



Medicaid Buy-In for Working Adults with Disabilities Frequently Asked Questions

Adult Buy-In Eligibility Overview:

The Medicaid Buy-In Program for Working Adults with Disabilities (Adult Buy-In) is an Adult Medical Assistance program that provides Medicaid benefits for working individuals with disabilities, ages 16 through 64, whose *adjusted* individual income is at or below 450% of the Federal Poverty Level (FPL).

Eligible individuals receive Medicaid benefits by paying a monthly premium on a sliding scale based on their adjusted individual income. Every applicant is considered a family size of one for this program.

The following pages contain frequently asked questions about eligibility and enrollment for the Adult Buy-In program. Click on one of the categories to jump to that section of information.

- [Disability Determination Information](#)
- [Income Guidelines and Premium Payment Information](#)
- [Benefit Information](#)
- [Application and Redetermination Information](#)
- [Adult Buy-In and Other Program Interaction/Transition](#)
- [Other Frequently Asked Questions](#)

Disability Determination Information:

1. What is a qualifying disability for the Adult Buy-In?

In general, you are considered to have a disability if:

- You have a physical or mental impairment (or combination of impairments) that causes marked and severe functional limitations; and
- The impairment(s) has lasted or is expected to last for at least 12 consecutive months, or result in death.

A qualifying disability for the Adult Buy-In is determined using the Social Security Administration (SSA) criteria, but does not consider the same Substantial Gainful Activity (SGA) as SSA. SGA includes your income level, resources and ability to work. The Adult Buy-In eligibility requirements for SGA are different from SSA and can be referenced in the [Income Guidelines and Premium Payment Information section](#).

The adult and childhood listings for disability can be referenced through the following link to the SSA Web site: www.ssa.gov/disability/professionals/bluebook

2. Who determines whether or not I have a qualifying disability for the Adult Buy-In?

There are two ways a qualifying disability can be determined:

- Social Security Administration (SSA):
 - If you already have a disability determination through the SSA and the diary date is current, that determination will be accepted for the Adult Buy-In.
- State Disability Determination contractor:
 - If you do not have a disability determination through SSA, a Medicaid Disability Application and Release Form should be submitted with the Medicaid application.

Please see the [Application Information](#) section for links to the applications and information on how to apply.

3. Are mental health conditions considered in determining whether or not I have a qualifying disability?

Yes, there are mental health conditions that qualify as disabilities. The adult and childhood listings can be referenced through the following link to the SSA Web site:

www.socialsecurity.gov/disability/professionals/bluebook/AdultListings.htm

4. Is there a specific level of care requirement for eligibility? For example, do I have to be at risk of being placed in a nursing facility, hospital or intermediate care facility to qualify for the Adult Buy-In?

No. The Adult Buy-In does not have a level of care requirement. You must be employed to remain eligible for the program.

Certain levels of care standards are required for eligibility for Medicaid waiver programs. Waiver programs provide additional benefits specific to the needs of those who qualify by meeting the special eligibility criteria. However, the individual must have a qualifying disability as described in [#2](#).

To learn more about the Medicaid waiver programs, please visit the Department Web site here: [HCPF: HCBS Waivers List](#)

5. Do I have to apply for Social Security before applying for the Adult Buy-In?

No, you do not need to apply for SSA programs (Social Security Income (SSI) or Social Security Disability Insurance (SSDI)) prior to applying for the Adult Buy-In program.

6. If I lost or am going to lose SSI eligibility, does a new disability determination need to be made?

It depends.

If SSI is discontinued for any reason other than disability status (example: over income and/or resources) *and* the diary date is current at the time of application for the Adult Buy-In, then a new disability determination is not needed. The diary date is when Social Security will re-evaluate the disability. This date can be obtained by calling Social Security.



However, if SSI is discontinued because the diary date on the disability determination has passed or because that person no longer has a disability by SSA standards, then a Medicaid Disability Application and Release form would be needed for a new disability determination through the State Disability determination contractor.

7. If I am already on Medicaid because I have a disability, do I have to work to keep my Medicaid benefits?

Work is not a requirement to be eligible for other Medicaid programs. If you qualify for Medicaid through another program, you do not need to work to keep your benefits.

The Adult Buy-In is a new Medicaid program that is now available for people with disabilities who are working and do not qualify for other Medicaid programs, for example, if their income is too high.

Employment Information

8. How much do I have to work to be eligible for the Adult Buy-In?

There is no minimum or maximum number of hours you have to work to be eligible. However, employment information must be provided at the time of application.

