Implementation of the Medicaid Buy-In Program for Age 65 and older

Colorado General Assembly SB20-033

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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.
Presentation Goals

• Identify Authorities for Working Adults with Disabilities

• State the Expansion Policy

• Clarify What is Different and What is theSame in the Working Adults with Disabilities Program

• Answer Stakeholder Questions- and Gather Feedback
Health First Colorado Buy-In Program For Working Adults With Disabilities: SB20-033 Legislation Adding 65 and Older Population


- (II) IN ADDITION TO SUBMITTING AN AMENDMENT TO THE STATE MEDICAL ASSISTANCE PLAN PURSUANT TO SUBSECTION (5)(a)(I) OF THIS SECTION, THE STATE DEPARTMENT SHALL SUBMIT A STATE PLAN AMENDMENT PURSUANT TO SECTION 1902(r)(2) OF THE FEDERAL "SOCIAL SECURITY ACT" TO USE LESS RESTRICTIVE INCOME AND RESOURCE METHODOLOGIES TO MATCH THE INCOME, HOUSEHOLD, AND ASSET LEVELS OF THE MEDICAID BUY-IN PROGRAM FOR IMPLEMENTATION NO LATER THAN JULY 1, 2022.
Health First Colorado Buy-In Program For Working Adults With Disabilities

- Implemented March 1, 2012
- Age 16 through 64 years old to change to Age 16 and older effective July 1, 2022
- Be employed,
- Have a qualifying disability (clinical as defined by social security without regard for exceeding substantial gainful activity) and
- Have income, after disregards, below 450% of the Federal Poverty Level (FPL).* Additional income may be disregarded.
  - Spousal income is disregarded/not counted.
- Resources/assets are not counted.
- Premiums remain the same.

* The FPL is updated annually. In 2021, 450% of the FPL allowed for earning up to $9,655 per month. Includes disregards and exempted income.
Premiums & Medicaid Renewals

• Medicaid Buy-In premiums have not been collected during the public health emergency.
• As the public health emergency unwinds, premiums for Medicaid Buy-In members will restart.
• As the public health emergency unwinds, those enrolled through continuous coverage will be subject to renewals.
  ➢ Adding workers 65 and older will begin July 1, 2022.
  ➢ Medicaid Buy-In members enrolled through continuous coverage will remain enrolled through July 1, 2022 and will be subject to renewal at their next renewal date.
  ➢ There will likely be some individuals in continuous coverage who will not meet Medicaid Buy-In program criteria once the public health emergency ends.
  ➢ Medicaid eligibility centers will assess whether those who become ineligible are eligible for any other Medicaid category.
Health First Colorado Buy-In Program for Working Adults With Disabilities: Adding 65 and Older Population

Adding workers with disabilities age 65 and older to Health First Colorado Buy-In includes:

- Health First Colorado Buy-In enrollees turning 65
  - Medicaid only, Medicaid as a supplemental payer to employer sponsored insurance and/or Medicare, managed care, fee for service, 1915(c) Home and Community Based Services (HCBS) waiver participants.
- Medicaid beneficiaries with disabilities who may transition to Health First Colorado Buy-In.
- New applicants age 65 and older who meet eligibility criteria
  - Including those who may have had previous Medicaid enrollment and those without previous Medicaid enrollment.
Disability Determination Process for Medicaid Buy-In for Working Adults with Disabilities including 65+

To operate Medicaid Buy-In for Workers with Disabilities, states have 2 statutory authorities available to them: The Balanced Budget Act of 1997 (BBA) and Ticket to Work and Work Incentives Improvement Act of 1999 (Ticket to Work).

- BBA includes workers age 18 and older.
- Ticket to Work includes workers age 16 through 64.
- When a state which operates their Buy-In using the Ticket to Work authority adds workers 65 and older they do so by layering on the BBA authority. This is seamless for the beneficiary.
- For both authorities, beneficiaries must be employed and have a qualifying disability (as clinically defined by social security without regard for exceeding substantial gainful activity).
- Social Security provides information about standards and procedures for disability and blindness determination for individuals 65 and older, noting:
  - In general, the regulations and procedures for determining disability for adults who are under age 65 are used when determining whether an individual aged 65 or older is disabled.

[Link to Social Security information]

www.ssa.gov/OP_Home/rulings/di/01/SSR2003-03-di-01.html
Health First Colorado Buy-In Program
For Working Adults With Disabilities:
HCBS Waivers

Health First Colorado Buy-In beneficiaries have access to all Medicaid State Plan services. In addition, eligibility includes access to the following 1915(c) HCBS waivers*:

- Elderly, Blind and Disabled Waiver
- Brain Injury Waiver
- Spinal Cord Injury Waiver
- Community Mental Health Supports Waiver
- Supported Living Services Waiver

* 1915(c) HCBS enrollees must meet level of care requirements
Health First Colorado Buy-In Program for Working Adults With Disabilities: Adding 65 and Older Population

Policy goals and expectations:

• Increase of workers with disabilities remaining in the workforce.
  • Medicaid employment and earnings-friendly messaging will encourage employment for individuals with disabilities of all ages.
    • May increase interest in employment support services.
  • Increase in Medicaid enrollment.
    • Increase in 1915(c) HCBS waiver enrollment for some programs.
• Increase opportunities for successful community living for individuals with disabilities.
  • Increase long-term services and supports State plan service utilization.
  • Added option for facility transition activities.
  • More options for case managers.
Health First Colorado Buy-In Program For Working Adults With Disabilities: Steps to 7/1/2022 Implementation

• Identify and Prepare Operational Elements:
  • Eligibility, Medicaid Management Information System, modify existing programmatic materials (FAQs), member services, web-based systems, contracts.

• Conduct Data Analysis:
  • Determine programmatic impact.

• Determine Fiscal Impact:
  • Quantify administrative costs, including IT, operations and expected increase in Medicaid enrollment and utilization.

• Conduct Education and Outreach:
  • Prioritize impacted members, identify most effective interface with public health emergency (PHE) enrollment and coordinate implementation with PHE unwind.
  • Create outreach and educational materials and identify audience specific strategies - including blogs, presentations, and social media.

• Federal:
  • Submit request for federal resources to support administrative changes.
  • Submit State Plan Amendment request to CMS.
  • Submit 1915 (c) waiver amendments for impacted HCBS programs.
  • Will be opportunity for public comment on these changes
Discussion