Medicaid Buy-In Program for Children with Disabilities

Children's Buy-In

Acronyms to Know

CHP+: Child Health Plan *Plus*

DME: Durable Medical Equipment

EPSDT: Early and Periodic Screening, Diagnosis, and Treatment

FPL: Federal Poverty Level

HCBS: Home and Community Based Services

PEAK: Program Eligibility and Application Kit

SGA: Substantial Gainful Activity

SSA: Social Security Administration

SSI: Supplemental Security Income

Objectives

- Introduce new "path" into Medicaid:

  Buy-In Program for Children with Disabilities

- Understand
  - Medicaid Buy-In
  - Basic eligibility criteria
  - Benefits

Medicaid Buy-In

- New Colorado Medicaid program options for people with disabilities
  - Sliding scale monthly premium due for benefits
  - Higher income threshold
  - Regular Medicaid benefits
  - Enabled by HB09-1293
    - Funded by Hospital Provider Fee

Children's Buy-In

- Begins July 1, 2012
- Family Medical Assistance program
  - Family income and household used in eligibility determination for the child
- Benefit is for the child/children in the home with a qualifying disability

What You Need to Know

- Children under age 19
- Must have a qualifying disability as determined using SSA criteria
  - Level of care standard not required
- Adjusted family income up to 300% FPL
  - No resource limit
- No waitlist
- Sliding scale monthly premiums

Disability Determination

- Qualifying disability for the Children's Buy-In program
  - SSA criteria
- Disability determination
  - SSA; or
  - State Disability Determination vendor
    - Children who do not have a disability determination by SSA
    - Complete Medicaid Disability Application and Release Form

Medicaid Disability Application

MEDICAID DISABILITY APPLICATION INSTRUCTIONS

THIS FORM MUST BE SUBMITTED TO YOUR COUNTY MEDICAID OFFICE

IF YOU NEED HELP

If you need help with this form, do as much of it as you can, and then **your county technician will help you finish it.**

HOW TO COMPLETE THIS FORM

The information that you give on this form will be used to decide if you meet the disability criteria for Medicaid benefits in Colorado. **Please remember that being found disabled does not guarantee you will receive Medicaid.** You must meet all of the eligibility criteria, which includes disability. These include: 1) disability 2) financial and 3) level of care to receive Medicaid.

- If you ever applied to the Social Security Administration (SSA) for Disability Benefits, **include copies of all letters and notices from SSA**.
- **Do not leave answers blank.** If you do not know the answer, or the answer is "none" or "does not apply," please write: "don't know" or "none" or "does not apply."
- Each address should include a **Zip Code**. Each phone number should include an **Area Code**. You must provide complete information for **each doctor** you identify on this form. Failure to provide complete information may result in those medical records not being used to make a decision on your case.
- **Do not ask a doctor or hospital to complete this form.** But, you may get help from a friend, counselor, case manager, County Medicaid technician, or family member.
- Be sure to show **complete dates** (month/day/year), and explain an answer if the question asks for detail or if you want to give additional information.
- If you need more space or want to tell us more about an answer, please use the "REMARKS" in Section 8 on page 10. Show the number of the question being answered.
- You may send copies of any medical records you have with this application.

WHOSE *Records to be Disclosed*	
NAME (First / Middle / Last)	
SSN	Birthday (mm/dd/yyyy)
ARG USE ONLY NUMBER HOLDER (if other than above) NAME SSN	

AUTHORIZATION TO DISCLOSE INFORMATION TO ARBOR E&T, LLC ACTION REVIEW GROUP (ARG)

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT ***All my medical records:*** **also education records and other information related to my ability to perform tasks. This includes specific permission to release:**

1. **All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s)** ***including*****, and not limited to: -Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501) -Drug abuse, alcoholism, or other substance abuse -Sickle cell anemia -Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV) or sexually transmitted disease -Gene-related impairments (including genetic test results)**
2. **Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.**
3. **Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluation.**
4. **Information created within 12 months after the date this authorization is signed, as well as past information.**

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by ARG
- Employers
- Others who may know about my condition
- (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY ARG (as needed). Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed.

