

Health First Colorado Buy-In Program for Working Adults with Disabilities (WAwD) & Health First Colorado Buy-In Program for Children with Disabilities (CBwD)

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Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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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



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Health First Colorado Buy-In Program for Working Adults with Disabilities (WAwD)



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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



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



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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



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SCENARIO



Member receives Social Security Disability Income (SSDI) of **\$1,100** a month (Unearned Income). Member also walks the neighbor's dog for **\$100.00** a week (Earned Income).

INCOME DISREGARDS

Unearned Income

$\$1100.00 - \20.00 (unearned disregard) =

\$1080.00 Total Unearned Income

Earned Income

$\$400.00 - \65.00 (earned disregard) / 2 =

\$167.50 Total Earned Income

Total income = \$1,247.50

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 state contractor-Arbor (ARG), **or** a minimum Limited Disability determination through 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.



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Disability Determination

An approved full or limited disability determination by the State Authorized Disability Determination Agency will also satisfy the disability requirement



Disability Determination



(Pending-04/15/2014, Alerts-0) – [Programs](#)

Summary

Effective Begin Date	Effective End Date	Status	Result
Detail + Add			
* Effective Begin Date: 04/15/2014	Effective End Date: MM/DD/YYYY		
Status: Approved	* Status Date: 04/15/2014		Result: Disabled-Full
Diary Date: MM/DD/YYYY	Disability Onset Date: MM/DD/YYYY		Result Date: MM/DD/YYYY
* Verification: Received.	* Source: State Authorized Disal		



Unearned Income: SSDI

SSDI Income will be listed under Unearned Income, indicating a current disability

1B{ **Unearned Income** EDMS \$ ☆ ? G

Open-01/20/2017, Alerts-20) – [Programs](#), RRR Month:12/2017(MA)

Select Income Category

Summary Earned Unearned Inkind Room and Board Rental Child-Spousal

* Name:

Summary

Type	Frequency	Effective Begin Date	Effective End Date
Social Security Disability	Monthly	05/01/2016	06/30/2016
Social Security Disability	Monthly	07/01/2016	09/30/2016
Social Security Disability	Monthly	10/01/2016	12/31/2016
Social Security Disability	Monthly	01/01/2017	01/31/2017
Social Security Disability	Monthly	02/01/2017	02/28/2017

Detail

* Effective Begin Date: 05/01/2016

Effective End Date: 06/30/2016

UIB End Date: MM/DD/YYYY

* EED Verification: Received.

* EED Source: BENDEX

* Type: Social Security Disabilit

* Frequency: Monthly

Income Source: SSA

Application Date: MM/DD/YYYY

Approval Date: MM/DD/YYYY

* Application/Approval Status: Approved

* Claim #:

* Verification: Received.

* Source: BENDEX

* Date Reported: 04/20/2016

* Date Verified: 04/20/2016

Some WAwD members are eligible for additional Long-Term Care (LTC) services under Home and Community-Based Services (HCBS) Waivers, like:

Elderly Blind and Disabled (EBD)

Brain Injury (BI)

Community Mental Health Supports (CMHS)

Spinal Cord Injury (SCI)

Members will receive additional services in order to remain in the community and continue to have employment.



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Important Things to Remember

- A functional Level of Care (LOC) assessment must be completed to receive additional waiver services
- LOC assessments and Disability Determination Applications can be submitted to the PEAK Inbox
 - Assessment result information will either be updated in CBMS if Real Time Eligibility (RTE) is successful, **or** it will be sent to the PEAK Inbox for a worker to review
- 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



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Health First Colorado Buy-In Program for Children with Disabilities (CBwD)



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Health First Colorado Buy-In Program for Children with Disabilities (CBwD)

- CBwD is a category of Medical Assistance for children 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



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FPL's and Premiums CBwD

Federal Poverty Level (FPL)

0% - 133%

134% - 185%

186% - 250%

251% - 300%

Monthly Premium

\$0

\$70

\$90

\$120

Eligibility Guidelines

- Factors considered by CBMS when an eligibility determination is made:
 - Under age 19
 - A youth who is working & between the ages of 16-19 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



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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



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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 RRR 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



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Opting out of CHP+ into CBwD

A member on CHP+ who is eligible for CBwD can switch from CHP+ to CBwD.

- Not automatic
- Must be requested by member via a written statement
- CHP+ case needs to be manually closed down



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Opting out of CHP+ into CBwD in CBMS

- Actions to take in CBMS for member who is on CHP+ (with continuous eligibility) and is eligible for and meets the disability criteria for CBwD:
 - Navigate to the **Case Individuals Page**
 - Select the individual who is opting out of CHP+ Continuous Eligibility. Make sure to **highlight Medical Assistance in the Program Request Summary window**
 - Select the 'No' radio button for MA Continuous Eligibility Opt In and update the Effective Begin Date to the date that the request was provided
 - Run EDBC
 - Member will now be considered for CBwD. If they meet all financial and non-financial criteria for CBwD, they will pass in this category



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Commonalities



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WAwD & CBwD Premiums

- Premiums based on a sliding scale
- Premiums waived for the first month and for retroactive coverage
- One premium per family, regardless of number of children on program
- Premiums can be paid via:
 - Mail
 - In person at Denver Health
 - PEAK (can set up reoccurring payments)
- Payments must be received within 60 days of the due date
- 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 **9/22/2017** for payment due in October

Premium for 10/2017 cannot be changed because premium letter has already been mailed

Worker updates income change reported by member on **10/3/2017**

New premium amount effective **11/2017**



Example Premium Letter

STATE OF COLORADO



Dear Not A BIRD
APT JAY
114 S BIRD PL
EAGLE CO 81127-6581

Date: AUGUST 01, 2017
Case ID:1BB1RD1

**This letter tells you information about your premium payments.
This is not a termination notice.**

If your benefits are going to change or end, you will receive another letter.

