

INFORMATION ON MEDICAID WAIVERS FOR FAMILIES WHO HAVE CHILDREN WITH DISABILITIES OR HIGH MEDICAL NEEDS

Information in this document is current as of the date of publication. However, information on Medicaid Waivers can change. Please be sure to check through the agencies listed in this document for the most current information.

WHAT IS MEDICAID?

Medicaid is a program that is funded by state and federal dollars that allows people who are low-income and/or disabled to access medical care through various Medicaid providers.

WHAT IS SUPPLEMENTAL SECURITY INCOME (SSI)?

SSI is a federally funded program that provides funding to families of children with disabilities and people with disabilities to help cover the extra costs associated with having a disability. For a family of four with one child with a disability, a family may not make much more than about \$3,000.00 per month in gross income, or have assets over \$2,000.00 with some exclusions, such as a home or a car if it is used to take the child to medical appointments. For an adult (age 18), family income is not counted, and again, a person must not have assets over \$2,000.00 with some exclusions, such as a home or a car. When a person is eligible for SSI, they automatically become eligible for Medicaid.

WHAT IS A MEDICAID WAIVER?

Medicaid waivers "waive" a family's income so that their children may access medical care through Medicaid. Under the Medicaid waiver programs, the family's income is not counted in determining eligibility; the child's income is used. The child must not have an income over 300% of SSI benefits or assets of more than \$2,000.00.

The State of Colorado currently has three Medicaid waiver programs for children (including adult children) who reside with their family. There are also other waivers (see Waiver chart). The waivers are based on the child's income, not the parent's income, so they are income based and do need to have income (for the child) verified prior to enrollment or prior to entering the wait list. Only children who need a "level of care" that would "normally" be provided in a hospital, nursing home or institution will qualify. This is determined on a case-by-case basis, so if your child has a severe disability and requires a great deal of medical or behavioral care, you may want to apply.

There are three children's Medicaid Waivers in Colorado for children who live with their families:

- Children's Home and Community-Based Services Waiver (HCBS)
<http://www.chcpf.state.co.us/HCPF/LTC/sepindex.asp>
- Children's Extensive Support Waiver (CES)
http://www.cdhs.state.co.us/ddd/CES_Main.htm
- Children with Autism Waiver (CWA)
http://www.chcpf.state.co.us/HCPF/msb/attach_06/519%20HCBS%20CAW.pdf

WHAT IS THE DIFFERENCE BETWEEN THE THREE MEDICAID WAIVERS?

The three waivers have different rules as each waiver serves a specific population.

- The HCBS waiver has space available for 1,106 children. The HCBS waiver does not require a child (ages birth through age 17) to have a developmental disability or delay but does serve children with developmental disabilities or delays and medical conditions. Anyone who qualifies may be on this waiver if there are open slots available. In general, this waiver provides services for children who are more medically involved or have long-term medical needs rather than behavioral needs.
- The CES waiver is specifically targeted to children (ages birth through 17) who have a developmental disability and a medical or behavioral condition that requires near 24-hour supervision. The CES waiver has an enrollment cap of 375 children.

There is currently a waiting list for these two waivers. Both waivers have a statewide wait list (not one for each county). These waiting lists are currently 2-5 years long. We recommend that families apply for both waivers (if the child is not SSI eligible) at the same time as it may enable them to receive service faster through one or the other waiver. Children who would meet severe health consequences if they could not get immediately on a waiver, and have to stay in a hospital or other institutional setting, might be eligible for an expedited slot.

- The CWA waiver applies for children birth through five who are most in need due to the severity of their disability. Children must meet additional targeted criteria. There is an enrollment cap of 75 children for the CWA waiver.

WHAT KIND OF MEDICAL CARE DO THESE WAIVERS COVER?

These Medicaid waivers only allow children access to Medicaid. For the HCBS and CES waivers, Medicaid covers a variety of "medically necessary" services such as doctor visits, dental visits, hospitalization surgery, therapy, nursing care and other medical services. In the case of CWA waiver, it covers behavioral therapies. However, there are only certain doctors and therapists who will accept Medicaid.

It is very important to find out if what your child needs is a Medicaid provider. Your doctor or therapist may be willing to become a Medicaid provider, but they are not required to accept Medicaid as payment. You may have to change to a doctor and/or therapist who are a Medicaid-certified provider if your child gets on the waiver and you want Medicaid to pay for that service. It can be difficult to find Medicaid providers for nursing or therapy, and Medicaid will only pay for in-home therapies if the child is determined to be "medically homebound."

The CES waiver was created to support children with a high level of significant behavioral and/or medical needs. You might think of it as a child who needs 24 hour a day, "line of sight" supervision, due to a medical condition or would be unsafe to

themselves or others, if not constantly watched, such as children who wander at night. (Generally, a child must need “hands on” care throughout the day and the night.) This waiver requires the child to have a developmental disability or a developmental delay.

The CES Waiver is a little different in that it provides the following services in addition to the regular state Medicaid plan benefits to address the safety of the child and family: personal assistance services, household modification services, specialized medical equipment and supplies, and professional/community connection services.

This waiver is administered by Department of Human Services, Developmental Disabilities Services, and the contact person would be Sarah Davidon at 303-866-7467 or Jay Kauffman at 303-866-7455. So, the child most appropriate for this waiver would need constant supervision due to life threatening medical conditions or behaviors.

Here’s the information from the waiver itself.

