

Table 5

Colorado's Medicaid Home and Community Based Services (HCBS) Waivers

| Type of Respite Service   | Unit of Service | Rate      | Limits   |
|---|-----------------|-----------|--|
| <b>Brain Injury Waiver (HCBS—BI)</b>                                      |                 |           |  |
| In-Home   | 15 minutes      | \$ 3.24   | A mix of delivery options is allowable as long as the aggregate amount of services is below 30 days, or 720 hours, of respite care. In-home respite is limited to no more than 8 hours a day.  |
| Nursing Facility  | Day             | \$ 120.30 |  |
| <b>Elderly, Blind, an Disabled Waiver (HCBS—EBD)</b>                      |                 |           |  |
| Alternative Care Facility (ACF)   | Day             | \$ 57.01  | Combined maximum of 30 days per certification period for Respite Care provided in an ACF, In Home, or Nursing Facility.  |
| Nursing Facility  | Day             | \$ 127.14 |  |
| In-Home   | 15 minutes      | \$ 3.24   | Respite providers shall bill at the lesser of a unit rate or daily institutional Nursing Facility rate (\$127.14). Maximum 30 days per certification period for respite care provided in an ACF, In Home, or Nursing Facility.   |
| <b>Children's Extensive Supports Waiver (HCBS—CES)</b>                    |                 |           |  |
| Individual  | 15 minutes      | \$ 4.95   | Use Individual Day Rate when respite care exceeds 40 units (10 hours) in 24-hr period.   |
| Individual--Day   | Day             | \$ 197.91 |  |
| Group or Camp (Group, Overnight)  | Dollar          | \$ 1.00   | Group Respite rates may not exceed the rate paid for Individual Respite  |
| Maximum of 30 days and 1,880 additional 15 minutes per Service Plan year. |                 |           |  |
| <b>Children's Habilitation Residential Program (HCBS--CHRP)</b>           |                 |           |  |
| Level 1   | Day             | \$ 54.78  | Respite care for a foster child in a certified foster home other than the child's identified foster home that exceeds the license capacity of the home, for short-term temporary relief of the foster parent for max 7 consecutive days/mo not to exceed 28 days/ year. During the time when respite care for a foster child is occurring, respite home may not exceed 6 foster children or maximum of 8 total children with no more than 2 children under the age of 2. |
| Level 2   | Day             | \$ 88.50  |  |
| Level 3   | Day             | \$ 108.13 |  |
| Level 4   | Day             | \$ 131.67 |  |
| Level 5   | Day             | \$ 151.30 |  |
| Level 5   | Day             | \$ 190.15 |  |
| <b>Children with Life Limiting Illness Waiver</b>                         |                 |           |  |
| Unskilled--4 hrs or less  | 15 minutes      | \$ 5.37   | Combined maximum of 30 calendar days per Service Plan year for all Respite Care services.  |
| Unskilled--4 hours or more  | Day             | \$ 96.63  |  |
| Certified Nursing Assistant (CNA)--4 hours or less                        | 15 minutes      | \$ 7.04   |  |

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