



# Adult Medicaid Buy-In Overview

Working Adults with Disabilities (WAwD)

[www.ccdonline.org](http://www.ccdonline.org)

303.839.1775



Copyright 2025 Colorado Cross-Disability Coalition





## Our Vision



We strive for all Coloradans with disabilities to live full, equitable lives with equal access to any civic, professional, and/or personal opportunities that are available to people without disabilities.



# Why Do Medicaid Buy-In/WAwD? (Working Adults with Disabilities)



## **MAGI Medicaid**

- Family income counted until individual over 18
- No disability determination requirements

## **Medicaid LTSS/HCBS Waivers**

- Only accessible after age 18, or age 20 for children on Children's Habilitation Residential Program (CHRP).
- Only adult child's income and assets counted for eligibility
- Disability determination required

## **Medicaid Buy-In/WAwD**

- Open to individuals ages 16-65+
- SSA disability or easier Colorado Disability Determination accepted
- Only income of the individual, not the assets (houses, cars, bank accounts, certain trusts) count.
- Can use to qualify for Medicaid or Medicaid + Long-Term Services and Supports (Waivers)
- Must work for minimum wage, but no minimum number of hours you must work per month
- Can prove work status via paystub, letter from employer, simple self-employment spreadsheet
- Highest monthly premium is \$200 a month for Medicaid & LTSS benefits

# WAwD Buy-In Basic Requirements

<b>Lawful Presence Status</b>	<ul style="list-style-type: none"><li>• Adult must be a US Citizen or have been a lawful permanent resident for five years or longer</li><li>• Pregnant women must simply be lawfully present (no five year bar applies)</li></ul>
<b>Employment Status</b>	<ul style="list-style-type: none"><li>• Must be employed or self-employed</li><li>• Any type of job a client is receiving money for could qualify including more informal jobs like house sitting, dog walking, mowing someone's lawn, recycling aluminum cans etc.</li></ul>
<b>Disability Status</b>	<ul style="list-style-type: none"><li>• Must have a qualifying health condition (that has lasted or is expected to last 12 months or longer)</li><li>• Not required to have or apply for Social Security Disability</li><li>• Many types of conditions could qualify, for example anxiety/depression, high blood pressure, borderline diabetes, anemia, tinnitus, an old injury etc.</li></ul>
<b>Income Requirement</b>	<ul style="list-style-type: none"><li>• Adjusted individual income is at or below 450%</li><li>• Only the applicant's income is looked at, not the entire household's</li><li>• In general, both income from a job and all other sources of income are used to determine eligibility but about half of client's income from a job is excluded when determining eligibility</li></ul>

# Income Limits & Premiums

## Current Income Calculations

- **UNEARNED INCOME** Subtract \$20 from unearned income (SSDI, SSR, Dividend or Pension Income)
- **EARNED INCOME** Subtract \$65 from the total amount of monthly income from a job then divide the total monthly income by 2 . *Actual Earned Income ÷ 2 = Estimated Monthly Earned Income*)
- **ADD UNEARNED + EARNED INCOME = MONTHLY INCOME** which determines your premiums

**Premiums Start May 2025!**

Federal Poverty Level (FPL)	Monthly Income for an Individual	You Pay Each Month
0-40%	\$0- \$522*	\$0
41-133%	\$523 - \$1,735*	\$25
134-200%	\$1,736 - \$2,609*	\$90
201-300%	\$2,610 - \$3,913*	\$130
301-450%	\$3,914 - \$5,869*	\$200

Some people earning more may still qualify.

# Demonstrate Disability

There are three ways an individual can be determined “disabled” for the WAwD Program:

1. Determined disabled by SSA and receive SSDI
2. Determined “disabled” by Colorado Medicaid’s contractor, Arbor Resource Group (ARG) using Health First Colorado Disability Application form

Does not require disability determination sent to ARG.

*Note: once a person turns 65, they can qualify for WAwD, but they must submit a Disability Application to ARG: they now receive Social Security Retirement, not SSI or SSDI!*



# How to Apply?

## Step 1: Complete the Medicaid Application & Disability Application Form (if needed)

### Application for Health Insurance & Help Paying Costs

Apply faster online at: [Colorado.gov/PEAK](https://colorado.gov/PEAK)  
[ConnectforHealthCO.com](https://connectforhealthco.com)



See inside  
Things to Know ..... ii - iii  
Application ..... 1 - 16

Who can use this application?  
Anyone can use this application. Applying will not affect your immigration status or chances of

### Disability Application



County use only:



This Health First Colorado (Colorado's Medicaid program) Disability Determination Application must be submitted to your county office.

Only completed and signed applications will be processed.

