Today’s Presenters
Brenda Mosby, CCDC Board Co-Chair & Board Secretary
Donna Sablan, CCDC Director of Medicaid Appeals and Eligibility

Assisted by
Dawn Howard, Director of Community Organizing
Angela Nevin, Director of Training
Please leave your video off to maximize the overall bandwidth.

Please put all questions in the chat.

- If you have a question of clarification, the moderator will ensure it is answered.
- All other questions will be answered as possible however, all will be in a Q & A that you will receive via email after the presentation.

We are recording the presentation. It will be posted on our website when available.

Please note that this is an overview presentation.

- The session next month will answer questions and help you walk through completing the Buy-In application.
- Those attending both sessions will receive a certificate of attendance.
INTRODUCTIONS OF YOUR PRESENTERS

Brenda Mosby
CCDC Board Co-Chair & Secretary

Donna Sablan
CCDC Director of Medicaid Appeals & Eligibility
WHAT IS BUY-IN?

- An option for qualifying adults with disabilities to “buy-into” Colorado’s Medicaid Program
- For those who work and earn too much money to qualify for Medicaid or long-term care
  - You pay a monthly premium based on your income (with certain rules)
  - There is no asset test
  - You must have a qualifying disability
Buy-in was an idea put forward in the 1990. People needing Medicaid couldn’t work because of income & asset limits. An actuarial study showed it was not affordable. After ACA passed state implemented the Hospital Provider Fee as a funding source for Medicaid Expansion. About 10 years ago we gained legislative authorization to add child and adult Buy-In to Medicaid Expansion. Josh Winkler (former CCDC Chair & now the Lt. Gov’s disability policy guy) through dogged determination finally got this changed and implemented in 2014! It excluded Long Term Care! Most problems have been fixed but we continue to improve the program.

HISTORY OF BUY-IN & CCDC
WHO QUALIFIES?

1. Currently, you must be between 16 and 64 years old
2. You must be employed
3. You must have a qualifying disability
   1. You can be on SSI or SSDI
   2. If not you must have your disability confirmed through the Disability Determination using the Social Security Administration (SSA) listings
4. Your income after disregards must be below 450% of the Federal Poverty Level (FPL).
   1. For example, you can earn about $9,655 a month and qualify. You may have additional income that is disregarded.
   2. Calculating your maximum income is complicated.
   3. To determine your income eligibility use the chart on the next slide and complete the Health First Colorado Application for verification

There was a law passed last year to allow people who are on Buy-In when they turn 65 to continue in the program as long as they continue to work.

It SHOULD go into effect on 7/1/2022.
WHAT DOES IT COST?

You have to pay monthly premiums based on your income to be in the program. The more you make, the more you pay.

Effective Date: April 1, 2020 based on 2020 FPL

<table>
<thead>
<tr>
<th>Federal Poverty Level (FPL)</th>
<th>Monthly Income for an Individual</th>
<th>You Pay Each Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-40%</td>
<td>$0 - $426*</td>
<td>$0</td>
</tr>
<tr>
<td>41-133%</td>
<td>$427 - $1,415*</td>
<td>$25</td>
</tr>
<tr>
<td>134-200%</td>
<td>$1,416 - $2,127*</td>
<td>$90</td>
</tr>
<tr>
<td>201-300%</td>
<td>$2,128 - $3,190*</td>
<td>$130</td>
</tr>
<tr>
<td>301-450%</td>
<td>$3,191 - $4,785*</td>
<td>$200</td>
</tr>
</tbody>
</table>

*Some people earning more may still qualify. This chart will update around the middle of February.
For some services, you may have a co-pay. A co-pay is a fixed amount you pay when you get a covered health care service. You never have to pay more than the co-pay for covered services.
EXAMPLES OF BASIC BENEFITS

Health Care Provider Visits

- Primary Care Medical Provider Visit for Illness or injury
- Specialist Visits
- Home Health
- Telemedicine
- Vision Care

