



## OPERATIONAL MEMO

---

<b>TITLE:</b>	<b>HEALTH FIRST COLORADO CHILDREN WITH DISABILITIES BUY-IN 2023 INCOME CHART AND PREMIUM GUIDE</b>
<b>SUPERSEDES NUMBER:</b>	<b>HCPF OM 22-009</b>
<b>EFFECTIVE DATE:</b>	<b>APRIL 1, 2023</b>
<b>DIVISION AND OFFICE:</b>	<b>ELIGIBILITY DIVISION; HEALTH OPERATIONS OFFICE</b>
<b>PROGRAM AREA:</b>	<b>ELIGIBILITY POLICY</b>
<b>KEY WORDS:</b>	<b>MEDICAID, BUY-IN, CHILDREN WITH DISABILITIES, CBWD, 2023, FPL, INCOME, PREMIUM</b>
<b>OPERATIONAL MEMO NUMBER: HCPF OM 23-016</b>	
<b>ISSUE DATE: MARCH 8, 2023</b>	
<b>APPROVED BY: MARIVEL KLUECKMAN</b>	

---

*HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>*

### **Purpose and Audience:**

The purpose of this memo is to advise County Departments of Human/Social services and Medical Assistance sites of income changes to the Health First Colorado Buy-In Medicaid Program for Children with Disabilities (CBwD). Please share this memo with anyone who works with this program.

### **Information:**

The income limits for the CBwD program are based on Federal Poverty Level (FPL) guidelines that are updated annually. The 2023 guidelines were published on January 19, 2023 (Federal Register, Volume 88 FR 3424, pages 3424-3425). Colorado Benefits Management System (CBMS) has been updated to reflect the new income guidelines for the Health First Colorado Buy-In Program for Children with Disabilities according to the attached chart. The new income guidelines have an effective date of April 1, 2023.

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

The CBwD Program is a Child Medical Assistance program that provides Health First Colorado (Colorado's Medicaid Program) benefits for children who are under age 19, have a qualifying disability and whose adjusted family income is at or below 300% of the FPL.

Eligible families will receive Health First Colorado benefits for their child with a disability by paying a monthly premium on a sliding scale based on their adjusted income. There have been no monthly premiums due during the COVID-19 public health emergency (PHE). This will continue for one year after the PHE ends.

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

To qualify financially for CBwD, families must have an adjusted gross family income at or below 300% FPL. In general, the adjusted gross 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:**

Determine the number of family members in your household, including the child.

**B. Estimate of Monthly Income:**

1. Add the monthly income (before taxes) for all family members in the household.

(Include income from a job and any other income, such as child support, alimony, etc.). Subtract \$90 as long as someone in the household is working and use that amount for the next step.

2. Multiply the total monthly income amount by 0.6666 ( $\$ \times 0.66 =$  Estimate of Monthly Income) If the net monthly income includes a fraction, round down to the next whole number.

Example: A child who meets all other qualifications for the Children with Disabilities Buy-In, in a family of 4 including the child, may have a gross monthly earned and

unearned income of \$10,602 in 2023 and qualify. They may have additional income as well that is disregarded.

**Using the *Family Size* and *Estimate of Monthly Income*, refer to the guide.**

Monthly Income After Income Adjustments				
<b>Family Size: 1</b>	\$0 - \$1616	\$1617 - \$2,248	\$2,249 - \$3,038	\$3,039 - \$3,645
<b>Federal Poverty Level (FPL)</b>	0% - 133%	134% - 185%	186% - 250%	251%-300%
<b>Monthly Premium</b>	<b>\$0</b>	<b>\$70</b>	<b>\$90</b>	<b>\$120</b>

**Attachment(s):**

None

**Department Contact:**

[Hcpf\\_medicaid.eligibility@state.co.us](mailto:Hcpf_medicaid.eligibility@state.co.us)