (SEP) Agencies
What is the level of care requirement?	Hospital or nursing facility level of care	Nursing facility level of care	Hospital or nursing facility level of care	Intermediate Care Facility for Individuals	Nursing facility level of care	Intermediate Care Facility for Individuals	Nursing facility level of care

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				with Intellectual Disabilities		with Intellectual Disabilities	
Who determines the eligible person's needs?	Member Case manager Family or legal guardian	Member Case manager Family or legal guardian	Member Case manager Family or legal guardian	Member Case manager Family or legal guardian	Member Case manager Family or legal guardian	Member Case manager Family or legal guardian	Participant Representative PACE IDT
What waiver or program services are available?	<ul style="list-style-type: none"> • Adult Day Services • Behavioral Management and Education • Consumer Directed Attendant Support Services (CDASS) • Day treatment • Home Delivered Meals • Home Modification • Independent Living Skills Training (ILST) • Medication Reminder • Mental Health Counseling • Non-Medical Transportation • Peer Mentorship • Personal Care (with Remote Supports options) • Personalized Emergency Response System (PERS) • Respite Care • Specialized Medical ... Equipment and Supplies 	<ul style="list-style-type: none"> • Adult Day Services • Alternative Care Facilities • Consumer Directed Attendant Support Services (CDASS) • Home Delivered Meals • Home Modifications • Homemaker Services (with Remote Supports options) • Life Skills Training • Medication Reminder • Non-Medical Transportation • Peer Mentorship • Personal Care (with Remote Supports options) • Personal Emergency Response System (PERS) • Respite Care • Transition Set Up 	<ul style="list-style-type: none"> • Adult Day Services • Complementary and Integrative Health Services (Acupuncture, Chiropractic, Massage) • Consumer Directed Attendant Support Services (CDASS) • Home Delivered Meals • Home Modifications • Homemaker Services (with Remote Supports options) • In-Home Support Services (IHSS) • Life Skills Training • Medication Reminder • Non-Medical Transportation • Peer Mentorship • Personal Care (with Remote Supports options) • Personal Emergency Response System (PERS) • Respite Care • Transition Set Up 	<ul style="list-style-type: none"> • Behavioral Services • Day Habilitation (Specialized Habilitation, Supported Community Connections) • Dental Services • Home Delivered Meals • Non-Medical Transportation • Peer Mentorship • Prevocational Services • Residential Habilitation Services (24-hour individual or group) • Specialized Medical Equipment and Supplies • Supported Employment • Transition Set Up • Vision Services 	<ul style="list-style-type: none"> • Adult Day Services • Alternative Care Facilities • Consumer Directed Attendant Support Services (CDASS) • Home Delivered Meals • Home Modifications • Homemaker Services (with Remote Supports options) • In-Home Support Services (IHSS) • Life Skills Training • Medication Reminder • Non-Medical Transportation • Peer Mentorship • Personal Care (with Remote Supports options) • Personal Emergency Response System (PERS) • Respite Care • Specialized Medical Equipment and Supplies • Transition Set Up 	<ul style="list-style-type: none"> • Assistive Technology • Behavioral Services • Consumer Directed Attendant Support Services (CDASS) • Day Habilitation Services (Specialized Habilitation, Supported Community Connections) • Dental Services • Health Maintenance Activities • Home Delivered Meals • Home Modifications • Homemaker Services (with Remote Supports options) • Life Skills Training • Mentorship • Non-Medical Transportation • Peer Mentorship • Personal Care (with Remote Supports options) • Personalized Emergency Response System (PERS) 	<p>All Medicare and Medicaid-covered services including but not limited to:</p> <ul style="list-style-type: none"> • Adult Day Services • Dental Services • Durable Medical Equipment • Emergency Services • End of Life Care • Home Care Services • Hospital Care • Laboratory/ X-Ray • Long-term Care Facility • Meals • Mental Health Services • Nursing Services • Nutritional Counseling • Occupational Therapy • Personal Care • Physical Therapy • Prescription Drugs (Participants will get Medicare Part D-covered drugs and all other necessary drugs from PACE. Joining a separate drug plan is

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	<ul style="list-style-type: none"> • Substance Abuse Counseling • Supported Living Program • Transition Set Up • Transitional Living Program 					<ul style="list-style-type: none"> • Prevocational Services • Professional Services (Includes Hippotherapy, Massage and Movement Therapy) • Respite Services • Specialized Medical Equipment and Supplies • Supported Employment • Transition Set Up • Vehicle Modifications • Vision Services 	<p>considered a voluntary disenrollment from PACE).</p> <ul style="list-style-type: none"> • Preventive Care • Primary Care • Recreational Therapy • Respite Services • Social Services • Social Work Counseling • Specialists (Cardiology, Optometry, Podiatry, Urology, etc.) • Transportation • Other services determined necessary by the IDT
Who selects the service providers?	Member/Guardian	Member/Guardian	Member/Guardian	Member/Guardian	Member/Guardian	Member/Guardian	Participant/ Designated Representative
Who provides case management?	Single Entry Point (SEP) Agencies	Single Entry Point (SEP) Agencies	Single Entry Point (SEP) Agencies	Community Centered Boards (CCB)	Single Entry Point (SEP) Agencies	Community Centered Boards (CCB)	PACE Interdisciplinary Team (IDT)
What state/ federal organizations administer this waiver or program?	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services (CMS)	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services (CMS)	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services (CMS)	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services (CMS)	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services (CMS)	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services (CMS)	Department of Health Care Policy and Financing; Centers for Medicare and Medicaid Services (CMS)

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What laws and regulations govern the waiver or 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. 25.5-6-13.01-13.04 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 Health Care Policy and Financing, 10.C.C.R. 2505-10, Section 8.500	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. 7-10.5-101- 103, as amended; C.R.S. 25.5-6-401- 411, as amended; 42 C.F.R. 441.300-310 Department of Health Care Policy and Financing, 10 C.C.R. 2505-10, Section 8.500.90	42 CFR Part 460; C.R.S. 25.5-5-412; C.R.S. 25.5-6-106
Waiver or program website	hcpf.colorado.gov/brain-injury-waiver-bi	hcpf.colorado.gov/community-mental-health-supports-waiver-cmhs	hcpf.colorado.gov/complementary-integrative-health-waiver-cih	hcpf.colorado.gov/developmental-disabilities-waiver-dd	hcpf.colorado.gov/elderly-blind-disabled-waiver-ebd	hcpf.colorado.gov/supported-living-services-waiver-sls	hcpf.colorado.gov/program-all-inclusive-care-elderly
State contact	303-866-3684 HCPF_HCBS_Questions@state.co.us	303-866-3684 HCPF_HCBS_Questions@state.co.us	303-866-3684 HCPF_HCBS_Questions@state.co.us	303-866-3684 HCPF_HCBS_Questions@state.co.us	303-866-3684 HCPF_HCBS_Questions@state.co.us	303-866-3684 HCPF_HCBS_Questions@state.co.us	303-866-2993 HCPF_PACE@state.co.us