UNDERSTANDING MEDICAID
COLORADO

Special Olympics Health
MADE POSSIBLE BY Golisano FOUNDATION

INTRODUCTION TO COLORADO'S MEDICAID

Colorado Medicaid (Health First Colorado) offers healthcare coverage for eligible Coloradans through various eligibility groups designed to meet specific needs:

- **Families and Children:** for low-income families, children and pregnant women
- **Adults without Dependent Children:** for low-income adults without children
- **Elderly, Blind, and Disabled**
- **Medically Needy:** for individuals with significant health needs whose income is too high to qualify under other categories, but who spend a large portion of their income on medical care (Also known as the "Spend Down" program)

To determine which coverage category you fall under, it is recommended to consult with a case manager or call 1-800-221-3943, state relay 711.

Colorado sets a **Medically Needy** Income Limit (MNIL).

You are required to document all medical expenses. Once you have incurred medical expenses equal to or greater than the difference between your income and the MNIL, Medicaid will kick in to cover medical expenses for the rest of the time period.

MEDICAID SERVICES

You are eligible for Medicaid if you are:

- ☐ A Colorado resident, a U.S. national, citizen, permanent resident, or legal alien
- ☐ In need of health care/insurance assistance
- ☐ Low income or very low income
- ☐ One of the following:
  - Pregnant
  - Responsible for a child 18 years of age or younger
  - Blind
  - Have a disability or a family member in your household with a disability, as defined by the Social Security Administration (SSA)
    - Note: the definition of what qualifies as a disability is different in children and adults.
  - Older adult (65+)

Income requirements will vary depending on what services you are seeking and what eligibility criteria you meet.

There are a wide range of different Health First benefits and services available:

- Physical health
- Extensive adult dental benefits and children's dental benefits
- Vision
- Behavioral-health
- Transportation
- Includes services that will (or are reasonably expected to) prevent, diagnose, cure, correct, or improve:
  - Pain and suffering
  - Physical, mental, cognitive or developmental effects of an illness, injury or disability

Information is current as of August 2024 and is subject to change. For the most up-to-date guidance, please consult your local Medicaid resources.

Special Olympics Health activities are supported by many sources, including in the United States by Grant Number NU27DD000021 farom the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services, with $18.1 M (64%) financed with U.S. Federal funds and $10.2 M (36%) supportedby non-federal sources. These contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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HOW TO APPLY FOR MEDICAID

Ways to Apply to Medicaid:

Through Health First Colorado

In Person/By Mail
Download and print an application from here, then mail it or drop it off at your local county office or application assistance site

Online
Apply here
Check Apply Now - Health First Colorado, and click the yellow "Do I qualify?" box at the top of the page for more details

By Phone
Call 1-800-221-3943
state relay 711

Application Process

You'll need these documents to apply:

- Social security numbers or immigration documents
- contact information
- employer and income information
- current health insurance information

You may need to supply additional documentation as requested.

The state has up to 90 days to determine qualifications.

You can check the status of your application with Colorado Peak.

If you are accepted, you will receive a mobile ID Number.

You can print your card with Colorado Peak or call 800-221-3943, state relay 711 to have a card mailed to you.

If you are denied and want to appeal

- You must appeal within 60 days of the Notice of Action letter you received in the mail
- Follow the instructions on your Notice of Action to initiate the appeal

TO MAINTAIN ELIGIBILITY

You can find your renewal deadline on CO.gov/PEAK

IF YOU ARE AUTO-RENEWED

You will get a letter several weeks before your renewal deadline saying your health coverage has been renewed.

You might receive a letter asking if your income information is correct. You must respond to this letter to continue qualifying.

IF YOU ARE NOT AUTO-RENEWED

You will be **mailed a renewal packet 60-70 days prior to your renewal deadline** and you will receive notifications though text, email, and your online account.

You must complete, sign, and mail or bring your renewal packet to your local county human services department by your renewal deadline, or complete the renewal packet online.

If you need assistance, you can call 1-800-539-0463, state relay 711, or contact your local county human services department.