Dental Services

- Dental Services
  - Cleanings
  - Fillings
  - root canals
  - Crowns
  - partial dentures

Note: Not all benefits available are listed here.
EXAMPLES OF BASIC BENEFITS

Hospitalization, Emergency Services, Transportation and Other Services

- Emergency room visits
- Ambulance services and other non-emergent transportation
- Rides to medical appointments
- Visits to an urgent care center
- Outpatient surgery and hospital services
- Inpatient Medical or Surgical Care
- Hospice
- Private Duty Nurse who provides one-on-one care to patients
- Radiation therapy and Chemotherapy services

Maternity & Newborn Care

- Prenatal and postpartum care and provider visits
- Delivery and inpatient maternity services
- Newborn child coverage
- Special Nurse Home Visitor Program

Note: Not all benefits available are listed here.
EXAMPLES OF BASIC BENEFITS

Mental Health, Substance Use Disorder, or Behavioral Health Services

- Alcohol and/or drug services
- Behavioral health counseling and therapy, individual
- Inpatient Hospital stays
- Outpatient, Group, and Family Psychotherapy
- Mental Health Assessment and Safety assessment including suicide ideation and other behavioral issues
- Pharmacologic Management of a patient’s medications
- Outpatient Day Treatment, Residential Treatment, and Clinic Services
- Emergency/Crisis Services
- Biologically-based mental illnesses and disorders
- School-based mental health services

Note: Not all benefits available are listed here.
EXAMPLES OF BASIC BENEFITS

Pharmacy and Durable Medical Equipment Benefits

- Prescription Drugs
- Durable Medical Equipment

Laboratory Services

- Lab and radiology test such as x-rays and blood work

Physical, Occupational or Speech Therapy

- Acute and Long Term Home Health Therapies
- Speech therapies provided in the office, clinic, or outpatient hospital setting
- Inpatient Speech Therapy
- Outpatient Physical and Occupational therapies
- Inpatient Physical therapy/ Occupational therapy

Note: Not all benefits available are listed here.
EXAMPLES OF BASIC BENEFITS

Preventive & Wellness Services
- Preventive and wellness services and chronic disease management
- Immunizations and vaccines
- Cancer screening
- ObGyn services
- Audiology services such as hearing aids and cochlear implants
- Allergy testing & shots

Family Planning Services
- Services focused on preventing, delaying or planning for a pregnancy
- Surgical Sterilization
- Contraceptives & Emergency Contraceptives such as birth control

Note: Not all benefits available are listed here.
Home and community based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings.

- Designed to allow individuals who are at risk for institutional placement to remain in the community
  - A person is said to be at risk for institutional placement if his/her needs require care that would typically be provided through a hospital, nursing facility, or intermediate care facility
- A waiver is an extra set of benefits that you could qualify for in certain cases
- These benefits can help you remain in your home and community
- Waivers have extra program rules and some programs may have waitlists

These waivers are available under the Buy-In program.
- Brain Injury Waiver
- Community Mental Health Supports Waiver
- Elderly, Blind and Disabled Waiver
- Spinal Cord Injury Waiver
- Supported Living Services Waiver

Unfortunately, the Developmental Disabilities Waiver (DD) is not (YET) available under the Buy-in program.
This program helps people with a Brain Injury who need extra support to live in their communities.

You can get these extra services along with your regular Health First Colorado benefits.

Nursing facility and long-term hospital care are not covered while you get waiver services.

Getting waiver services won’t change supports that you may get from other public programs, your family or community.

Who Qualifies?

You must also be willing to get services in your home or community.

Level of Care Requirement

You must need long-term services as you would get in a nursing home or a hospital.

Eligibility Group

You must be 16 years or older.

You must have a brain injury.

Your brain injury occurred before your 65th birthday.

Your diagnosis must fit within certain categories. Contact your local Single Entry Point (SEP) to find out more.
The Home and Community-Based Services Community Mental Health Supports Waiver (CMHS) provides assistance to people with a mental illness that require long-term supports and services in order to remain in a community setting.

