



COLORADO

PEAK

Colorado.gov/PEAK™

**Building Better Health
Household Composition**

October, 2016

www.peakoutreach.com

What We're Talking About...

Components

Eligibility

**Household
Composition**

Why It Matters

PEAK/SES

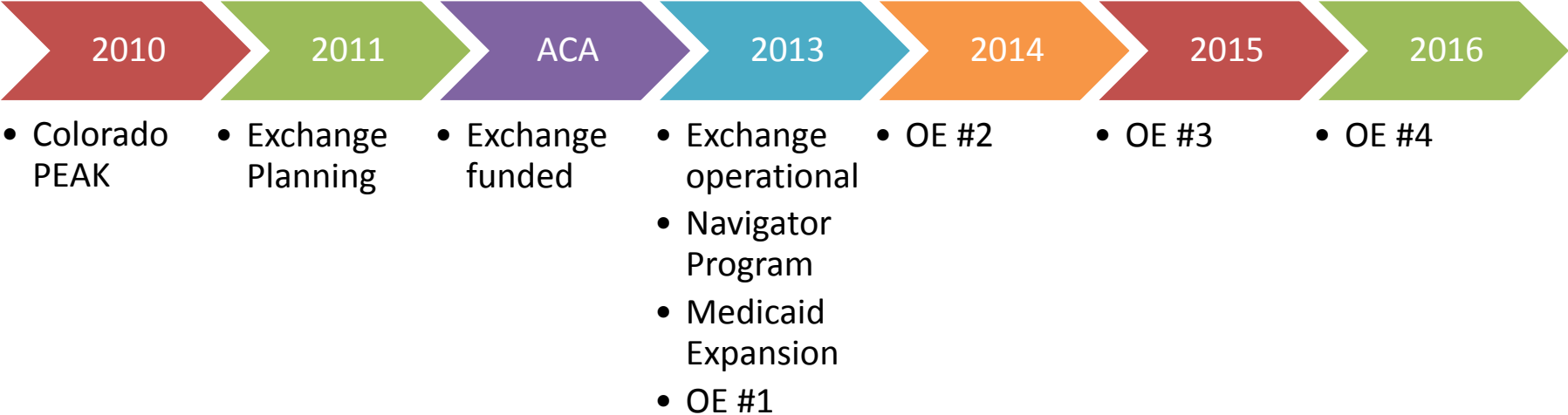
Learning Objectives

- List what defines Modified Adjusted Gross Income (MAGI) Medical Assistance Households
- Explain the difference between a Family Household and a MAGI Household
- Identify who to include on a Medical Assistance application

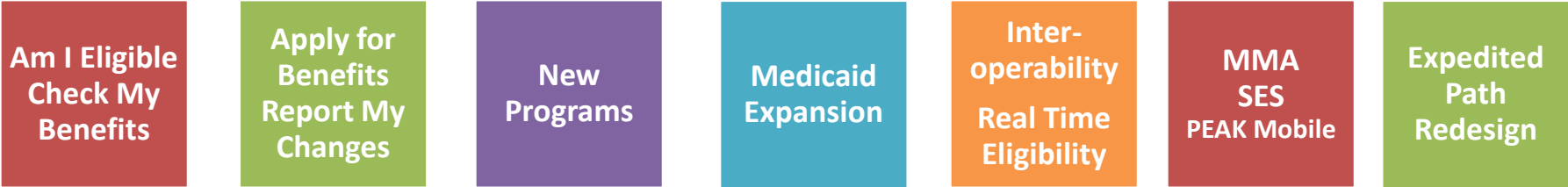
But, first!

Some History

Colorado



Colorado PEAK Website



What Stakeholders are Involved in What PEAK is?



Colorado Department of Health
Care Policy & Financing



Colorado Department Public
Health & Environment



Colorado Department of
Human Services



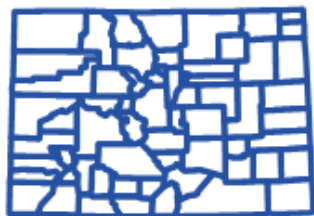
Colorado Department of
Education



Connect for Health Colorado



Colorado Office of Information
Technology



County Government



Community Organizations

What Programs are on PEAK?