The Health First Colorado Medicaid Buy-In for Working Adults with Disabilities Program requires you to pay a monthly premium to keep your health coverage and benefits.

Please pay at least \$0.00 by October 14, 2017 to avoid losing your benefits on October 31, 2017. You currently owe a total of \$0.00. The amount you owe each month is listed in the "**Balance Due**" column.

Month	Monthly Premium Payment Required	Due Date for Monthly Premium Payment	Amount Paid	Balance Due	Last Date Payment Accepted	Termination Date if Premium is Not Paid
January 2017	\$25.00	January 15, 2017	\$25.00	\$0.00	Not Applicable	Not Applicable
February 2017	\$25.00	February 15, 2017	\$25.00	\$0.00	Not Applicable	Not Applicable
March 2017	\$25.00	March 15, 2017	\$25.00	\$0.00	Not Applicable	Not Applicable
April 2017	\$25.00	April 15, 2017	\$25.00	\$0.00	Not Applicable	Not Applicable
May 2017	\$0.00	May 15, 2017	\$0.00	\$0.00	Not Applicable	Not Applicable
June 2017	\$0.00	June 15, 2017	\$0.00	\$0.00	Not Applicable	Not Applicable
July 2017	\$0.00	July 15, 2017	\$0.00	\$0.00	Not Applicable	Not Applicable



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Example Premium Letter

Each month your total premium payment must be received by the date listed in the "**Last Date Payment Accepted**" column. If you do not pay your total premium payment for the month due, you may lose your benefits. Any payment we get will be used toward your oldest balance.

If you see \$0.00 in the "**Monthly Premium Payment Required**" column, you do not have a premium due for that month. If you see "**Waived**" in the "**Amount Paid**" column, you do not have to make a payment for that month, unless there is still an amount listed in the "**Balance Due**" column.

There are two ways you can make your payment.

- Pay online through Colorado.gov/PEAK. If you do not already have a PEAK account, you can create one today.

OR

- Send the bottom part of this page with a **check** or **money order** payable to the **Department of Health Care Policy and Financing** to the address listed below.

Questions?

Call Customer Service

Monday – Friday, 8am to 6pm at 1-800-359-1991

If you are hearing impaired, call Relay Colorado at 1-800-659-3656.

The following payment information is for your Health First Colorado Medicaid Buy-In for Children with Disabilities Program.

This is Name

#312|
1509 New lane
New City CO 80555

Send Payment To:

Department of Health Care Policy and Financing
PO Box 5010
Denver, CO 80217-5010

Amount Due: \$70.00

Amount Due By: 11/14/2017



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Example Premium Letter

STATE OF COLORADO



Dear Thisis Name
 #312
 1509 New lane
 New City, CO 80555

Date: AUGUST 23, 2017
Case ID: 1BXXXX0

**This letter tells you information about your premium payments.
 This is not a termination notice.
 If your benefits are going to change or end, you will receive another letter.**

The Health First Colorado Medicaid Buy-In for Children with Disabilities Program requires you to pay a monthly premium to keep your health coverage and benefits.

Please pay at least \$70.00 by November 14, 2017 to avoid losing your benefits on November 30, 2017. You currently owe a total of \$70.00: The amount you owe each month is listed in the "**Balance Due**" column.

Month	Monthly Premium Payment Required	Due Date for Monthly Premium Payment	Amount Paid	Balance Due	Last Date Payment Accepted	Termination Date if Premium is Not Paid
January 2017	\$70.00	January 15, 2017	\$70.00	\$0.00	Not Applicable	Not Applicable
February 2017	\$70.00	February 15, 2017	\$70.00	\$0.00	Not Applicable	Not Applicable
March 2017	\$70.00	March 15, 2017	\$70.00	\$0.00	Not Applicable	Not Applicable
April 2017	\$70.00	April 15, 2017	\$70.00	\$0.00	Not Applicable	Not Applicable



Case Assignment

- Once WAwD or CBwD eligibility is determined, the case will be maintained by the Colorado Medical Assistance program unless the case is a **combo case (contains financial or food assistance)** or has an **Advanced Premium Tax Credit (APTC)**
 - A **combo** case is maintained by the County or by an authorized MA site, or an approved MA site.
 - A case that has a household member with **APTC** will be maintained by Connect for Health Colorado.



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Knowledge Check



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KNOWLEDGE CHECK 1

For WAwD employment criteria to be met, member must be employed, self-employed or job attached.

TRUE

FALSE

KNOWLEDGE CHECK 2

Retroactive coverage for WAwD is available.

TRUE

FALSE

KNOWLEDGE CHECK 3

For WAwD Premiums, which of the following statements are true?

**Sliding scale
is based on
income**

**Waived for
the first
month &
retroactive
coverage**

**Letters sent
monthly to
those who
owe a
premium or
have zero
premium**

KNOWLEDGE CHECK 4

CBwD is for individuals under the age of:

21

18

19

KNOWLEDGE CHECK 5

A member on CHP+ who is eligible for CBwD can switch from CHP+ to CBwD.

TRUE

FALSE

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



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Thank You!



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