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IF YOU LOSE ELIGIBILITY

In the 90 days after you lose health coverage, you enter a **"reconsideration period"**, and your eligibility will be checked again if you give new information or if you turn in your paperwork late.

Your next steps:

- You can submit your renewal paperwork to your county or through PEAK
- If you do not submit your renewal and other documents within 90 days of losing coverage, you will need to submit a new application

DEVELOPMENTAL DISABILITIES SERVICES

A developmental disability occurs before the age of 22 and **"Constitutes a substantial disability to the affected individual, and is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation"** (CRS 27-10.5-102).

For children under 5 - determination of a developmental delay or factors putting the child at risk of having a developmental disability.

The Developmental Disabilities Resource Center (DDRC) offers a wide range of services:

- Early intervention
- Support services
- Day programs
- Employment services
- Residential services
- Behavioral health team
- Therapeutic learning connections
- Community funding programs
- Rental assistance

MEDICAID AND DEVELOPMENTAL DISABILITIES SERVICES

Home and Community-Based Services (HCBS) Waivers provide waivers to Medicaid members who meet specific eligibility criteria for additional services in their homes and communities. To qualify you:

- Must meet financial and medical eligibility & program-specific criteria, see each waiver for individual criteria.
- Must be at risk of transition into a nursing facility, hospital, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Applicants may apply for more than one waiver but may only receive services through one waiver at a time.

To apply, contact your local Case Management Agency or the Member Contact Center.

The only waiver with a waitlist currently is HCBS-DD, with an As Soon As Available (ASAA) and a Safety Net (SN) list.

To be placed on the waitlist, the Community Centered Board (CCB) will complete a Developmental Disability Determination for the Individual. You can locate your local CCB here, under Case Management Agencies, to contact and start the process.

Length of time on waitlist depends on placement date. **The average time on waitlist is 8 years.**

Enrollments are authorized on a monthly basis, with ~10 to 20 completed per month. ASAA individuals have priority.

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MEDICAID AND DEVELOPMENTAL DISABILITIES SERVICES CONTINUED

If given an offer of enrollment, **you have 30 days to accept or decline.** Declining will not lose your place in line.

You may be eligible to enroll into one of 9 other waivers to access needed services and support or be eligible for the Family Support Services Program (FSSP) or State Supported Living Services (State-SLS) program. Contact your local CCB for more information.

WAIVERS FOR IDD

HCBS CHILDREN'S EXTENSIVE SUPPORT (HCBS-CES)

Must be less than 18 years of age, live in a family home, and demonstrate a behavior/ have a medical condition that requires direct human intervention at least once every 2 hours during the day and on a weekly average of once every 3 hours during the night.

Services include:
Parent education, vehicle and home accessibility adaptations, respite, homemaker services, and more.

HCBS CHILDREN'S EXTENSIVE SUPPORT (HCBS-CES) TRANSITION

When individuals enrolled in the HCBS-CES waiver turn 18, they can transition to HCBS-SLS or HCBS-DD waivers.

If you initially enroll in the HCBS-SLS waiver, you cannot later enroll in the HCBS-DD waiver unless authorized by the Department via an emergency enrollment or the waiting list.

Only individuals who are enrolled and active in the HCBS-CES waiver qualify for this type of transition to continue services without interruption.

HCBS FOR PERSONS WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES WAIVER (HCBS-DD)

Must be 18 years of age or older and require access to services and supports 24 hours a day

Services include:
Resident habilitation, day habilitation services, supported employment services, benefits planning, non-medical transportation services, and more.

HCBS SUPPORTED LIVING SERVICES WAIVER (HCBS-SLS)

Must be 18 years of age or older

Services include:
Personal care, respite, mentorship, day habilitation services, non-medical transportation, vehicle and home accessibility modifications, home delivered meals, dental and vision services, and more.

If you are actively enrolled in any of these HCBS waivers, you are eligible for Targeted Case Management (TCM). You must meet eligibility criteria (determined by a Contracted Case Management Agency). Eligibility is dependent on whether the member is receiving case management from one of the Department of Health Care Policy & Financing's (the Department) Contracted Case Management Agencies.

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