MAGI Health First Colorado (Colorado's Medicaid Program)

- Child
- Adult
- Caretaker Relatives
- Pregnant Women

MAGI Children's Health Plan Plus (CHP+)

Non-MAGI Health First Colorado

- Long Term Care
- Adult Medical
- Medicare Savings
- Low-Income Subsidy

Connect for Health Colorado

- Advance Premium Tax Credits (APTC)
- Cost Sharing Reductions (CSR)

Medical
Assistance



- Aid to the Blind (AB)
- Aid to the Needy Disabled (AND)
- Supplement to SSI (SSI)
- Old Age Pension (OAP)
- Home Care Allowance (HCA)
- Burial Assistance

Adult Financial



- Supplemental Nutrition Assistance Program (SNAP)

Food Assistance



- Temporary Assistance for Needy Families (TANF)

Colorado Works



- Child Care Assistance Program (CCCAP)
- Early Intervention Colorado
- Head Start
- Healthy Steps
- Home Instruction for Parents of Preschool Youngsters (HIPPPY)
- Nurse Family Partnership
- Parents as Teachers (PAT)
- Preschool Special Education
- SafeCare Colorado
- School Nutrition
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Early Childhood



What Informs Eligibility?



Income



**Household
Composition**



Disability



Age



**Program
Selection**



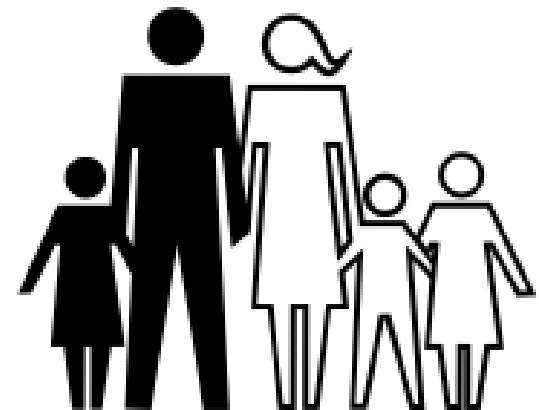
Citizenship Status

What is a Household?

The number and configuration of individuals living together based on their relationships.



Different programs define household configurations differently.



How do Various Programs Define Households?



Food Assistance

Who buys and eats food together



Cash Assistance

Income associated with eligible children

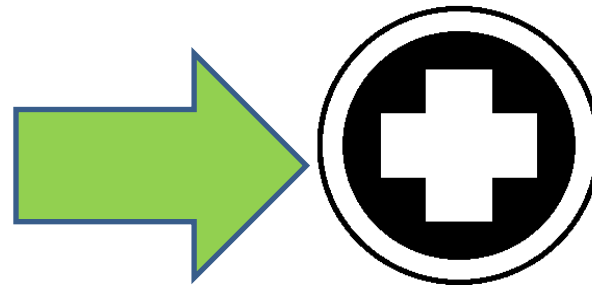


Early Childhood

Children and their caregivers



Medical Assistance (Non-MAGI)
Age, disability, long-term care need



Medical Assistance (MAGI)
Tax-filing, legal and biological relationships

What is MAGI Medical Assistance?

MAGI

**Modified
Adjusted
Gross
Income**

**A method of
determining
eligibility**

**A set of
programs
that uses
this method**

What are MAGI Medical Assistance Programs?

Certain Health First Colorado Programs

(Colorado's Medicaid Program)

