



COLORADO

Department of Health Care
Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

AGENCY LETTER

AGENCY LETTER NUMBER: HCPF 16-004

SUPRECEDES NUMBER: 15-002

DATE: 2/12/16

DIVISION OR OFFICE: HEALTH INFORMATION OFFICE, ELIGIBILITY

SUBJECT AREA: MEDICAID BUY-IN PROGRAM FOR WORKING ADULTS WITH DISABILITIES

SUBJECT: 2016 INCOME CHART AND PREMIUM GUIDE

TYPE: I-INFORMATION

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*HCPF Agency Letters can be accessed online: www.colorado.gov/hcpf
>> Partners & Researchers >>County and Medical Assistance Site >>Agency Letters*

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 Working Adults with Disabilities (WAWD). Please share this agency letter with anyone who works with this program.

Background:

The income limits for the WAWD program are based on federal poverty level (FPL) guidelines that are updated annually. The 2016 guidelines were published on January 25, 2016 (Federal Register, Volume 81, No. 15, page 4036 - 4037).

Information:

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

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

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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:

1. 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.



Income Adjustment Information:

A. Earned Income (income from a job):

2. Subtract \$65 from the total amount of monthly income from a job before taxes (Earned Income – 65 = *\$\$*).
3. Then, divide the remaining amount by 2 ($$$ \div 2 = \textit{Estimated Monthly Earned Income}$).

B. Unearned Income (any income received that is not from a job):

1. Subtract \$20 from the total amount of monthly income received that is not from a job
2. ($$$ - 20 = \textit{Estimated Monthly Unearned Income}$).

C. Estimate of Total Monthly Income after Income Adjustments:

1. 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 ⁱ					
	Monthly Income After Income Adjustments				
Family Size: 1	\$0 - \$396	\$397 - \$1,317	\$1,318 - \$1,980	\$1,981 - \$2,970	\$2,971- \$4,455
Federal Poverty Level (FPL)	0% - 40%	41% - 133%	134% - 200%	201% - 300%	301% - 450%
Monthly Premium	\$0	\$25	\$90	\$130	\$200

ⁱ NOTE: This chart is based on 2016 Federal Poverty Level (FPL) guidelines.

Effective Date:

April 1, 2016



Contact:

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

County departments of human/social services and Medical Assistance sites can email questions to: Medicaid.Eligibility@state.co.us

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