

# Health First Colorado Buy-In Program for Working Adults with Disabilities (WAwD) and Health First Colorado Buy-In Program for Children with Disabilities (CBwD)

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# Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

## Purpose:

This training will provide information regarding the WAwD and CBwD programs' benefits, requirements, and determination process

## Objectives:

At the end of this presentation, you will be able to:

- Explain the program rules and eligibility requirements for WAwD and CBwD
- Recognize that a member can be eligible for Buy-In and other program categories
- Recall the WAwD and CBwD programs benefits, requirements, and determination process

# Health First Colorado Buy-In Program for Working Adults with Disabilities (WAwD)

# Buy-In Program for Working Adults with Disabilities (WAwD)

WAwD is a Category of Medical Assistance for adults with disabilities who work and are over-income or over resources for other Medical Assistance programs

It allows adults to buy into Medicaid by paying a monthly premium and includes:

- Sliding scale based on income
- Regular Medicaid benefits
- A member always has the option to Opt-Out of WAwD
- Retroactive coverage is available

# Financial Eligibility

- The applicant's income must be **less than 450% Federal Poverty Level (FPL)** after disregards
  - Income Disregard(s):
    - Unearned/earned
    - \$20 unearned income disregard
    - \$65 plus 1/2 the remaining earned income before taxes
- Resources/assets not considered
- Do not pre-screen applicants for this program

**Member receives Social Security Income (SSI) of \$357.00 a month (Unearned Income). Member also works at Top Golf and earns \$1,062.90 a month (Earned Income).**

INCOME DISREGARDS	
<b>Unearned Income</b>	<b>Earned Income</b>
\$357.00 - \$20.00 (unearned disregard) =	\$1,062.90 - \$65.00 (earned income disregard) 1/ 2 =
<b>\$337.00 Total Unearned Income</b>	<b>\$501.50 Total Earned Income</b>
<b>Total income = \$838.50</b>	

<https://www.colorado.gov/pacific/hcpf/medicaid-buy-program-working-adults-disabilities>

# Eligibility Guidelines

**WAwD has several guidelines and qualifying criteria.**

The following factors are considered by CBMS when an eligibility determination is made:

- Age (18 and older)\*
- A full disability determination through SSA or ARG, or a minimum Limited disability determination through the state contractor - (ARG)
- Applicant is considered as an individual (other household member's income will not be used to determine eligibility)
- Member must be employed, self-employed, or job attached.
  - No minimum hours or amount of money earned needed

*\*See slide 13 for additional clarification*



# Some WAwD members are eligible for additional Long-Term Care (LTC) services under the following Home- and Community-Based Services (HCBS) Waivers

**Elderly Blind and Disabled (EBD)**

**Brain Injury (BI)**

**Community Mental Health Supports (CMHS)**

**Spinal Cord Injury (SCI)**

**Supported Living Services (SLS)**

# Important Things to Remember

- A functional Level of Care (LOC) assessment must be completed to receive additional waiver services
- LOC assessments are submitted to eligibility workers
- Completed Disability Determination Applications are submitted by applicants
  - Existing functional LOC that has not ended can be used, i.e. a new functional LOC is not necessary if the last one is not expired

# Health First Colorado Buy-In Program for Children with Disabilities (CBwD)

# Health First Colorado Buy-In Program for Children with Disabilities (CBwD)

- CBwD is a category of Medical Assistance for children under age 19 with disabilities whose families are over-income or over resources for other Medical Assistance programs
- It allows children to buy in to Medicaid by paying a monthly premium and includes:
  - Sliding scale based on income
  - Regular Medicaid benefits (including EPSDT)
  - Waiver Services are not available for Children's Buy-In members
  - Retroactive Coverage is available

# Eligibility Guidelines

Factors considered by CBMS when an eligibility determination is made:

- Under age 19
  - A youth who is working & between the ages of 16-18 will be put into WAwD and considered as a household of one
- A full disability determination through SSA or state contractor-Arbor Review Group (ARG)
- Household income
  - All household members' income will be used to determine eligibility
- Premium
  - One premium per family, regardless of number of children on program