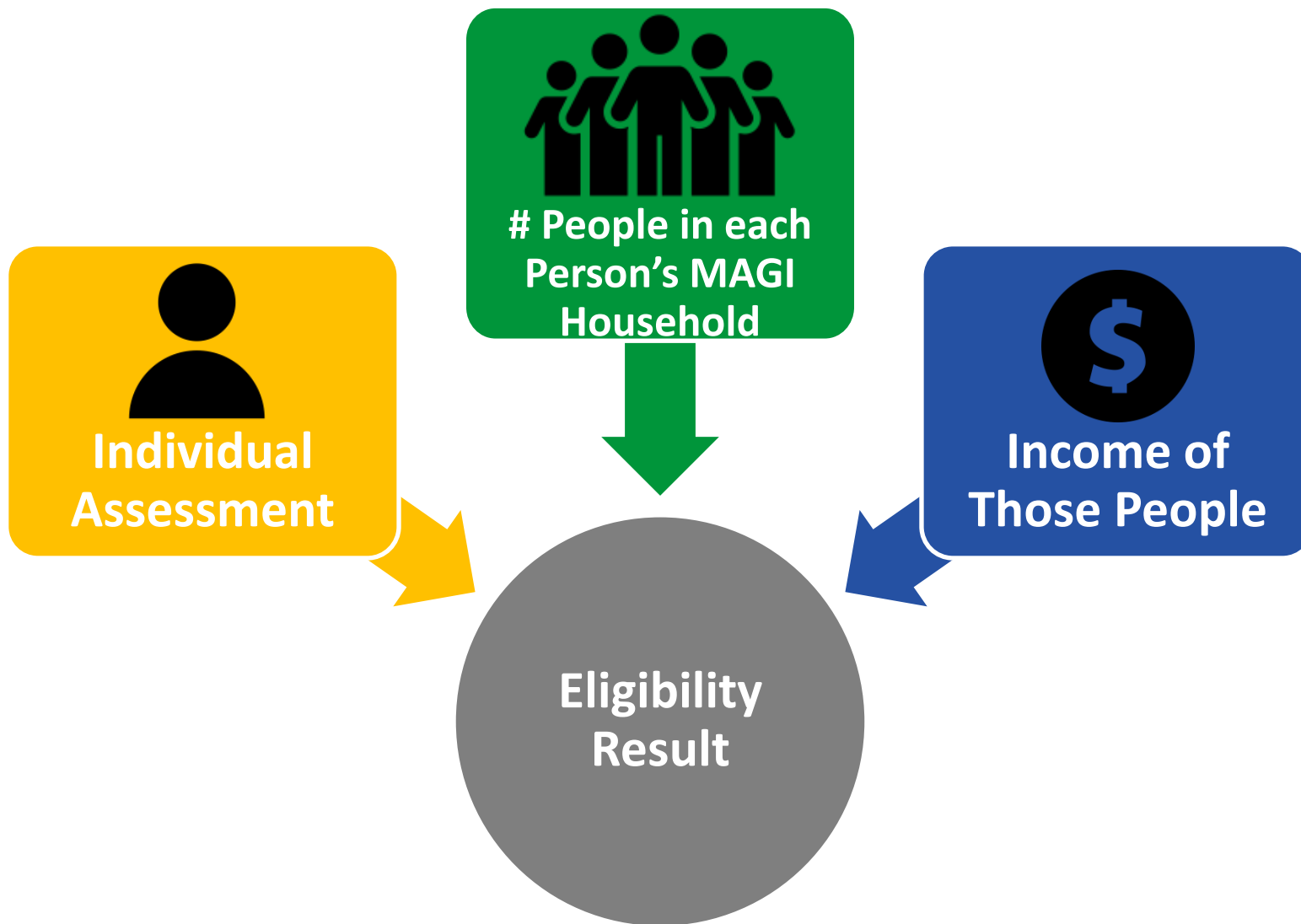
- Child
- Adult
- Parent/Caretaker Relative
- Pregnant Women

Child Health Plan Plus (CHP+)

Marketplace financial assistance

- Advanced Premium Tax Credits (APTC)
- Cost-Sharing Reductions (CSR)

What Informs a MAGI Eligibility Result?



What Defines MAGI Households?



