



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 15-003

SUPRECEDES NUMBER:

DATE: 2/19/2015

DIVISION OR OFFICE: HEALTH INFORMATION OFFICE

**SUBJECT AREA: MEDICAID BUY-IN PROGRAM FOR CHILDREN 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 Children with Disabilities (CBWD). Please share this agency letter with anyone who works with this program.

Background:

The income limits for the CBWD 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 the program according to the attached charts. The new income guidelines have an effective date of April 1, 2015.

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Children's Buy-In Eligibility Overview:

The CBwD Program is a program that will provide Medicaid benefits for children who are under age 19, have a qualifying disability and whose adjusted family income is at or below 300% of the FPL.

Eligible families will receive Medicaid benefits for their child with a disability by paying a monthly premium on a sliding scale based on their adjusted income.

Estimation Calculation for Financial Eligibility and Premium Payment:

To qualify financially for the CBwD, families must have an adjusted gross family income at or below 300% FPL. In general, the adjusted gross income is calculated by reducing the total income for the household family members by 33%. 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. Determine the number of family members in your household, including the child.

B. Estimate of Monthly Income:

1. Add the monthly income (before taxes) for all of the family members in the household (Include income from a job and any other income, such as child support, alimony, etc.).
2. Multiply the total monthly income amount by 0.6666 ($\$ \times 0.6666 = \textit{Estimate of Monthly Income}$)



C. Using the *Family Size* and *Estimate of Monthly Income*, refer to the guide below.

Income Chart and Premium Guide ⁱ				
Family Size	Monthly Income After Income Adjustments			
1	0 – 1,305	1,306 – 1,815	1,816 – 2,453	2,454 – 2,943
2	0 – 1,766	1,767 – 2,456	2,457 – 3,319	3,320 – 3,983
3	0 – 2,227	2,228 – 3,098	3,099 – 4,186	4,187 – 5,023
4	0 – 2,688	2,689 – 3,739	3,740 – 5,053	5,054 – 6,063
5	0 – 3,149	3,150 – 4,380	4,381 – 5,919	5,920 – 7,103
6	0 – 3,610	3,611 – 5,022	5,023 – 6,786	6,787 – 8,143
7	0 – 4,071	4,072 – 5,663	5,664 – 7,653	7,654 – 9,183
8	0 – 4,532	4,533 – 6,304	6,305 – 8,519	8,520 – 10,223
FPL	0% - 133%	134% - 185%	186% - 250%	251% - 300%
Monthly Premium	\$0	\$70	\$90	\$120

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 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 you can email questions to: Medicaid.Eligibility@state.co.us

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