# Financial Eligibility

- The household income must be less than 300% FPL after disregards
  - Income Disregard(s):
    - \$90 earned income disregard
    - 33% disregard of total household income
    - before taxes (gross)
- Resources/assets are not considered

# Continuous Eligibility

- Continuous Eligibility is offered to children that meet continuous eligibility criteria and are in jeopardy of losing CBwD
- Continuous Eligibility will be granted until the renewal date, or until the month in which the child turns 19 years old
- If eligibility is re-run during the Continuous Eligibility period, members can move to a higher benefit category, but never to a lower category
- Does not apply if premiums are not paid

# Opting out of CHP+ into CBwD

A member on CHP+ who is eligible for CBwD can switch from CHP+ to CBwD.

- Not automatic
- Cannot be done in PEAK
- Must be requested by member via a written statement to their eligibility worker
- CHP+ case needs to be manually closed down



# Commonalities

# Buy-In Premiums during Covid

**No premiums are being charged during the Public Health Emergency**

- Members will receive a notice once the Public Health Emergency is ending so they can plan to resume payments
- No payments will be due until they receive a statement

# WAwD & CBwD Premiums

- Premiums based on a sliding scale
- Premiums waived for the first month and for retroactive coverage
- Premiums can be paid via:
  - Mail
  - In person at Denver Health
  - PEAK (can set up recurring payments)
- Payments must be received within 60 days of the due date

# WAwD & CBwD Premiums

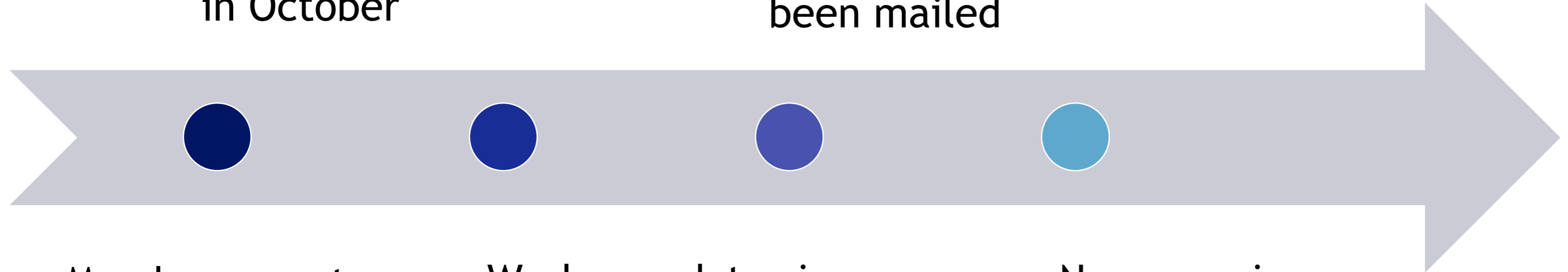
**Missing payments will result in termination of benefits if the oldest month's premium is not paid in full**

- A notice is sent with a termination date. The notice has the last date a premium can be accepted before termination considered
- Letters are sent monthly to those who owe or have a zero-premium payment
- Once the letter is mailed, the amount for the upcoming month can not be changed

# Example

Letter goes out on **9/22/2022** for payment due in October

Premium for **10/2022** cannot be changed because premium letter has already been mailed



Member reports decrease in income on **9/26/2022**

Worker updates income change reported by member on **9/29/2022**

New premium amount effective **11/2022**

# Example Premium Letter

Payment must be received within 60 days of due date October 15 or benefits will be terminated on October 31, 2022.

## STATE OF COLORADO



September 22, 2022

[Individual Name]  
[Individual Mailing Address Line1]  
[Individual Mailing Address Line2]  
[Individual Mailing Address Line3]

Case ID: [Case Id]

**THIS IS A BILL**  
**Pay your monthly premium due [Premium Due Date]**

You are receiving this letter because these members of your household are enrolled in a Health First Colorado (Colorado's Medicaid Program) Buy-In Program as of [Statement Date]:

- [Member Name], [Program Name]

**What you owe**

You must pay a monthly premium for your Health First Colorado Buy-In Program coverage and benefits. **You must pay your premium within sixty (60) calendar days of the due date to keep your benefits.**

Premium statement summary

[Benefit Month] premium:	[Premium Due]
Previous balance:	[Previous Balance]
<b>Amount you owe:</b>	<b>[Total Amt. Due]</b>
<b>Date due:</b>	<b>[Premium Due Date]</b>

See page 2 for a detailed statement.