Tax-filing

- Tax-filing
- Tax dependent
- Non tax-filing



Legal

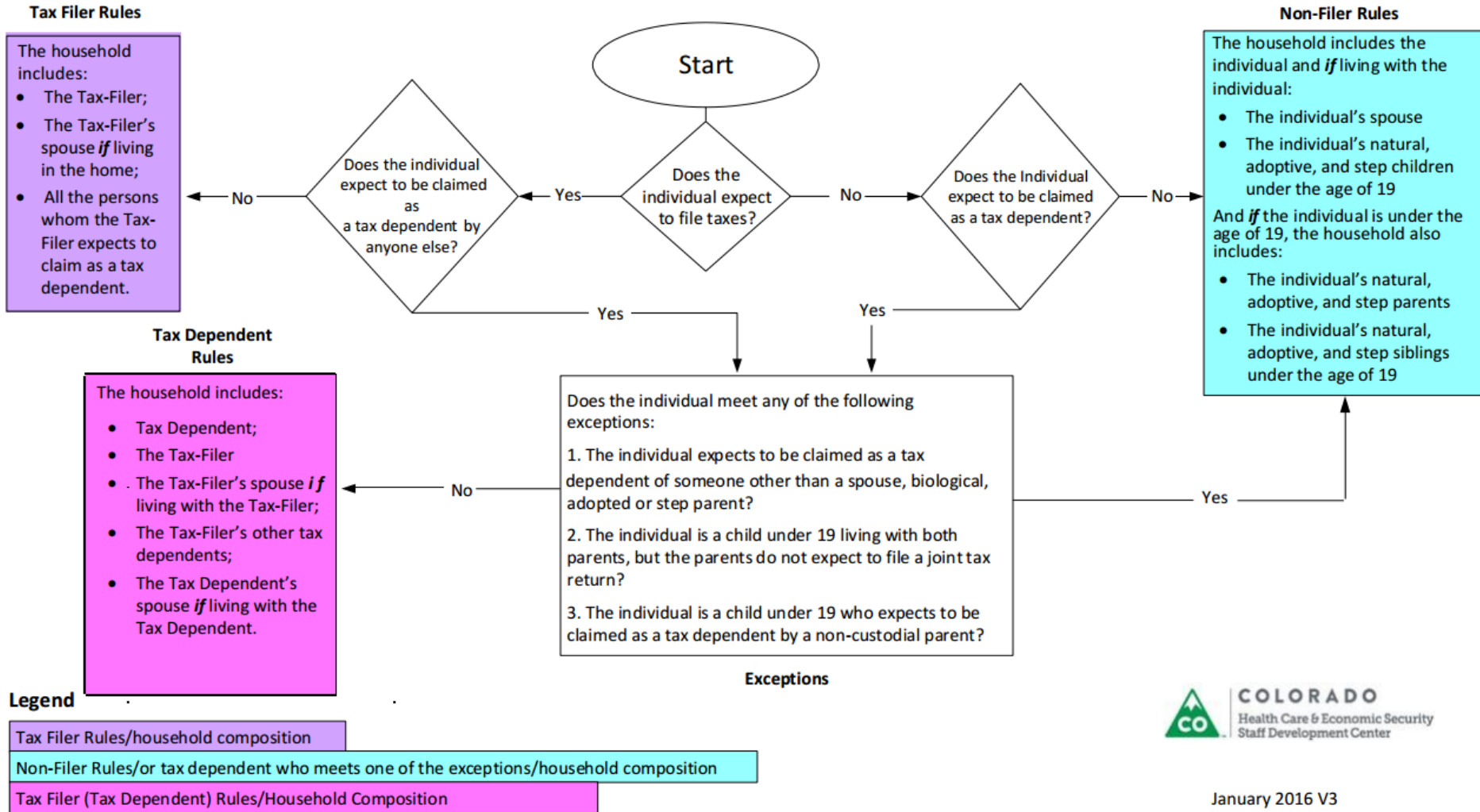
- Spouse
- Step-parent
- Adoptive children



Biological

- Biological parents and children
- Siblings
- Grand-parents
- Aunts, etc.

How are MAGI Households Determined?



What are the MAGI Rules in a Nutshell?

- **For Tax-Filers and their Dependents:**
 - Tax-based rules are used to configure tax households
 - The marketplace looks only at tax households
- **For Non-Filers:**
 - Health First Colorado and CHP+ use legal and biological rules
- **Tax Dependents:**
 - May fall into three exceptions which use non-filer rules
- **Households and eligibility are assessed in an order:**
 - Health First Colorado is first and then Marketplace

How is That Done?



PEAK and the paper application ask questions needed to determine households.

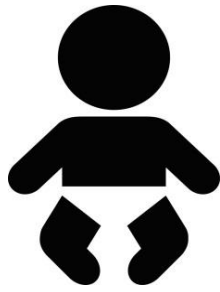


The Colorado Benefits Management System (CBMS) determines households based on answers to those questions.

Example 1



Marc



Sitha



Rohini

- Marc, Rohini, and their daughter Sitha live together
- Marc and Rohini are married
- They file taxes jointly and claim Sitha

How are MAGI Households Determined?

- Marc, Rohini, and Sitha live together
- They file taxes jointly and claim Sitha
- Marc and Rohini are married

Tax Filer Rules

The household includes:

- The Tax-Filer;
- The Tax-Filer's spouse *if* living in the home;
- All the persons whom the Tax-Filer expects to claim as a tax dependent.