TO WHOM **The state contractor authorized to process my case including contract copy services, and doctors or other professionals consulted during the process.**

PURPOSE Determining my **eligibility for benefits**, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am **capable of managing benefits ONLY** (check only if applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to ARG and my sources to revoke this authorization at any time (see page 2 for details).
- ARG will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- **I have read both pages of this form and agree to the disclosures above from the types of sources listed.**

INDIVIDUAL authorizing disclosure SIGN ▶	IF not signed by subject of disclosure, specify basis for authority to sign ☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain) (Parent/guardian sign here if two signatures required by State law) ▶		
Date Signed	Street Address		
Phone Number	City	State	Zip
WITNESS *I know the person signing this form or am satisfied of this person's identity:* SIGN ▶	IF needed, second witness sign here (e.g., if signed with "X" above) SIGN ▶		
Phone Number (or Address)	Phone Number (or Address)		

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

Premiums

Eligible families will pay a monthly premium

- Premium based on adjusted household income up to 300% FPL
  - A portion of household income will be disregarded before premium amount is determined

Premium Table

*Income Bracket (% of FPL)	*Adjusted Monthly Income (Family Size of 4)	Monthly Premium
0% – 133%	$2,555	$0
134% – 185%	$3,554	$70
186% – 250%	$4,803	$90
251% - 300%	$5,763	$120

* Income and premium determination are based on an adjusted monthly income *after* disregards are applied

NOTE: The monthly income in this table is based upon 2012 FPL income guidelines

Premium Payment

- Monthly premium letters indicate
  - Premium amount and due date
  - Where to send the premium payment
  - Acceptable payment methods
- Premium Payments
  - Due the month following premium letter
  - Premium payment is required to remain eligible
  - Missed payment(s) will result in termination of benefits
    - Notice will be sent with termination date
    - Entire balance must be paid prior to termination date

Benefits

- Regular Medicaid benefits
  - Including inpatient and outpatient care, home health services, durable medical equipment, prescription medications, mental health services, emergency room visits, and more
- EPSDT
  - Healthy Communities
- Excludes waiver services
  - Children's HCBS (C-HCBS),
  - Children's Extensive Support (CES),
  - Children's Habilitation Residential Program,
  - Children with Autism, and
  - Pediatric Hospice (HOPEFUL Program) waivers

Who Might Consider Children's Buy-In?

The Children's Buy-In may be an option for

- Families over income or resources for other Medicaid programs or CHP+
- Children on a waitlist for a children's waiver
  - Except children on the waitlist for the C-HCBS waiver
- Children who do not qualify for waiver services
- Children who do not have health insurance or need coverage as a wrap around to other insurance

Scenario

- Patty has been on the waitlist for the CES waiver for over a year
  - Although Patty needs the personal assistance services included in the CES waiver benefits, she would benefit from Regular Medicaid benefits until she is enrolled from the waitlist to receive CES waiver services
- The Children's Buy-In may be the right option while Patty is awaiting enrollment on the CES waiver
  - Children can remain on the waitlist for most waivers while receiving Regular Medicaid benefits

Scenario

- Kate is on the waitlist for the C-HCBS waiver, but could be eligible for the Children's Buy-In
- What would happen to Kate's waitlist position on the C-HCBS waiver if she is enrolled in the Children's Buy-In?
  - Children cannot be on the waitlist for the C-HCBS waiver and also be enrolled in the Children's Buy-In
  - Kate's family must decide whether the C-HCBS waiver or the Children's Buy-In is the better option to suit their family and child's needs

Medicaid and Other Insurance

- Eligible families will receive Regular Medicaid benefits for their child
  - Primary source of health care insurance
  - Secondary source of health care insurance for "wrap-around" coverage

Scenario

- Mike and Nancy have two children, Jack and Jill
  - Jack has a qualifying disability, but does not meet the level of care to be eligible for a waiver
  - Household income is too high to qualify for Family Medicaid or CHP+
  - The employer-based insurance does not cover the DME necessary for Jack's care.
- Children's Buy-In may be the right option for Jack's needs
  - Medicaid will act as a wrap-around to the primary insurance, and Medicaid covers DME
  - The level of care standard is not required for eligibility
  - Jack is the only family member who will receive Medicaid benefits

Application Process

- All doors are open
  - Submit the Application for Medical/Public Assistance
  - Submit an online application through Colorado PEAK
    - Colorado.gov/PEAK
  - Visit an application assistance site for help
    - Colorado.gov/hcpf > Application Assistance Site
- Check the box that indicates the application is for Medical Assistance for Families
- Apply on or after July 1, 2012

Colorado PEAK

- Colorado PEAK is an online tool that allows applicants to
  - Screen for potential medical, cash and/or food assistance
  - Complete an application online
  - Report changes to their case
  - Check benefits and redetermination dates

COLORADO PEAK
Sign on. Submit. Benefit.

