

# **AGENCY LETTER**

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**SUPERSEDES NUMBER: HCPF 17-004** 

**DATE: MARCH 14, 2018** 

DIVISION OR OFFICE: HEALTH INFORMATION OFFICE

SUBJECT AREA: HEALTH FIRST COLORADO BUY-IN MEDICAID PROGRAM

FOR CHILDREN WITH DISABILITIES

SUBJECT: 2018 INCOME CHART AND PREMIUM GUIDE

**TYPE: I-INFORMATION** 

APPROVED BY: CHRIS UNDERWOOD

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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 income changes to the Health First Colorado Buy–In Medicaid Program for Children with Disabilities (CBwD). Please share this agency letter with anyone who works with this program.

### **Background:**

The income limits for the CBwD program are based on Federal Poverty Level (FPL) guidelines that are updated annually. The 2018 guidelines were published on January 18, 2018 (Federal Register, Volume 83, No. 12, page 2642 -2644).

#### Information:

Colorado Benefits Management System (CBMS) has been updated to reflect the new income guidelines for the Health First Colorado Buy–In Medicaid Program for Children with Disabilities according to the attached chart. The new income guidelines have an effective date of April 1, 2018.



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

The CBwD Program is a program that will provide 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 (Colorado's Medicaid Program), 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 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 <u>estimate</u> financial eligibility and monthly premium, use the following steps:

### A. Family Size:

1. 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 of the family members in the household (Include income from a job and any other income, such as child support, alimony, etc.).
- 2. Multiply the total monthly income amount by 0.67 (\$ x 0.67 = *Estimate of Monthly Income*) If the net monthly income includes a fraction .5 or higher, round to the next whole number. If the net income amount includes a fraction less than .5, round down to the next whole number.



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

Income Chart and Premium Guide				
Family Size	Monthly Income After Income Adjustments			
1	0 - \$1,346	\$1,347 - \$1,872	\$1,873 - \$2,530	\$2,531 - \$3,035
2	0 - \$1,825	\$1,826 - \$2,538	\$2,539 - \$3,430	\$3,431 - \$4,115
3	0 - \$2,304	\$2,305 - \$3,204	\$3,205 - \$4,330	\$4,331 - \$5,195
4	0 - \$2,782	\$2,783 - \$3,870	\$3,871 - \$5,230	\$5,231 - \$6,275
5	0 - \$3,261	\$3,262 - \$4,536	\$4,537 - \$6,130	\$6,131 - \$7,355
6	0 - \$3,740	\$3,741 - \$5,202	\$5,203 - \$7,030	\$7,031 - \$8,435
7	0 - \$4,219	\$4,220 - \$5,868	\$5,869 - \$7,930	\$7,931 - \$9,515
8	0 - \$4,698	\$4,699 - \$6,534	\$6,535 - \$8,830	\$8,831 - \$10,595
Federal Poverty Level (FPL)	0% - 133%	134% - 185%	186% - 250%	251% - 300%
Monthly Premium	<b>\$0</b>	\$70	\$90	\$120

### **Effective Date:**

April 1, 2018

### **Contact:**

Medicaid.eligibility@state.co.us