Tax Dependent Rules

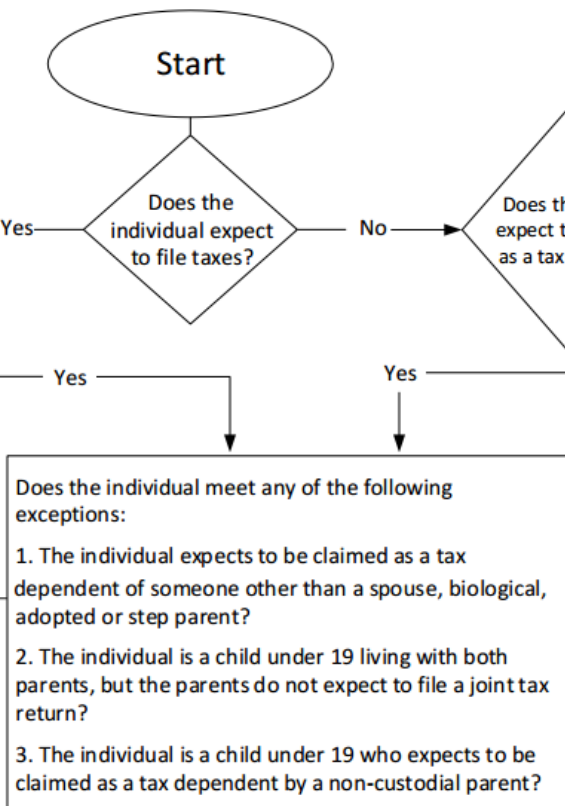
The household includes:

- Tax Dependent;
- The Tax-Filer
- The Tax-Filer's spouse *if* living with the Tax-Filer;
- The Tax-Filer's other tax dependents;
- The Tax Dependent's spouse *if* living with the Tax Dependent.

Non-Filer Rules

The household includes the individual and *if* living with the individual:

- The individual's spouse
 - The individual's natural, adoptive, and step children under the age of 19
- And *if* the individual is under the age of 19, the household also includes:
- The individual's natural, adoptive, and step parents
 - The individual's natural, adoptive, and step siblings under the age of 19



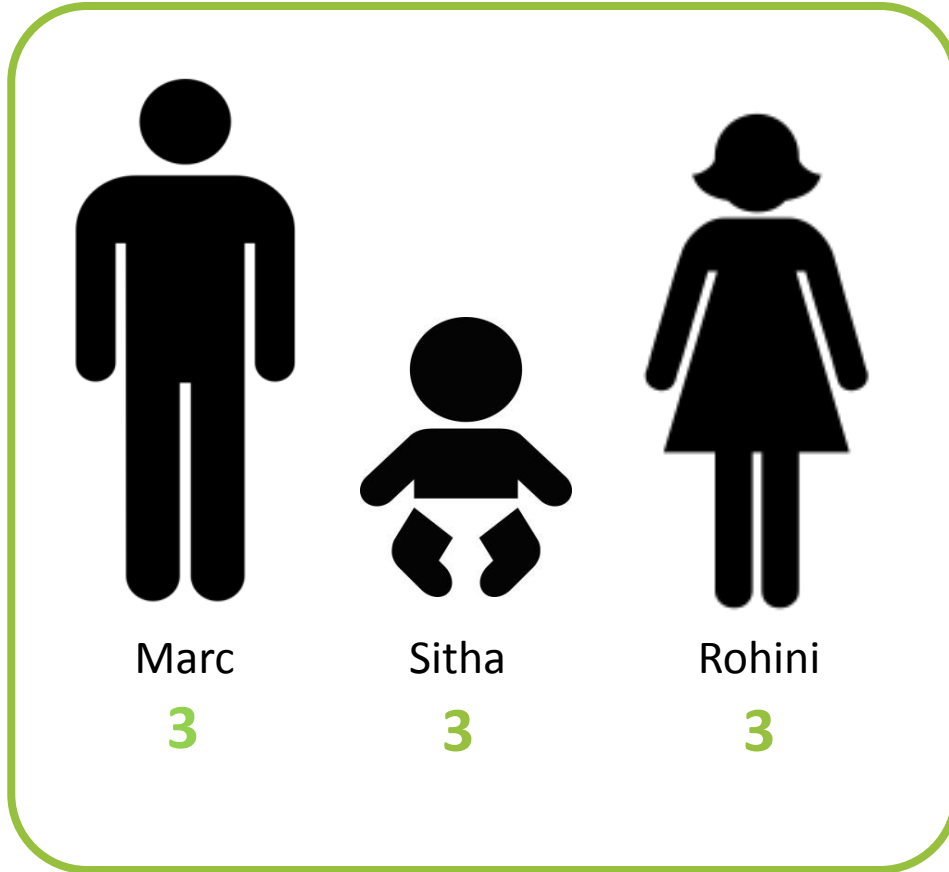
Legend

Tax Filer Rules/household composition

Non-Filer Rules/or tax dependent who meets one of the exceptions/household composition

Tax Filer (Tax Dependent) Rules/Household Composition

Example 1



- Marc, Rohini, and their daughter Sitha live together
- Marc and Rohini are married
- They file taxes jointly and claim Sitha

