

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 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

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

Unearned Income

\$357.00 - \$20.00 (unearned disregard) =

\$337.00 Total Unearned Income

Earned Income

\$1,062.90 - \$65.00 (earned income disregard) 1 / 2 =

\$498.95 Total Earned Income

Total income = \$835.95

[View Buy-in for Working Adults with Disabilities website](#)

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)

Complementary and Integrative Health (CIH)

Supported Living Services (SLS)

Developmental Disabilities

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

Commonalities

Buy-In Premiums during Covid

No premiums are being charged during the Unwind of Public Health Emergency

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

WAwD and 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 and 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 **6/22/2023** for payment due in July

Premium for **7/2023** cannot be changed because premium letter has already been mailed



Member reports decrease in income on **6/26/2023**

Worker updates income change reported by member on **6/28/2023**

New premium amount effective **8/2023**

Example Premium Letter

Payment must be received within 60 days of due date July 15 or benefits will be terminated on July 31, 2023.

STATE OF COLORADO



June 22, 2023

[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]
Amount you owe:	[Total Amt. Due]
Date due:	[Premium Due Date]

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.
- **Online:** Go to 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

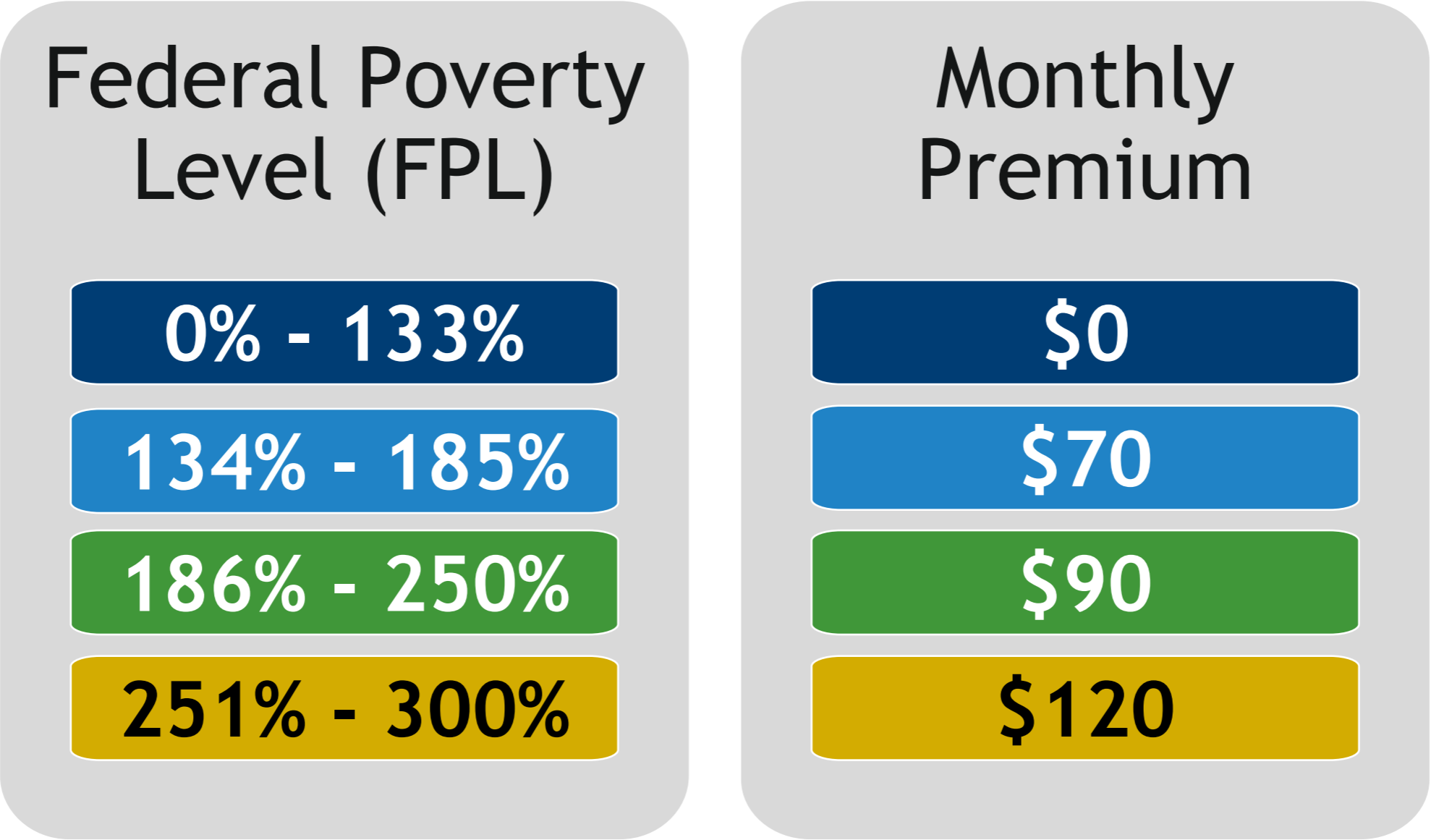
- Premiums can also be paid in person at the vendor's office at:

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

Federal Poverty Levels (FPL) and Premiums WAwD

Federal Poverty Level (FPL)	Monthly Premium
0% - 40%	\$0
41% - 133%	\$25
134% - 200%	\$90
201% - 300%	\$130
301% - 450%	\$200

FPLs and Premiums CBwD



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:**
hcpf.colorado.gov/agency-letters
- **Member Frequently Asked Questions:**
hcpf.colorado.gov/member-faqs
- **Policy Questions?**
Contact hcpf_medicaid.eligibility@state.co.us

Thank You!