



**COLORADO**  
Department of Health Care  
Policy & Financing

1570 Grant Street  
Denver, CO 80203

# Non-Medical Transportation Compliance Requirements

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**The following requirements must be submitted to the Department at [HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us).**

## **Driver Requirements**

- Current Colorado motor driving vehicle records for all drivers, providing the previous seven years of driving history.
- Colorado or National-based criminal history record checks for all drivers. Existing name-based background checks will satisfy this requirement.

Drivers shall be disqualified from driving for any of the following:

- Any prior convictions for sexual abuse or violent crime
- A conviction, within the ten (10) years preceding the date the criminal history record is completed, of substance abuse
- A conviction in the State of Colorado, at any time, of any Class 1 or 2 felony under [Title 18, C.R.S.](#)
- A conviction in the State of Colorado, within the ten (10) years preceding the date the criminal history record check is completed, of a crime of violence, as defined in [C.R.S. § 18-1.3-406\(2\)](#)
- A conviction in the State of Colorado, within the ten (10) years preceding the date the criminal history record check is completed, of a crime of violence, as defined in [C.R.S. § 18-1.3-406\(2\)](#)
- A conviction in the State of Colorado, within the four (4) years preceding the date the criminal history record check is completed, of any Class 4 felony under [Articles 2, 3, 3.5, 4, 5, 6, 6.5, 7, 8, 9, 12, or 15 of Title 18, C.R.S.](#)
- An offense in any other state that is comparable to any offense listed in subparagraphs 8.2.2.2.1. through 8.2.2.2.4. and within the same time periods as listed in subparagraphs 8.2.2.2.1. through 8.2.2.2.4.



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- Convicted in the State of Colorado, at any time, of a felony or misdemeanor unlawful sexual offense against a child, as defined in [§ 18-3-411, C.R.S.](#), or of a comparable offense in any other state or in the United States at any time
- Within the two (2) years preceding the date the criminal history record check is completed, convicted in this state of driving under the influence, as defined in [§ 42-4-1301\(1\)\(f\), C.R.S.](#); driving with excessive alcoholic content, as described in [§42-4-1301\(1\)\(g\), C.R.S](#)
- Within the two (2) years preceding the date the criminal history record check is completed, convicted of an offense comparable to those included in subparagraph (III)(B) in any other state or in the United States
- For purposes of Section 5.5.4.2.2., a deferred judgment and sentence pursuant to [§ 18-1.3-102, C.R.S.](#), shall be deemed to be a conviction during the period of the deferred judgment and sentence

## **Vehicle Requirements**

*Required inspections are commensurate with vehicle age:*

- Vehicles 0-5 years: no inspection
  - Vehicles 6-10 years: inspected every 24 months
  - Vehicles 11 years plus: inspected annually
  - Vehicle for wheelchair transportation: inspected annually, regardless of age of vehicle
- Proof of a passenger vehicle safety inspection must be submitted to the Department prior to its use for NMT. The inspection must be performed by a qualified mechanic. Safety inspections shall include inspection of items as outlined in Rules Regulating Transportation by Motor Vehicle 4 CCR 723-6-6104.

## **Automobile Insurance Liability Requirements**

*Enrolled Provider agency-owned or fleet vehicles:*

- Bodily injury minimum limits - \$300,000 per person/\$600,000 per accident
- Property damage - \$50,000
- The policy must also include "any auto" or all Owned, Non-Owned and Hired auto, to cover vehicles operating on behalf of, but not owned by the Provider.

*Personal vehicles operating on behalf of the Provider:*



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- Bodily injury minimum limits - \$25,000 per person/ \$50,000 per accident
- Property damage - \$15,000
- A Certificate of Insurance (COI) reflecting required coverage limits and current policy dates, issued by the Provider's insurance provider, dated within the last 7 days.

**For more information contact:**

[HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us)