Each person has a
**MAGI household
size of 3**

Example 2



Sam



Dylan

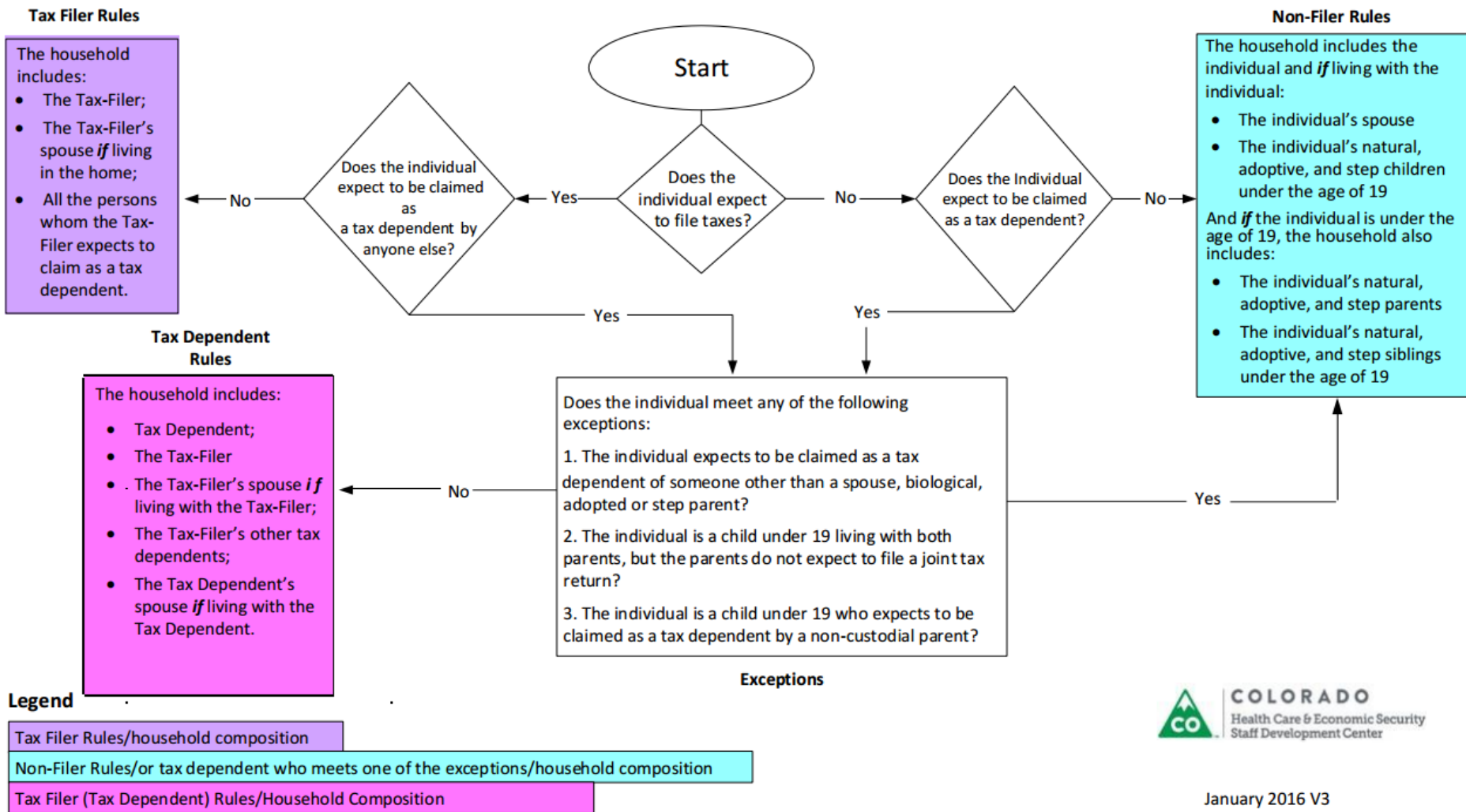


Julie

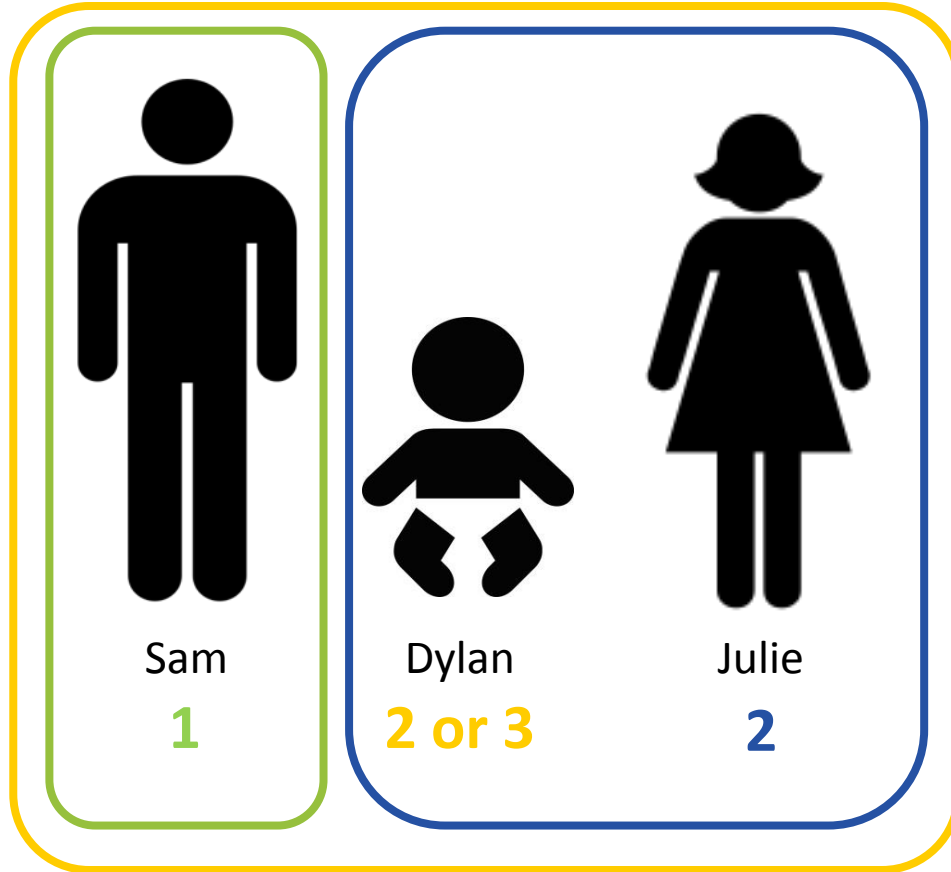
- Sam, Julie, and their son Dylan live together
- Sam and Julie are not married
- They file taxes separately
- Julie claims Dylan

How are MAGI Households Determined?

- Sam, Julie, and Dylan live together
- Sam and Julie are not married
- They file taxes separately
- Julie claims Dylan