**IF YOU NEED HELP**  
If you need help with this application, contact your county department of human services. Please complete as much as you can before contacting your county technician. Find your county's contact info at [CO.gov/cdhs/contact-your-county](https://CO.gov/cdhs/contact-your-county).

Make sure the person “wet signs” with a pen page 13 of the Disability Determination form, as it authorizes ARG to seek necessary medical records!

### Medical Records Release Form



**WHOSE Records to be disclosed**

NAME (First, Middle, Last, Suffix)	Birthday (MM/DD/YYYY)
Social Security number	<input type="checkbox"/> Check here if not eligible to receive a SSN or refuse to obtain due to well established religious objection.

Authorization To Disclose Information To Arbor E & T, LLC, dba Action Review Group (ARG)  
\*\* Please Read The Entire Form, Both Pages, Before Signing \*\*

**TO WHOM** The state contractor authorized to process my case, including contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

**PURPOSE** Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if this applies)

**EXPIRES WHEN** This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties and no longer protected.
- I may write to ARG and my sources to revoke this authorization at any time (see page 3 for details).
- ARG will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

<p><b>PLEASE SIGN</b> USING BLUE OR BLACK INK ONLY</p> <p><b>INDIVIDUAL</b> authorizing disclosure</p> <p><input type="text"/></p> <p>Date signed <input type="text"/></p> <p>Phone number (w/ area code) <input type="text"/></p> <p>I know the person signing this form or am satisfied of this person's identity.</p> <p><b>WITNESS SIGN</b> <input type="text"/></p> <p>IF needed, second witness sign here (e.g., if signed with "X" above)</p> <p><b>SIGN</b> <input type="text"/></p>	<p><b>IF not signed by subject of disclosure</b>, specify basis for authority to sign <input type="radio"/> Parent of minor <input type="radio"/> Guardian <input type="radio"/> Other personal representative (explain below) <input type="text"/></p> <p>Parent/guardian/personal representative <b>SIGN here</b> if two signatures required by State law.</p> <p>Street address <input type="text"/></p> <p>City <input type="text"/> State <input type="text"/> ZIP <input type="text"/></p> <p>Phone number (or address) <input type="text"/></p> <p>Phone number (or address) <input type="text"/></p>
--	--

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

## Step 2: Gather Current Medical Records

**ARG currently has a disability determination backlog. To ensure your client gets their WAwD eligibility confirmed as quickly as possible, submit their recent medical records if possible.**

### **Helpful hints:**

- The ER discharge notes provide good evidence of a disability if all of their medical issues and medications are listed.
- Records from mental health providers can be particularly hard to get: see if a mental health provider can offer a letter explaining the disability and a list of medications provided.
- Many individuals can download and print or save as PDF documents medical records from their doctor or hospital's online health portal.



# Step 3: Provide Proof of Employment

- **Proof of employment can be provided via a W-2, 1099, or a letter from the individual employing your client.**
- **If providing a letter from an employer, the letter must state the following:**
  - Name and contact information for the individual employing your client
  - What the client does
  - How many hours they work per month
  - What they are paid per hour. *Individuals must be paid the minimum hourly rate for their area, so those in Denver must be paid its rate rather than the statewide rate*
- **The client only needs to provide a “ledger” proving they have been paid if they are self employed**

## Example Medicaid Buy-In Letter

October 10, 2024

To Whom it May Concern,

I pay Jane Doe to take out my household trash to the curb every week. This takes her two hours a month and I pay her \$28.84 (\$14.42 an hour) each month.

Please contact me if you have any questions or need more information.

Sincerely,

Sarah Smith  
1111 Main Street  
Anytown, CO 80000  
Phone: 444-444-4444

# Step 7: Submit Documents to Colorado Medicaid Assistance Program at [cmapbuyin@dhha.org](mailto:cmapbuyin@dhha.org). Don't use PEAKE!!\*



## HEALTH FIRST COLORADO APPLICATION

If needed



## HCPF ROI FORM

Allowing County or Colorado Medicaid Assistance Program staff to accept and respond to applications you submit for your client.



## DISABILITY APPLICATION

Make sure page 13 of the application-the medical records ROI for ARG-is signed in pen by your client.



## RELEVANT MEDICAL RECORDS

If possible, submit the client's relevant medical records from the last year.



## PROOF OF EMPLOYMENT

This can be the paystub, W-2, 1099, letter from employer, or simple self-employment ledger stating monthly income as profit minus expenses.

