

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

# *Our Mission*

**Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources**

## ***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

# SCENARIO



Member receives Social Security Disability Income (SSDI) of \$1,100 a month (Unearned Income). Member also walks the neighbor's dog for \$100.00 a week (Earned Income).

## INCOME DISREGARDS

### Unearned Income

\$1100.00 - \$20.00 (unearned disregard) =

**\$1080.00 Total Unearned Income**

### Earned Income

\$400.00 - \$65.00 (earned disregard) / 2 =

**\$167.50 Total Earned Income**

**Total income = \$1,247.50**

# *Eligibility Guidelines*

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

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

- Age (16-64);
- A full disability determination through SSA or state contractor-Arbor (ARG), **or** a minimum Limited Disability determination through 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.



***Some WAwD members are eligible for additional Long-Term Care (LTC) services under Home and Community-Based Services (HCBS) Waivers, like:***

**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 and Disability Determination Applications can be submitted to the PEAK Inbox
  - Assessment result information will either be updated in CBMS if Real Time Eligibility (RTE) is successful, **or** it will be sent to the PEAK Inbox for a worker to review
- 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 (ARG),
  - Household income
    - All household members' income will be used to determine eligibility

# *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 RRR date, or until the month in which the child is 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

# *Opting out of CHP+ into CBwD*

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

- Not automatic
- Must be requested by member via a written statement
- CHP+ case needs to be manually closed down



# Commonalities

# WAWD & CBWD Premiums

- Premiums based on a sliding scale
- Premiums waived for the first month and for retroactive coverage
- One premium per family, regardless of number of children on program
- Premiums can be paid via:
  - Mail
  - In person at Denver Health
  - PEAK (can set up reoccurring payments)
- Payments must be received within 60 days of the due date
- 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 **8/22/2019** for payment due in October

Premium for **9/2019** cannot be changed because premium letter has already been mailed

Worker updates income change reported by member on **8/29/2019**

New premium amount effective **10/2019**

# *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

# Example Premium Letter

Payment must be received within 60 days of due date September 15 or benefits will be terminated on September 30, 2019.

## STATE OF COLORADO



Dear Thisis Name  
#312  
1509 New lane  
New City, CO 80555

**Date:** September 23, 2018  
**Case ID:** 1BXXXX0

**This letter tells you information about your premium payments.  
This is not a termination notice.  
If your benefits are going to change or end, you will receive another letter.**

The Health First Colorado Medicaid Buy-In for Children with Disabilities Program requires you to pay a monthly premium to keep your health coverage and benefits.

Please pay at least \$70.00 by December 13, 2018 to avoid losing your benefits on December 31, 2018. You currently owe a total of \$70.00. The amount you owe each month is listed in the "**Balance Due**" column.

Month	Monthly Premium Payment Required	Due Date for Monthly Premium Payment	Amount Paid	Balance Due	Last Date Payment Accepted	Termination Date if Premium is Not Paid
April 2018	\$70.00	April 15, 2018	\$70.00	\$0.00	Not Applicable	Not Applicable
May 2018	\$70.00	May 15, 2018	\$70.00	\$0.00	Not Applicable	Not Applicable
June 2018	\$70.00	June 15, 2018	\$70.00	\$0.00	Not Applicable	Not Applicable
July 2018	\$70.00	July 15, 2018	\$70.00	\$0.00	Not Applicable	Not Applicable
August 2018	\$70.00	August 15, 2018	\$70.00	\$0.00	Not Applicable	Not Applicable
September 2018	\$70.00	September 15, 2018	\$70.00	\$0.00	Not Applicable	Not Applicable
October 2018	\$70.00	October 15, 2018	\$0.00	\$0.00	December 13, 2018	December 31, 2018

# Example Premium Letter

Each month your total premium payment must be received by the date listed in the “**Last Date Payment Accepted**” column. If you do not pay your total premium payment for the month due, you may lose your benefits. Any payment we get will be used toward your oldest balance.

If you see \$0.00 in the “**Monthly Premium Payment Required**” column, you do not have a premium due for that month. If you see “**Waived**” in the “**Amount Paid**” column, you do not have to make a payment for that month, unless there is still an amount listed in the “**Balance Due**” column.

There are two ways you can make your payment.

- Pay online through [Colorado.gov/PEAK](http://Colorado.gov/PEAK). If you do not already have a PEAK account, you can create one today.

**OR**

- Send the bottom part of this page with a **check** or **money order** payable to the **Department of Health Care Policy and Financing** to the address listed below.

Questions?

Call Customer Service

Monday – Friday, 8am to 6pm at 1-800-359-1991

If you are hearing impaired, call Relay Colorado at 1-800-659-3656.

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The following payment information is for your Health First Colorado Medicaid Buy-In for Children with Disabilities Program.

This Name

#312  
1509 New lane  
New City CO 80555

Send Payment To:

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

Amount Due: \$70.00

Amount Due By: 10/15/2018

1BX0000614982004828835H52018082300007000201811140

# *Case Assignment*

- Once WAwD or CBwD eligibility is determined, the case will be maintained by the Colorado Medical Assistance program unless the case is a **combo case (contains financial or food assistance)** or has an **Advanced Premium Tax Credit (APTC)**
  - A **combo** case is maintained by the County or by an authorized MA site, or an approved MA site.
  - A case that has a household member with **APTC** will be maintained by Connect for Health Colorado.



# 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**

# *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!