**Billing Questions?**

Contact: Health First Colorado Buy-In Program customer service  
Hours of operation: Monday through Friday 8:00 a.m. - 5:00 p.m.  
Phone number: 800-359-1991 (State Relay 711)

# Example Premium Letter

## Detailed Statement

Month of eligibility	Member	Date due	Last date to pay premium to keep benefits	Premium	Amount paid	Balance due
[Elig. Mnth1]	[Member Name]	[Premium Due Date1]	[Last dt. to keep benefits1]	[Premium Due1]	[Premium Paid1]	[Premium Bal. Due1]
[Elig. Mnth2]	[Member Name]	[Premium Due Date2]	[Last dt. to keep benefits2]	[Premium Due2]	[Premium Paid2]	[Premium Bal. Due2]
[Elig. Mnth3]	[Member Name]	[Premium Due Date3]	[Last dt. to keep benefits3]	[Premium Due3]	[Premium Paid3]	[Premium Bal. Due3]

**Amount you owe:** [Total Amt. Due]

**You must pay your premium within sixty (60) calendar days of the due date to keep your benefits.**

### How to pay

- **Mobile app:** Download the [PEAKHealth®](#) app and log in using your PEAK® account. Tap on the account icon to see what you owe and make a payment. If you do not have an account, you can create one at [Colorado.gov/PEAK](https://Colorado.gov/PEAK).
- **Online:** Go to [Colorado.gov/PEAK](https://Colorado.gov/PEAK) and click on "manage my account." Click on "payments" to see what you owe and make a payment. If you do not have an account, you can create one.
- **Check or money order:** Send a check or money order payable to the Department of Healthcare Policy and Financing to:

Colorado Department of Health Care Policy and Financing  
PO Box 5010  
Denver, CO 80217-5010

- Premiums can also be paid in person at the vendor's office at:

655 Bannock St. 1st Floor  
Denver, Colorado 80204.

# FPL's and Premiums WAwD

## Federal Poverty Level (FPL)

0% - 40%

41% - 133%

134% - 200%

201% - 300%

301% - 450%

## Monthly Premium

\$0

\$25

\$90

\$130

\$200



# FPL's and Premiums CBwD

## Federal Poverty Level (FPL)

0% - 133%

134% - 185%

186% - 250%

251% - 300%

## Monthly Premium

\$0

\$70

\$90

\$120

# Case Assignment

Once WAwD or CBwD eligibility is determined, the case will be maintained by the Colorado Medical Assistance Program (CMAP)

- In a **combo** case the MA portion of the case will remain with CMAP and the Food and/or Cash assistance portion will be maintained by the County
- An MA case that has a household member with **APTC** will be maintained by Connect for Health Colorado

# Questions or Concerns?



# Resources & Contact Info

- **Agency Letters:**  
<https://www.colorado.gov/pacific/hcpf/agency-letters>
- **Member Frequently Asked Questions:**  
<https://www.colorado.gov/hcpf/member-faqs>
- **Policy Questions?**  
Contact [Medicaid.eligibility@state.co.us](mailto:Medicaid.eligibility@state.co.us)

# Thank You!

# Knowledge Check

# KNOWLEDGE CHECK 1

For WAwD employment criteria to be met, member must be employed, self-employed or job attached.

**TRUE**

**FALSE**

# KNOWLEDGE CHECK 2

**Retroactive coverage for WAwD is available.**

**TRUE**

**FALSE**



# KNOWLEDGE CHECK 3

For WAwD Premiums, which of the following statements are true?

Sliding scale  
is based on  
income

Waived for  
the first  
month &  
retroactive  
coverage

Letters sent  
monthly to  
those who  
owe a  
premium or  
have zero  
premium

# KNOWLEDGE CHECK 4

CBwD is for individuals under the age of:

**21**

**18**

**19**

# KNOWLEDGE CHECK 5

**A member on CHP+ who is eligible for CBwD can switch from CHP+ to CBwD.**

**TRUE**

**FALSE**