CMHS services work with or add to the services that are available to you through the Health First Colorado State plan and other federal, state, and local public programs.

CMHS works with the supports that families and communities provide.

If you receive services through the CMHS waiver, you are also eligible for all Health First Colorado covered services except nursing facility and long-term hospital care.

Who Qualifies?

- You must also be willing to receive services in your home or community.

Level of Care

- You must require long-term support services at a level comparable to services typically provided in a nursing facility.

Eligibility Group

- A person experiencing severe and persistent mental health needs that require assistance with one or more Activities of Daily Living (ADL);
- Is 18 years of age or older with a severe and persistent mental health need;
- Currently has or at any time during the past year leading up to assessment has a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5); and
- Has a disorder that is episodic, recurrent, or has persistent features, but may vary in terms of severity and disabling effects; and
- Has resulted in functional impairment which substantially interferes with or limits one or more major activities.
The Home and Community-Based Services Waiver for persons who are Elderly, Blind, or Disabled (EBD) provides assistance to people ages 65 and older who have a functional impairment or are blind, and to people ages 18-64 who are physically disabled or have a diagnosis of HIV or AIDS, and require long-term supports and services in order to remain in a community setting.

- EBD services work with or add to the services that you receive through the Health First Colorado State Plan and other federal, state and local public programs.
- EBD also works with the supports that families and communities provide.
- If you receive services through the EBD waiver, you are also eligible for all Health First Colorado covered services except nursing facility and long-term hospital care.

Who Qualifies?
- You must also be willing to receive services in your home or community.
- Level of Care
  - You must require long-term support services at a level comparable to services typically provided in a nursing facility.
- Eligibility Group
  - You must be 18 years or older.
  - If you are between the ages of 18 and 64, you must be blind or have a physical disability, or have a diagnosis of HIV or AIDS.
  - If you are age 65 and older, you must have been determined to have a significant functional impairment.
The waiver for Persons with a Spinal Cord Injury (SCI) is geographically limited to the Denver Metro Area and there is no waitlist.

In 2020, there will be an independent evaluation presented to the State legislature that will measure the health outcomes, quality of life, and cost expenditures for waiver participants receiving acupuncture, massage therapy and chiropractic services through the SCI waiver.

Based on this report, the legislature will determine whether to continue these services or expand them.

Who Qualifies?

- Be 18 years of age or older
- Have a diagnosis of a spinal cord injury
- Have been determined to have a significant functional impairment
- Reside in one of the following Denver Metro Area counties:
  - Adams
  - Arapahoe
  - Denver
  - Douglas
  - Jefferson
The HCBS-SLS waiver provides necessary services and supports for individuals with adults with intellectual or developmental disabilities so they can remain in their homes and communities with minimal impact to individuals’ community and social supports.

The HCBS-SLS waiver promotes individual choice and decision-making through the individualized planning process and the tailoring of services and supports to address prioritized, unmet needs.

In addition, this waiver is designed to supplement existing natural supports and traditional community resources with targeted and cost-effective services and supports.

The person receiving services is responsible for his or her living arrangements which can include living with family or in their own home.

Up to three persons receiving services can live together.

Participants on this waiver do not require twenty-four (24) hour supervision on a continuous basis for services and supports offered on this waiver.

Who Qualifies?

Level of Care
- Individuals must meet Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) level of care as determined by the functional needs assessment (as defined in 42 CFR §440.150)

Eligibility Group
- Individuals must be determined by a Community Centered Board (CCB) to have a developmental disability
- Individuals must be 18 years or older
PLEASE JOIN US FOR OUR NEXT WEBINAR IN THIS SERIES

Bridges to Employment Webinar Series
   Part 2: Applying for Medicaid Buy-In
   Monday, February 22 • 10:00 – 11:30am

   Registration is already open.

   Go to https://us02web.zoom.us/j/89600310362
   and sign up now.
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