A. Services shall be provided to children who meet all of the following program eligibility requirements:

1. The child has not reached his/her 18th birthday; and
2. The child is living at home with his/her biological, adoptive parent(s) or guardian, or is in an out of home placement including an ICF/MR, hospital or nursing facility and can be returned home with the provision of CES services; and
3. The child, if age five or older, has a developmental disability; or if less than five years of age, has a developmental delay, as determined by a community centered board (CCB); and
4. The primary physician certifies that the quality and quantity of services and supports identified in the Individualized Plan (IP) are sufficient to meet the needs of the child in the home setting; and quality and quantity of services and supports identified in the Individualized Plan (IP) are sufficient to meet the needs of the child in the home setting; and
5. The Utilization Review Contractor certifies through the Children's Extensive Support Waiver eligibility process, including the ULTC100 assessment form that the child meets the established minimum eligibility criteria. The child must meet the Level of Care for ICF/MR placement; and
6. The income of the child shall not exceed 300% of the current maximum SSI standard maintenance allowance; and
7. The resources of the child shall not exceed the maximum SSI allowance; and
8. Enrollment of a child under this rule shall result in an overall savings when compared to the ICF/MR cost as determined by the State; and,
9. The child receives at least one waiver service each month.

Additionally the waiver is prioritized for those children most in need and requiring close supervision to remain safe (generally children with extensive behavioral needs). You cannot be enrolled in another Medicaid waiver program at the same time (note: a waiver is different than ‘straight’ Medicaid).

Medicaid is the secondary insurance. If the family has private insurance, it will cover co-pays and services that the primary insurance does not cover. This may include such things as diapers for children three years and older, specialized formula, therapies and durable medical equipment such as wheelchairs. Nursing care is one of the less clear services of the program. Generally, the Peer Review Organization (PRO) determines the level of care necessary, from a one-hour visit to 24-hour care, based on clearly defined needs. Many children may benefit from intermittent nursing care, which means a person coming in to perform a specific duty, such as feeding on a regular basis, but not remaining in the home continually.

For children birth to 21 years of age, an Early Periodic Screening Diagnosis and Treatment (EPSDT) screen should be completed after the child is eligible for Medicaid by the child's doctor. This instrument will assist in documenting and providing access to the appropriate services, even if these services are not normally covered under the Colorado State Medicaid Plan. EPSDT overrides the state plan and may allow children to access more services and supports, based on the federal Medicaid plan, such as hearing aids and eyeglasses.

WHO QUALIFIES FOR MEDICAID WAIVER PROGRAMS?

- Children who have disabilities or illnesses that could require care in a nursing home, hospital or institution.
- Children whose families make too much in income or have too many assets to qualify for Medicaid in any other way. (If your family can qualify for SSI/Medicaid or regular Medicaid, they cannot access the waivers.) For the CES Waiver, this is not an issue.
- Children who make less than 300% of SSI in income, and have less than \$2,000.00 in assets.
- Children who can receive care at home or in the community safely, and whose cost of care is not more than it would cost to care for them in an institution.

SHOULD I APPLY FOR SSI?

A family may apply for SSI through Disability Determination Services (<http://stateboard.cdhs.state.co.us/oss/DDS/default.htm>) independent of applying for any Medicaid waiver. It is possible for a child to be SSI eligible and not be eligible for a waiver. It is good practice for a case manager to assist the family to access as many resources as the family may be eligible for. Sometimes, because of this practice, you may initially be referred to SSI Disability Determination Services in the initial phase of applying for a waiver.

HOW DO I APPLY FOR MEDICAID WAIVER PROGRAMS or SSI?

- CES Waiver - Managed by the Division for Developmental Disabilities
 1. For the CES Waiver, contact your local Community Centered Board (http://www.cdhs.state.co.us/ddd/CCB_Main.htm). Once a child has been determined to have a developmental disability (or developmental delay if younger than five) through the Community Centered Board then the staff at the CCB can begin the application for CES.

2. The family and the CCB complete the ULTC 100.2 and the CES application-24 hour log.
 3. Once these two documents are completed, they are submitted to Dual Diagnosis Management (DDM) to be reviewed. If the child is found eligible, the child is placed on the CES wait list based on the date the application was received by DDM.
 4. When there is an opening in CES, then the child must have the SSI Disability Determination and financial eligibility determination before he/she can receive CES services.
- HCBS Waiver - Managed by Health Care Policy Finance
 1. First, call the Social Security Administration at 1-800-772-1213, 7:00 a.m. to 7:00 p.m., Monday through Friday, to apply for SSI/Medicaid and obtain a denial based on having too much in income or assets. You should be able to get this denial by giving them information over the telephone. If they say you are over-income for SSI, tell them you need a letter stating the reason for denial. Tell them you need an informal denial letter immediately. You may also be able to do this step on-line at <http://www.ssa.gov/d&s1.htm>.
 2. After you get the denial letter from SSA, contact your Community Centered Board (http://www.cdhs.state.co.us/ddd/CCB_Main.htm) or your County Department of Human Services, Options for Long Term Care which is also known as Single Entry Point Agency (SEP) (<http://www.chcpf.state.co.us/HCPF/LTC/sepindex.asp>).
 3. Tell them you would like to apply for the Children's HCBS Waiver as soon as possible and that you have the letter from SSA stating that your family is over-income for SSI. They will tell you what to do next.
 4. The HCBS waiver requires the submission of the ULTC 100.2 to the State Medicaid office.
 5. The family submits financial information through their local Department of Human Services.
 6. Once this is completed and the child meets financial eligibility, the child is placed on the HCBS wait list.
 - CWA Waiver
 1. Contact your Community Centered Board, http://www.cdhs.state.co.us/ddd/CCB_Main.htm or call Anne McNally at 303-636-5708.
 - SSI benefits independent (or in conjunction with) a waiver
 1. You can start the process online at <http://www.socialsecurity.gov/d&s1.htm>
or
 2. Contact Children's Program Specialist, Division for Developmental Disabilities, <http://www.cdhs.state.co.us/ddd/> or phone 303-866-7467.