



COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

AGENCY LETTER

AGENCY LETTER NUMBER: HCPF 15-002

SUPRECEDES NUMBER:

DATE: 2/19/2015

DIVISION OR OFFICE: HEALTH INFORMATION

**SUBJECT AREA: MEDICAID BUY-IN PROGRAM FOR WORKING ADULTS WITH
DISABILITIES**

SUBJECT: 2015 INCOME CHART AND PREMIUM GUIDE

TYPE: I-INFORMATION

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*HCPF Agency Letters can be accessed online: www.colorado.gov/hcpf
>> Partners & Researchers >>County and Medical Assistance Site >>Agency Letters*

Purpose:

The purpose of this agency letter is to advise county departments of human/social services and Medical Assistance sites of income changes to the Medicaid Buy – In Program for Working Adults with Disabilities (WAWD). Please share this agency letter with anyone who works with this program.

Background:

The income limits for the WAWD program are based on Federal Poverty Level (FPL) guidelines that are updated annually. The 2015 guidelines were published on January 22, 2015 (Federal Register, Volume 80, No. 14, page 3236-3237).

Information:

Colorado Benefits Management System (CBMS) has been updated to reflect the new income guidelines for each program according to the attached charts. The new income guidelines have an effective date of April 1, 2015.

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Adult Buy-In Eligibility Overview:

The WAwD program is a program that provides Medicaid benefits for working individuals with disabilities, ages 16 through 64, whose adjusted gross individual income is at or below 450% of the FPL.

Eligible individuals receive Medicaid benefits by paying a monthly premium on a sliding scale based on their adjusted gross income.

Estimation Calculation for Financial Eligibility and Premium Payment:

To qualify financially for the WAwD program, individuals must have an adjusted gross 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 WAwD program; however, about half of an applicant's income from a job is excluded in determining eligibility and monthly premium.

The guide below is provided to help estimate income and premium level for the WAwD 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:**

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



Income Adjustment Information:

A. Earned Income (income from a job):

1. Subtract \$65 from the total amount of monthly income from a job before taxes (Earned Income – 65 = *\$\$*).
2. 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):

1. Subtract \$20 from the total amount of monthly income received that is not from a job.
2. ($$$ - 20 = \textit{Estimated Monthly Unearned Income}$).

C. Estimate of Total Monthly Income after Income Adjustments:

1. 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 the *Estimate of Total Monthly Income*, refer to the Income Chart and Premium Guide below.

Income Chart and Premium Guide ⁱ					
	Monthly Income After Income Adjustments				
Family Size: 1	\$0 - \$393	\$394 - \$1,305	\$1,306 - \$1,962	\$1,963 - \$2,942	\$2,943 - \$4,414
FPL	0% - 40%	41% - 133%	134% - 200%	201% - 300%	301% - 450%
Monthly Premium	\$0	\$25	\$90	\$130	\$200

ⁱ **Note:** This chart is based on 2015 Federal Poverty Level (FPL) guidelines.

Effective Date:

April 1, 2015



Contact:

Visit the Department website at [Colorado.gov/hcpf/MedicaidBuyInPrograms](https://colorado.gov/hcpf/MedicaidBuyInPrograms) for additional information on the program.

Applicants and clients can contact the Medicaid Customer Contact Center with any questions: 1-800-221-3943/ TDD 1-800-659-2656 or at colorado.gov/hcpf/contact-hcpf.

County departments of human/social services and Medical Assistance sites can email questions to: Medicaid.Eligibility@state.co.us