9. How do I report employment?

Employment is reported on the application for the month of application or the previous month. Eligibility and premium amount is determined based on your income, which can be verified in one of the following ways:

- Income from an employer should be reported on the application where prompted. This income from a job can be verified by submitting pay stubs with the application and/or by providing your Social Security Number for electronic verification.
- Income from self-employment should be reported on the application using the ledger provided for self-employment. If further information is needed to verify income, the eligibility site will contact you.

Note: You must report employment and/or income changes within ten days. These changes can be reported to the eligibility site or online at [Colorado PEAK](#) using the *Report My Changes* tool. Remember, you must be employed to remain eligible for the Adult Buy-In program, and your premium amount is determined on a sliding scale based on your income level.

10. What if my wages vary?

You must be employed to remain eligible for the Adult Buy-In. Any change in circumstance should be reported within ten days. Some examples of these changes may include: start/end of a job (including self-employment), change in wage, change in income sources other than a job, etc. These changes can be reported to the eligibility site or online at [Colorado PEAK](#) using the *Report My Changes* tool.



In the instance someone in the Adult Buy-In program is employed but does not earn an income in a given month (Example: teachers who do not take pay in summer months), the change in income should be reported along with verification of employment status. Since monthly premiums are calculated on a sliding scale based on income, the premium amount due for future months will be adjusted according to the change reported.

11. What if I am on the Adult Buy-In and I lose my job?

If you become unemployed, you will no longer be eligible for the Adult Buy-In. Benefits will terminate at the end of the month that your change in employment is reported. The change in your employment status should be reported to an eligibility site or online at [Colorado PEAK](#) within ten days.

12. What if I am able to work for a few months, but then need a month off?

If you are not employed or become unemployed, you are not eligible to receive benefits through the Adult Buy-In. However, if you are on an approved leave from work but remain employed, you may be able to maintain eligibility by providing verification of continued employment and reporting your change in income.

Income Guidelines and Premium Payment Information:

13. Is eligibility for the Adult Buy-In based on monthly or annual income?

All Medicaid programs use monthly income to determine eligibility. All Medicaid clients should report any change in circumstance within ten days. If no changes are reported, it is assumed that the client's circumstances have remained the same, and no change in eligibility will be determined for one year from the application date.

14. Whose income is used to determine eligibility for the Adult Buy-In?

Eligibility for the Adult Buy-In is determined individually. That means that parental/spousal income/resources will not be used to determine eligibility for an applicant even if they're in the same household and more than one person is applying.

15. What are the resource and income limits?

There are no resource limits for the Adult Buy-In.

You can earn an adjusted income equal to or below 450% FPL to be eligible for the Adult Buy-In. Before eligibility and premium amount is determined, a portion of your monthly income is subtracted as follows:

- First \$20 of total unearned income (any monthly income that is not from a job)
- First \$65 of total earned income and ½ of the remaining amount (any monthly income from a job)

Please see [#16](#) for a step-by-step guide on how to estimate your adjusted monthly income.



16. How is income adjusted to determine eligibility and premium amounts?

To qualify financially for the Adult Buy-In, you must have an adjusted income at or below 450% FPL. In general, both income from a job and all other sources of income are used to determine eligibility for the Adult Buy-In program; however, about half of your income from a job is excluded in determining eligibility and monthly premium.

The guide below is provided to help estimate your income and premium level for the Adult Buy-In program. Please note that there are further income adjustments that may be made at the time of application.

To **estimate** financial eligibility and monthly premium, use the following steps:

A. *Family Size:*

- a. All eligible individuals are a family size of one for the Adult Buy-In. In the following steps, only the individual applicant's information should be used. If more than one person in your home is applying, complete the following steps for each person.

B. *Income Adjustment Information:*

a. Earned Income (income from a job):

- i. Subtract \$65 from the total amount of monthly income from a job before taxes (Earned Income – 65 = \$\$).
- ii. Then, divide the remaining amount by 2 ($$$ \div 2 = \textit{Estimated Monthly Earned Income}$).

b. Unearned Income (any income received that is not from a job):

- i. Subtract \$20 from the total amount of monthly income received that is not from a job ($$$ - 20 = \textit{Estimated Monthly Unearned Income}$).

C. *Estimate of Total Monthly Income after Income Adjustments:*

- a. Add the estimated monthly earned and unearned incomes from the previous steps (Estimated Monthly Earned Income + Estimated Monthly Unearned Income = *Estimate of Total Monthly Income*).

