

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 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 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 **\$1062.90** a month (Earned Income).

INCOME DISREGARDS

Unearned Income

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

\$337.00 Total Unearned Income

Earned Income

$\$1062.00 - \65.00 (earned disregard) / 2 =

\$498.95 Total Earned Income

Total income = \$835.95

Eligibility Guidelines

WAwD has several guidelines and qualifying criteria.

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

- Age (18-64)*;
- 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)

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 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

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
 - 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 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
- 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

Why would a member chose to do this?

Commonalities



Buy-In Premiums during Covid

No premiums are being charged during the Public Health Emergency

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

WAwD & 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 & 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 **9/22/2021** for payment due in October

Premium for 10/2021 cannot be changed because premium letter has already been mailed

Worker updates income change reported by member on **9/29/2021**

New premium amount effective **11/2021**

Example Premium Letter

Payment must
be received
within 60 days
of due date
October 15 or
benefits will
be terminated
on October
31, 2021.

STATE OF COLORADO



September 22, 2021

[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.

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

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 **APTIC** will be maintained by Connect for Health Colorado

Upcoming Expansions

Senate Bill 20-033 passed the Legislative Session in 2020.

- Expands the Working Adults with Disabilities to 65+
- Effective July 1, 2022
- More to come so watch for Department communications on this
- Senate Bill 21-0463 The Department will submit a request for federal approval to add the Developmental Disabilities Waiver to the Buy-In program no later than January 1, 2023. Implementation To Be Determined upon approval.

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

Thank You!

