



HCBS-COMPLEMENTARY AND INTEGRATIVE HEALTH WAIVER ELIGIBLE PERSONS GUIDANCE

This reference document is being provided to assist case managers and medical providers in understanding eligibility targeting criteria and completing the [Professional Medical Information Page](#) (PMIP) for persons interested in the HCBS-CIH Waiver.

Eligibility Targeting Criteria Rules: [10 CCR 2505-10 8.517.5.A. ELIGIBLE PERSONS](#)

Home and Community-Based Services for Complementary and Integrative Health (HCBS-CIH) waiver services shall be offered only to individuals who meet all the following eligibility requirements:

1. Individuals shall be aged 18 years or older.
2. Individuals shall have a qualifying condition of a spinal cord injury (traumatic or nontraumatic), multiple sclerosis, brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability for independent ambulation directly resulting from one of these conditions as defined by broad diagnoses related to each condition within the most current version of the International Classification of Diseases (ICD) at the time of assessment.
3. Individuals must have been determined to have an inability for independent ambulation resulting from the qualifying condition as identified by the case manager through the assessment process. The inability for independent ambulation means:
 - a. The individual does not walk, and requires use of a wheelchair or scooter in all settings, whether or not they can operate the wheelchair or scooter safely, on their own, OR;
 - b. The individual does walk, but requires use of a walker or cane in all settings, whether or not they can use the walker or cane safely, on their own, OR;
 - c. The individual does walk but requires “touch” or “stand-by” assistance to ambulate safely in all settings.





Examples of broad diagnoses for HCBS-CIH Waiver eligibility include, but are not limited to:

Spinal cord injury (traumatic or non-traumatic): Please note that spinal cord injuries do not mean spinal column injuries. Lower back pain or disc injuries do not qualify if there is no damage to the spinal cord.

- Spinal cord injury, unspecified
- Lesion(s) of the spinal cord
- Anterior cord syndrome
- Central cord syndrome
- Lumbar spinal cord injury with or without spinal bone injury
- Sacral spinal cord injury with or without spinal bone injury
- Cauda equina spinal cord injury with or without spinal bone injury
- Multiple sites of spinal cord injury with or without spinal bone injury
- Unspecified site of spinal cord injury with or without spinal bone injury
- Injury to cervical nerve root
- Injury to dorsal nerve root
- Injury to lumbar nerve root
- Injury to sacral nerve root
- Injury to brachial plexus
- Injury to lumbosacral plexus
- Injury to multiple sites of nerve roots and spinal plexus
- Injury to unspecified site of nerve roots and spinal plexus
- Injury to cervical sympathetic nerve excluding shoulder and pelvic girdles
- Injury to other sympathetic nerve excluding shoulder and pelvic girdles
- Injury to other specified nerve(s) of trunk excluding shoulder and pelvic girdles
- Injury to unspecified nerve of trunk excluding shoulder and pelvic girdles
- Paraplegia
- Paraplegia Unspecified
- Paraplegia, Complete
- Paraplegia, Incomplete
- Quadriplegia/Tetraplegia/Incomplete - unspecified
- Quadriplegia - C1-C4/Complete
- Quadriplegia - C1-C4/Incomplete
- Quadriplegia - C5-C7/Complete
- Quadriplegia - C5-C7/Incomplete
- Leukoencephalopathy

Multiple sclerosis

- Multiple sclerosis, unspecified
- Disseminated multiple sclerosis
- Generalized multiple sclerosis
- Multiple sclerosis NOS
- Multiple sclerosis of brain stem
- Multiple sclerosis of cord

Brain Injury (traumatic, nontraumatic, progressive, nonprogressive)

- Unspecified injuries to the brain
- Nonpsychotic mental disorders due to brain damage
- Anoxic brain damage
- Compression of the brain
- Toxic encephalopathy
- Subarachnoid and/or intracerebral hemorrhage
- Occlusion and stenosis of precerebral arteries
- Late effects of cerebrovascular disease
- Acute, but ill-defined cerebrovascular disease
- Other and ill-defined cerebrovascular disease
- Late effects of musculoskeletal and connective tissue injuries
- Late effects of injuries to the nervous system
- Concussion resulting in an ongoing need for assistance with activities of daily living
- Other unspecified intracranial hemorrhage





- Subarachnoid, subdural, and extradural hemorrhage (traumatic or non-traumatic)

- Intracranial injury (traumatic or non-traumatic)

Spina bifida

- Cervical spina bifida with or without hydrocephalus
- Thoracic spina bifida with or without hydrocephalus
- Lumbar spina bifida with or with hydrocephalus
- Sacral spina bifida with hydrocephalus

- Spina bifida, unspecified
- Hydromeningocele (spinal)
- Meningocele (spinal)
- Spina bifida (aperta)(cystica)
- Congenital malformations of spine and bony thorax

Muscular Dystrophy

- Muscular dystrophy, unspecified
- Duchenne or Becker muscular dystrophy

- Facioscapulohumeral muscular dystrophy
- Other specified muscular dystrophies

Cerebral palsy

- Spastic quadriplegic cerebral palsy
- Spastic diplegic cerebral palsy
- Spastic hemiplegic cerebral palsy
- Athetoid cerebral palsy

- Ataxic cerebral palsy
- Other cerebral palsy
- Cerebral palsy, unspecified

REMEMBER: This is not a comprehensive list of eligible related ICD diagnoses. We ask physicians to use their expertise within the most current version of the International Classification of Diseases (ICD) at the time of assessment to accurately document the most applicable ICD code related to a qualifying condition on the PMIP.

Guidance for eligible person target criterion for the inability for independent ambulation resulting from a qualifying diagnosis includes:

When documenting the targeting criterion of inability for independent ambulation for the CIH waiver, consider the support the member requires for walking and if it is due to the qualifying diagnosis. If so, then the person meets targeting criteria for the HCBS-CIH Waiver. Ask: “Does this member need assistance at all times with walking from a mobility device or another person due to their qualifying diagnosis?”

REMEMBER: Members must meet financial eligibility (working adult buy-in option available); level of care criteria; have a need for HCBS; and cost containment and service adequacy found at [10 CCR 2505-10 8.517.5 Client Eligibility](#). *The eligible person targeting criteria for the HCBS-CIH waiver is separate from these standard eligibility areas.*

For more information contact

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