D. Using your *Estimate of Total Monthly Income*, refer to the [Income Chart and Premium Guide](#).



Income Chart and Premium Guide					
	Monthly Income After Income Adjustments				
Family Size: 1	\$0 - \$389	\$390 - \$1,294	\$1,295 - \$1,946	\$1,947 - \$2,918	\$2,919 - \$4,377
Federal Poverty Level (FPL)	0% - 40%	41% - 133%	134% - 200%	201% - 300%	301% - 450%
Monthly Premium	\$0	\$25	\$90	\$130	\$200

NOTE: This chart is based on 2014 Federal Poverty Level (FPL) guidelines.

17. Is there a different calculation for self-employment and/or seasonal employment since the income may fluctuate?

No, the calculation is not different. To estimate your financial eligibility and premium payment, follow the process described in the previous question/answer using the current month's income including income from a job earned through self-employment. If your income changes, you should report the change to the eligibility site or online at [Colorado PEAK](#). The premium amount is based on your monthly income.

18. How do I report a change in my income? How does my income impact the premium amount?

Any change in situation, including income changes, should be reported to an eligibility site case worker within ten days. You can also report changes online at [Colorado PEAK](#) using the *Report my Changes* tool. Changes in income may change your monthly premium.

19. When are premiums due? What if I miss a payment?

A premium will not be owed for the month of application. Monthly premium letters will be mailed on the 22nd of each month. The letters will specify the premium amount, due date and where to send the premium payment. Monthly premium payments are due by the 15th of each month. If a payment is not due, the client will not receive a letter.

Failure to pay premiums within 60 days of the first missed payment will result in termination of benefits. This information will be detailed in the premium notice mailed to you.

20. How are premiums paid?

Monthly premiums can be paid by mailing a check or money order to the address listed on the premium letter received each month. Premiums can also be paid in person at the Colorado Eligibility and Enrollment Medical Assistance Program (EEMAP) vendor's office at 4500 Cherry Creek South Drive, Suite 200 in Denver.



21. Can I pre-pay premiums?

Yes, once you have been determined eligible, premiums can be paid as many months in advance as you choose. You will not receive a premium letter in months that you do not owe a premium.

22. What if I am eligible for retro-active coverage for the three months before my application was submitted, will I owe premiums for those months too?

No. You will not owe a premium until for the month of application or any month prior. Premiums will begin in the month following the month of application. So, your first premium payment letter will include the total amount owed in premiums starting with the month after application up to the month you are notified of your eligibility.

Please follow the steps in [Question #16](#) to estimate your monthly premium and plan accordingly while you are waiting for an eligibility determination.

23. What if the eligibility determination takes longer than expected?

The steps in [Question #16](#) can be used to estimate what your first premium payment due will be. Please remember that you will owe a premium for each month following the month you applied, but you will not receive a premium letter until a full eligibility determination is made.

You should receive an eligibility determination within 90 days from the date your application was submitted.

The following table is an example of how the timeline for determining eligibility could affect the first premium payment, and why you should estimate your monthly premium. For this example, the 134%-200% FPL income bracket is being used, which is a premium amount of \$90/month:

	Scenario #1	Scenario #2	Scenario #3	Scenario #4
Application Submission Date	10/14/2012	10/14/2012	10/14/2012	10/14/2012
Date of Effective Eligibility	10/1/2012	10/1/2012	10/1/2012	10/1/2012
Date Client Receives Approval Notice	10/28/2012	11/16/2012	12/18/2012	1/5/2013
Date of First Premium Notice (No premium due for month of application)	10/29/2012	11/23/2012	12/23/2012	1/23/2013
Monthly Premium Amount (Based on 134%-200% FPL)	\$90	\$90	\$90	\$90
First Premium Amount to Expect Based on Date of Eligibility Notice (Based on 134%-200% FPL)	\$90	\$90	\$180	\$270



24. What if another family member living in my home is also eligible, how is our premium calculated? Does a premium have to be paid for each person?

A premium will be owed for each eligible household member. Since everyone in the Adult Buy-In program is a household size of one, each person will owe a premium based on their individual income.

25. What if I applied and was found eligible for the Adult Buy-In, but I no longer want to be on the program?

If you are found eligible for the Adult Buy-In but do not want to receive the benefit, you should immediately contact an eligibility site worker to request a termination of benefits.

Benefit Information

26. What Medicaid benefits will I receive in the Adult Buy-In?

The Adult Buy-In provides access to regular Medicaid services, which may include but is not limited to offices visits, hospitalizations, x-rays, home health services, durable medical equipment (DME) and prescription medications.