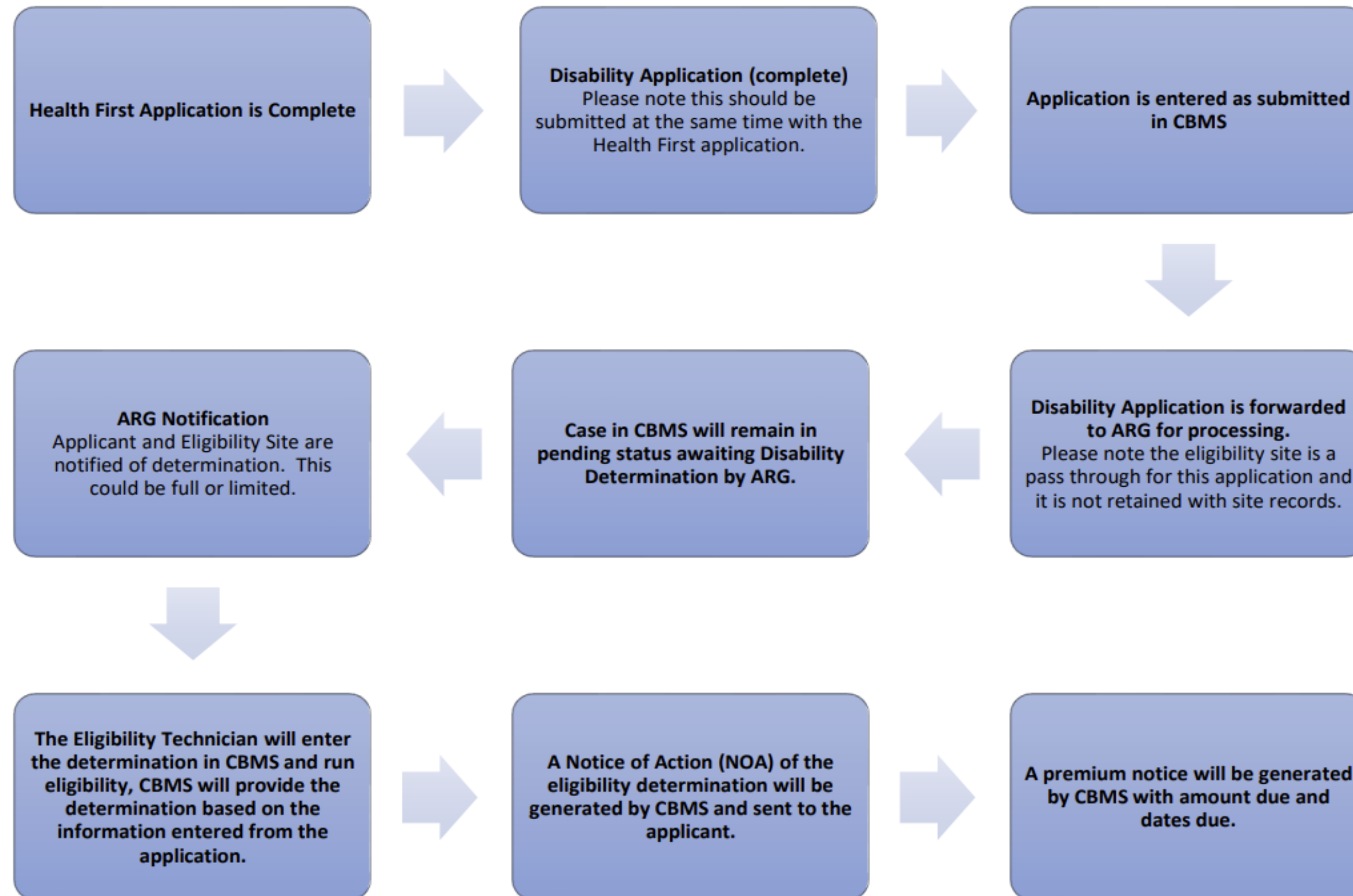
---

\*PEAK is not working and cannot currently accept files larger than 5 MB. Until further notice, only use email, if possible, with a "read receipt" option.



# Overview of WAwD Process with Disability Application in 90 Days. File an appeal on day 91!

---



**Save *EVERYTHING*  
submitted and received  
during application &  
eligibility renewal  
processes!**

- Many clients can just “cut and paste” information from their initial application into the annual Medicaid renewal packet.
- Counties, Case Management Agencies, and even HCPF often “lose” applications, so keep a one you can resubmit if needed, along with supporting paperwork.
- **Retain any ARG Disability Determination Letters!!!**





# Thank you!

# Questions?

**Amy Petre Hill, Esq.**  
**Deputy Director of Medicaid Eligibility & Appeals**  
**[aphill@ccdconline.org](mailto:aphill@ccdconline.org)**  
**303.839.1775**