


<b>Colorado Department of Health Care Policy and Financing</b> <b>1570 Grant St., Denver, CO 80203-1818</b>	<b>NUMBER:</b> HCPF 14-009
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<b>DIVISION OR OFFICE:</b> Client Services, Eligibility and Enrollment	
<b>SUBJECT AREA:</b> Children with Disabilities (CBwD) Working Adults with Disabilities (WAwD)	
<b>SUBJECT:</b> 2014 INCOME LEVELS	<b>APPROVED BY:</b>  Antoinette Taranto
<b>TYPE: I - Information</b>	

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**Purpose:**

The purpose of this agency letter is to advise county departments of human/social services and Medical Assistance sites of the Medicaid Buy – In Program for Children with Disabilities (CBwD) and Medicaid Buy – In Program for Working Adults with Disabilities (WAwD) income limits. Please share this agency letter with anyone who works with these programs.

**Background:**

The income limits for the CBwD and WAwD programs are based on federal poverty level (FPL) guidelines that are updated annually. The 2014 guidelines were published on January 22, 2014 (Federal Register, Volume 79, No. 14, page 3593-3594).

**Information:**

Colorado Benefits Management System (CBMS) has been updated to reflect the new income guidelines for each program according to the attached charts.

**Effective Date:**

4/1/2014

**Contact:**

[Medicaid.Eligibility@hcpf.state.co.us](mailto:Medicaid.Eligibility@hcpf.state.co.us)



## Medicaid Buy-In Program for Children with Disabilities:

### Children's Buy-In Eligibility Overview:

The Medicaid Buy-In Program for Children with Disabilities (Children's Buy-In) is a Family Medical Assistance program that will provide Medicaid benefits for children who are under age 19, have a qualifying disability and whose adjusted family income is at or below 300% of the Federal Poverty Level (FPL).

Eligible families will receive Medicaid benefits for their child with a disability by paying a monthly premium on a sliding scale based on their adjusted income.

### Estimation Calculation for Financial Eligibility and Premium Payment:

To qualify financially for the Children's Buy-In, families must have an adjusted family income at or below 300% FPL. In general, the adjusted income is calculated by reducing the total income for the household family members by 33%. Please note that there are further income adjustments that may be made at the time of application.

To **estimate** financial eligibility and monthly premium, use the following steps:

**A. Family Size:**

- a. Determine the number of family members in your household, including yourself.

**B. Estimate of Monthly Income:**

- a. Add the monthly income (before taxes) for all of the family members in your household (Include income from a job and any other income, such as child support, alimony, etc.).
- b. Multiply the total monthly income amount by 0.6666 ( $\$ \times 0.6666 = \text{Estimate of Monthly Income}$ )

- C. Using your *Family Size* and *Estimate of Monthly Income*, refer to the guide below.

Income Chart and Premium Guide				
Family Size	Monthly Income After Income Adjustments			
1	0 – 1,294	1,295 – 1,800	1,801 – 2,432	2,433 – 2,918
2	0 – 1,744	1,745 – 2,426	2,427 – 3,278	3,279 – 3,931
3	0 – 2,194	2,195 – 3,051	3,052 – 4,123	4,124 – 4,948
4	0 – 2,644	2,645 – 3,677	3,678 – 4,969	4,970 – 5,962
5	0 – 3,094	3,095 – 4,303	4,304 – 5,815	5,816 – 6,976
6	0 – 3,544	3,545 – 4,929	4,930 – 6,661	6,662 – 7,993
7	0 – 3,994	3,995 – 5,555	5,556 – 7,507	7,508 – 9,007
8	0 – 4,444	4,445 – 6,181	6,182 – 8,353	8,354 – 10,021
Federal Poverty Level (FPL)	0% - 133%	134% - 185%	186% - 250%	251% - 300%
Monthly Premium	\$0	\$70	\$90	\$120

NOTE: This chart is based on 2014 Federal Poverty Level (FPL) guidelines.





# Medicaid Buy-In Program for Working Adults with Disabilities: Income Chart and Premium Guide

## Adult Buy-In Eligibility Overview:

The Medicaid Buy-In Program for Working Adults with Disabilities (Adult Buy-In) is an Adult Medical Assistance program that provides Medicaid benefits for working individuals with disabilities, ages 16 through 64, whose adjusted individual income is at or below 450% of the Federal Poverty Level (FPL).

Eligible individuals receive Medicaid benefits by paying a monthly premium on a sliding scale based on their adjusted income.

## Estimation Calculation for Financial Eligibility and Premium Payment:

To qualify financially for the Adult Buy-In, individuals must have an adjusted income at or below 450% FPL. In general, both income from a job and all other sources of income are used to determine eligibility for the Adult Buy-In program; however, about half of your income from a job is excluded in determining eligibility and monthly premium.

The guide below is provided to help estimate income and premium level for the Adult Buy-In program. Please note that there are further income adjustments that may be made at the time of application.

To **estimate** financial eligibility and monthly premium, use the following steps:

### A. Family Size:

- a. All eligible individuals are a family size of one for the Adult Buy-In. In the following steps, only the individual applicant's information should be used. If more than one person in your home is applying, complete the following steps for each person.

### B. Income Adjustment Information:

- a. Earned Income (income from a job):
  - i. Subtract \$65 from the total amount of monthly income from a job before taxes (Earned Income - 65 = \$\$).
  - ii. Then, divide the remaining amount by 2 ( $\text{\$} \div 2 = \text{Estimated Monthly Earned Income}$ ).
- b. Unearned Income (any income received that is not from a job):
  - i. Subtract \$20 from the total amount of monthly income received that is not from a job ( $\text{\$} - 20 = \text{Estimated Monthly Unearned Income}$ ).

### C. Estimate of Total Monthly Income after Income Adjustments:

- a. Add the estimated monthly earned and unearned incomes from the previous steps (Estimated Monthly Earned Income + Estimated Monthly Unearned Income = *Estimate of Total Monthly Income*).

D. Using your *Estimate of Total Monthly Income*, refer to the Income Chart and Premium Guide below.

Income Chart and Premium Guide					
	Monthly Income After Income Adjustments				
Family Size: 1	\$0 - \$389	\$390 - \$1,294	\$1,295 - \$1,946	\$1,947 - \$2,918	\$2,919 - \$4,377
Federal Poverty Level (FPL)	0% - 40%	41% - 133%	134% - 200%	201% - 300%	301% - 450%
Monthly Premium	\$0	\$25	\$90	\$130	\$200

NOTE: This chart is based on 2014 Federal Poverty Level (FPL) guidelines.



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Visit the Department Web site at [Colorado.gov/hcpf/MedicaidBuyInPrograms](http://Colorado.gov/hcpf/MedicaidBuyInPrograms) for additional information and resources or contact Customer Service with any questions: 303-866-3513 or 1-800-221-3943.



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