Individuals eligible for the Adult Buy-In who also meet the level of care requirement and targeting criteria for either the Elderly, Blind or Disabled (EBD) and Community Mental Health Services (CMHS) waivers can receive Home and Community Based Services (HCBS) through these waivers. For more questions about these two waivers, individuals can contact the [Single Entry Point Agency](#) in their area.

For questions about Medicaid benefits, please call the Customer Support Center. The Customer Support Center is available to assist Monday through Friday, from 7:30am to 5:15pm, at **1-800-221-3943**. Questions can also be emailed to: Customer.Service@hcpf.state.co.us.

27. Are home and community based services (HCBS) available to Adult Buy-In clients?

Yes. Beginning December 1, 2012, individuals enrolled in the Adult Buy-In who meet the level of care requirement and targeting criteria through a functional needs assessment will be able to receive these services through the Elderly, Blind and Disabled (EBD) and Community Mental Health Services (CMHS) waivers.

28. When will my benefits begin?

Once approved, your benefits will begin on the first day of the month that your application is submitted, and you may request retroactive coverage for up to 90 days prior to application.

29. Does the Adult Buy-In offer retroactive eligibility?

You may request retroactive eligibility up to 90 days prior to your application date. If retroactive eligibility is not applicable, your effective date of eligibility will be the first day of the month of application.



30. Are co-pays due for services for Adult Buy-In clients?

Co-payments for the Adult Buy-In are the same as for other Medicaid programs. These amounts can be found on the Department Web site using the following link:

www.colorado.gov/cs/Satellite/HCPF/HCPF/1212398230851

Application and Redetermination Information

31. How do I apply for the Adult Buy-In Program?

You can apply by filling out an application for Medical Assistance. Detailed Medicaid application and Medicaid Disability Application information is below.

[Application Information](#)

Medicaid Disability Application

If you do not already have a disability determination through SSA, the following forms should be submitted with the Medicaid application to an eligibility site.

[Application Information](#) then click ‘Apply by Mail’ and scroll down to “Please note: If you are a person with a disability, and you are 64 years of age or younger, you must complete:” And download the “Disability Application” and “Medical Records Release Form.”

- Submit both of these documents to an eligibility site with your Medicaid application.
 - If you are submitting them separately, the Medicaid Disability Application should be sent to the same eligibility site where the Medicaid application was sent
 - If your Medicaid application was submitted online through CO PEAK, you can log-in to your account to see where the application is being processed. The Medicaid Disability Application should be sent to the same eligibility site. Do not send the disability application to the State vendor.

Find an eligibility site:

- [County departments of human/social services](#)
- Certified Application Assistance Sites (CAAS), Presumptive Eligibility (PE) Sites, Medical Assistance (MA) and other eligibility sites can be located [here](#).

Applications can also be sent upon request through the [Customer Contact Center](#) by calling 1-800-221-3943 or email customer.service@hcpf.state.co.us

32. Should I report my resources on the application?

The Adult Buy-In program does not take resources into account to determine eligibility. However, for any resources you report on the application, please submit copies of documents that can verify the information you report. If you do not supply verifying documents for what you report on the application, the eligibility determination may be delayed.



33. How long does it take for the application to get processed?

The processing timeline for applications that do not need a disability determination can take up to 45 days. The processing timeline for applications that require a disability determination can take up to 90 days.

The effective date of eligibility is the first day of the month of application if retroactive coverage is not requested.

34. How does the redetermination process work?

Like other Medicaid programs, eligibility for the Adult Buy-In program is re-determined once per year or when a change in circumstance is reported (e.g. changes in income or job status). A packet will be mailed 60 days prior to the annual redetermination date. If no changes are reported, then you will be automatically re-enrolled. If changes are reported at that time, your eligibility for the Adult Buy-In and other programs will be determined based on the new information.

35. Does my disability determination need to be re-reviewed every year?

Disability is re-determined once the diary date on your disability determination passes. The diary date could differ for each applicant, but is generally 1, 3, 5 or 7 years after the original determination and will be indicated on the disability determination.

36. Can I appeal an eligibility determination that deemed me ineligible for medical assistance?

Anyone who is denied Medicaid eligibility for any reason has a right to appeal and should talk to their eligibility site to exercise this right.

Adult Buy-In and Other Program Interaction/Transition

37. If I am receiving medical assistance through another Medicaid program can I switch to the Adult Buy-In?

If you are already enrolled in another Medicaid program but would like to be determined for Adult Buy-In eligibility, you will need to work with an eligibility worker. You must first be determined ineligible for the other Medicaid category and must meet all of the Adult Buy-In eligibility criteria in order to qualify.