En Español

Home | Benefit Information | For Community Partners | For Counties | FAQs | Contacts | Help

Welcome to PEAK

The fast and easy way to access benefit information – anytime and anywhere.

PEAK is an online service for Coloradoans to screen themselves and apply for medical, food, and cash assistance programs.

Other benefits are available, check with your county office for details.

Click on any icon to begin!

Click here to read more about how to use this website.

Am I Eligible?	Apply for Benefits	Check My Benefits	Report My Changes
Click to see if you might be eligible.	Click to apply online for benefits.	Click to check your benefits.	Click to report a change to your case.

Before You Begin

Click below to learn more about assistance programs.

Food Assistance | Medical Assistance | Cash Assistance

Quick Links	Find Nearest Office	PEAK News
About PEAK	Services by County	Updates
Client Information	Application Assistance Sites	

COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

Redeterminations

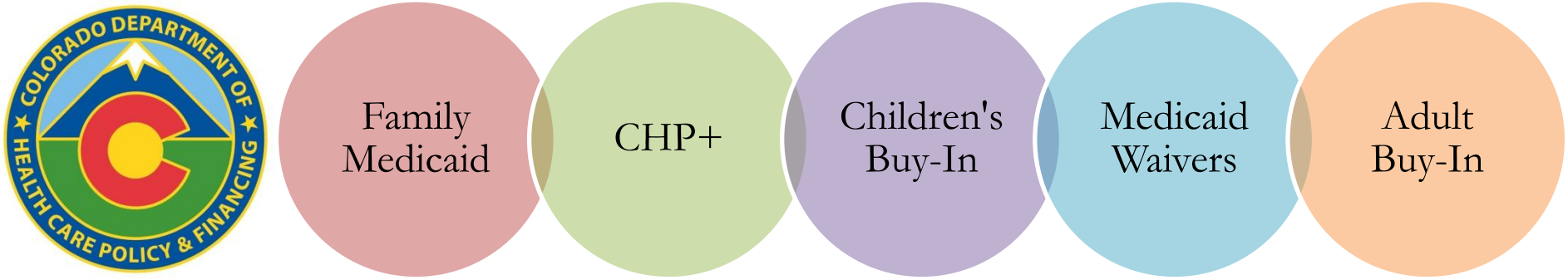
- Redetermination for eligibility
  - Annual
  - Change in circumstance
    - Increase/Decrease in earnings
    - Household size changes
    - Report to eligibility site or Colorado PEAK online
- Redetermination packets
  - Mailed 60 days prior to redetermination date
  - Review information
    - Report changes upon receipt
    - If no changes reported, information in eligibility system is used

Children's Buy-In Program

Bringing the Pieces Together

Children's Buy-In is a new option

- Things to consider
  - Which benefits best suit the needs of your child and family
  - What other state and/or federal programs to consider
  - How to transition from one program to another



	Family Medicaid	**CHP+**	**Children's Buy-In**	**Waivers**	**Adult Buy-In**
Household Income	Family	Family	Family	Individual	Individual
Income Threshold (% FPL)	133%	250%	300%	300%	450%
Disability Determination	N/A	N/A	Yes	Yes and Level of Care	Yes without SGA
Benefits	Medicaid	CHP+ HMO	Medicaid	Medicaid and Waiver Service	Medicaid
Who Receives Benefits?	Family	Children and Pregnant Women	Individual	Individual	Individual

Questions?

Additional Information

Web site

Colorado.gov/hcpf/MedicaidBuyInPrograms

Questions?

Email or Call

Customer.Service@hcpf.state.co.us

1-800-221-3943