



OPERATIONAL MEMO

OPERATIONAL MEMO NUMBER: HCPF OM 19-010

**TITLE: HEALTH FIRST COLORADO CHILDREN WITH DISABILITIES BUY-IN
2019 INCOME CHART AND PREMIUM GUIDE**

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**DIVISION AND OFFICE: ELIGIBILITY DIVISION; HEALTH INFORMATION
OFFICE**

PROGRAM AREA: ELIGIBILITY POLICY

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FPL; INCOME; PREMIUM**

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Purpose and Audience:

The purpose of this agency letter is to advise County Departments of Human/Social services and Medical Assistance sites of income changes to the Health First Colorado Buy-In Medicaid 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 2019 guidelines were published on February 1, 2019 (Federal Register, Volume 84, No. 22, pages 1167-1168).

Information/Procedure:

Colorado Benefits Management System (CBMS) has been updated to reflect the new income guidelines for the Health First Colorado Buy-In Medicaid Program for Children with Disabilities according to the attached chart. The new income guidelines have an effective date of April 1, 2019.

Children's Buy-In Eligibility Overview:

The CBwD Program is a program that will provide Health First Colorado (Colorado's Medicaid Program), 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 Health First Colorado (Colorado's Medicaid Program), 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 family members in the household (Include income from a job and any other income, such as child support, alimony, etc.). Subtract \$90 as long as someone in the household is working and use that amount for the next step.
2. Multiply the total monthly income amount by 0.6666 ($\$ \times 0.66 =$ Estimate of Monthly Income) If the net monthly income includes a fraction, round down to the next whole number.
3. Example: A child who meets all other qualifications for the Children with Disabilities Buy-In, in a family of 4 including the child, may have a gross monthly earned income of \$8,653 in 2019 and qualify. They may have additional income as well that is disregarded.

C: 2019 CBwD Income Chart and Premium Guide

Income Chart and Premium Guide				
Family Size	Monthly Income After Income Adjustments			
1	0 - \$1,385	\$1,386 - \$1,926	\$1,927 - \$2,602	\$2,603 - \$3,123
2	0 - \$1,875	\$1,876 - \$2,607	\$2,608 - \$3,523	\$3,524 - \$4,228
3	0 - \$2,365	\$2,366 - \$3,289	\$3,290 - \$4,444	\$4,445 - \$5,333
4	0 - \$2,854	\$2,855 - \$3,970	\$3,971 - \$5,365	\$5,366 - \$6,438
5	0 - \$3,344	\$3,345 - \$4,652	\$4,653 - \$6,286	\$6,287 - \$7,543
6	0 - \$3,834	\$3,835 - \$5,333	\$5,334 - \$7,207	\$7,208 - \$8,648
7	0 - \$4,324	\$4,325 - \$6,015	\$6,016 - \$8,128	\$8,129 - \$9,753
8	0 - \$4,814	\$4,815 - \$6,696	\$6,697 - \$9,048	\$9,049 - \$10,858
Federal Poverty Level (FPL)	0% - 133%	134% - 185%	186% - 250%	251% - 300%
Monthly Premium	\$0	\$70	\$90	\$120

Note: This chart is based on 2019 Federal Poverty Level(FPL) guidelines.

Effective Date:

April 1, 2019

Attachments:

None

Department Contact:

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