You should also work with a case manager or a benefit planner to be sure that the change in benefits is right for you and that you know how other benefits may be affected by changing programs. Please see [Question #31](#) for resources.

38. Can I stay on the waitlist for a Home and Community Based Services (HCBS) waiver and also receive Medicaid benefits through the Adult Buy-In?

Yes, if you are on a waitlist for HCBS and also qualify for Adult Buy-In, you may be enrolled in the Adult Buy-In while you await enrollment onto the waiver from the waitlist.



39. If I lost SSI Medicaid due to being over income or resources, how can I transition to the Adult Buy-In?

You would first need to lose eligibility for SSI (for example, due to being over income) before an eligibility determination for other Medicaid programs like the Adult Buy-In could be done. During that process, there is potential for a gap in coverage. To ensure that the transition is as seamless as possible, you should work with the eligibility site worker to indicate that your income is expected to increase. An eligibility worker can help you with what is needed based on your individual situation – such as whether or not a new application is needed, if a new disability determination needs to be made, if there are verifications that need to be provided to do the eligibility determination, etc.

40. Can I be on both Medicare and the Adult Buy-In?

Yes, if you are eligible for both Medicare and the Adult Buy-In program, you can receive benefits from both programs. Medicaid will act as a secondary insurance to “wrap around” Medicare benefits. Prescription benefits for individuals on both Medicare and Medicaid, however, may be limited.

For more information on the prescription benefit for those who are eligible for both Medicare and Medicaid, please call 1-888-696-7213 to reach a State Health Insurance Program (SHIP) representative or visit the Department Web site here:

www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542395681

41. If I am eligible for Social Security Disability Insurance (SSDI), am I eligible for the Adult Buy- In even if I’m still in the two-year waiting period for Medicare benefits to begin?

Yes, as long as you meet all of the eligibility criteria for the Adult Buy-In. Your SSDI eligibility does not affect your eligibility for the Adult Buy-In even if you are in the two year waiting period for Medicare coverage.

42. I am on the Aid to the Needy Disabled (AND) program – am I also eligible for the Adult Buy- In?

No, AND is a cash assistance program for individuals who have a disability that prevents them from working. Since one of the eligibility requirements for the Adult Buy-In is that the individual must be working, clients are not able to be on both the AND program and the Adult Buy-In at the same time. However, clients receiving AND may qualify for other Medicaid programs.

43. Can I be on the Adult Buy-In program and other public assistance programs?

Yes, all assistance should be reported on the application. Some assistance is excluded when determining income eligibility for the Adult Buy-In program.



Other Frequently Asked Questions:

44. What is the Health Insurance Buy-In (HIBI)? Is HIBI available to individuals on the Adult Buy-In?

HIBI is a Medicaid program that pays a portion of the client's commercial health insurance premiums when it would be cost-effective for Medicaid to do so. HIBI is not currently available to those on Adult Buy-In program. However, if this benefit becomes available, application information will be distributed at that time.

45. Can I keep my private/employer-based health insurance and still be eligible for the Adult Buy- In?

Yes, as with all other Medicaid programs, you can have a private/employer-based health insurance and still be eligible for Medicaid. Medicaid is the payer of last resort, and “wraps around” primary insurance(s) for Medicaid-covered benefits.

46. Should I keep my private/employer-based health insurance? What are the benefits?

While the decision to remain enrolled in private insurance is a personal decision that must be weighed carefully by each applicant, there are several advantages to retaining commercial coverage that should not be overlooked. Access and availability to health care providers would be two such factors.

It should be noted that Medicaid works as a wrap-around to commercial coverage for Medicaid-covered services. Medicaid is billed after the commercial plan is billed, and in most cases, for Medicaid-covered services through a Medicaid provider, the client is only responsible for the Medicaid cost-sharing amount (e.g. Medicaid copayments).

Furthermore, in most cases, Medicaid recipients under the age of 18 do not have copayments for Medicaid-covered services through a Medicaid provider. For example, if the primary insurance coverage has service limits and copayments or other cost-sharing amounts due for durable medical equipment (DME) or therapy services; Medicaid will cover those medically necessary services including those where the commercial service limits have been exceeded. Also, those younger than age 18 will not owe copayments for the services.

You should always present your insurance card and your Medicaid card so that health care providers or pharmacies can properly bill the claims.

47. Can people in the Adult Buy-In participate in managed care organization programs or plans?

Yes, those enrolled in the Adult Buy-In have access to the same benefits as other Regular Medicaid clients.