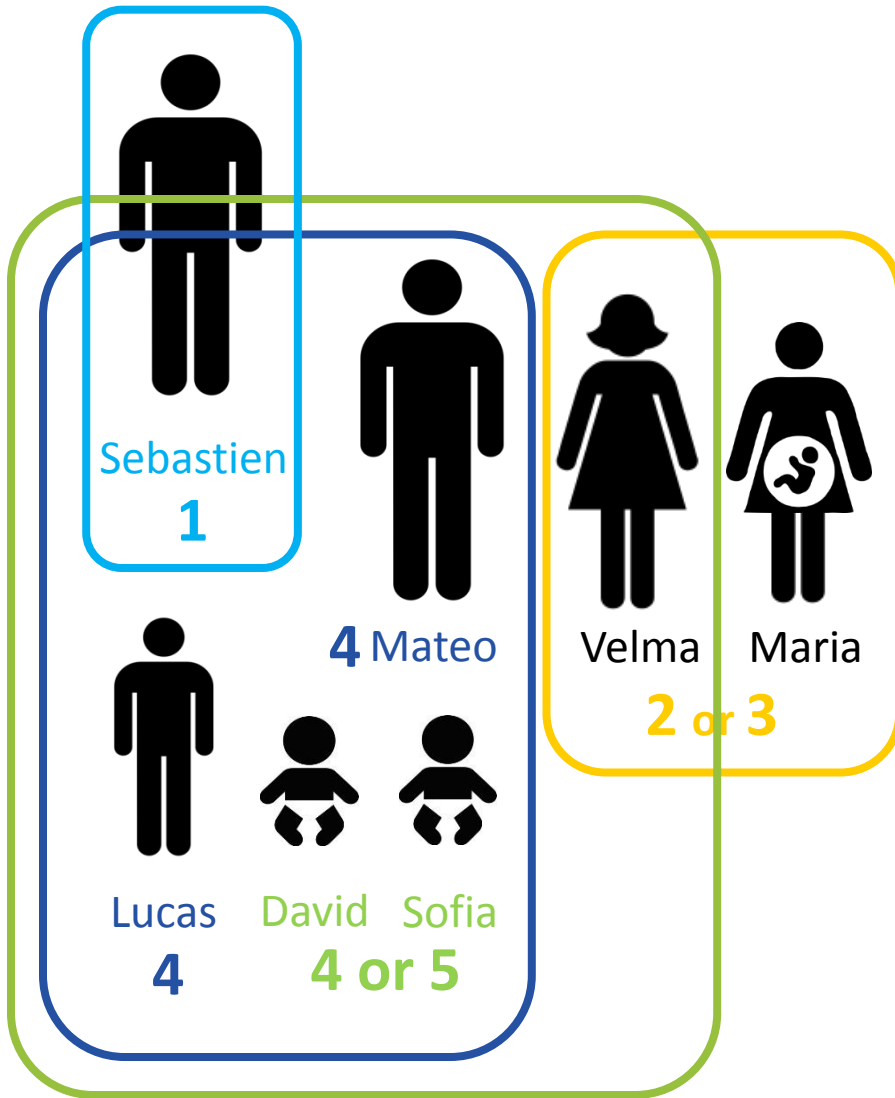
Example 2



- Sam, Julie, and their son Dylan live together
- Sam and Julie are not married
- They file taxes separately
- Julie claims Dylan

Each person has a
different size
MAGI household

Example 3



- Mateo & Velma live together and living with them are:
 - David and Sofia, their children
 - Lucas, Mateo's son
 - Maria, Velma's pregnant daughter
 - Sebastien, Mateo's father
- Mateo and Velma are not married.
- Sebastien, Mateo and Velma file taxes.
- Mateo claims Lucas, David and Sofia.
- Velma claims Maria.

**4 differently sized
MAGI households**

Family Size is *What* on this Chart?



COLORADO
Department of Health Care
Policy & Financing



**MONTHLY MAXIMUM INCOME GUIDELINES¹
for Health Insurance Affordability Programs**

	Medicaid (MAGI)				Child Health Plan <i>Plus</i> (CHP+)									Connect for Health Colorado Insurance Affordability Programs ²
Federal Poverty Level (FPL)	Parents & Caretaker Relatives 68% Poverty Level	Adults (Ages 19-65) 133% Poverty Level	Children (Ages 0-18) 142% Poverty Level	Pregnant Women 195% Poverty Level	143-156% FPL	157-170% FPL	160-170% FPL	171-185% FPL	186-200% FPL	201-213% FPL	214-225% FPL	226-235% FPL	236-260% FPL	100-400% FPL
Family Size	Income													
1	674	1,317	1,406	1,931	1,407 – 1,545	1,546 – 1,575	1,576 – 1,683	1,684 – 1,832	1,833 – 1,980	1,981 – 2,109	2,110 – 2,228	2,229 – 2,327	2,328 – 2,574	990 – 3,960
2	908	1,776	1,896	2,604	1,897 – 2,083	2,084 – 2,123	2,124 – 2,270	2,271 – 2,470	2,471 – 2,670	2,671 – 2,844	2,845 – 3,004	3,005 – 3,138	3,139 – 3,471	1,335 – 5,340
3	1,143	2,235	2,386	3,277	2,387 – 2,621	2,622 – 2,672	2,673 – 2,856	2,857 – 3,108	3,109 – 3,360	3,361 – 3,579	3,580 – 3,780	3,781 – 3,948	3,949 – 4,368	1,680 – 6,720
4	1,377	2,694	2,876	3,949	2,877 – 3,160	3,161 – 3,220	3,221 – 3,443	3,444 – 3,747	3,748 – 4,050	4,051 – 4,314	4,315 – 4,557	4,558 – 4,759	4,760 – 5,265	2,025 – 8,100
5	1,612	3,153	3,366	4,622	3,367 – 3,698	3,699 – 3,769	3,770 – 4,029	4,030 – 4,385	4,386 – 4,740	4,741 – 5,049	5,050 – 5,333	5,334 – 5,570	5,571 – 6,162	2,370 – 9,480
6	1,847	3,611	3,856	5,295	3,857 – 4,236	4,237 – 4,317	4,318 – 4,616	4,617 – 5,023	5,024 – 5,430	5,431 – 5,783	5,784 – 6,109	6,110 – 6,381	6,380 – 7,059	2,715 – 10,860
7	2,082	4,071	4,347	5,969	4,348 – 4,775	4,776 – 4,867	4,868 – 5,204	5,205 – 5,663	5,664 – 6,122	6,123 – 6,520	6,521 – 6,887	6,888 – 7,193	7,194 – 7,959	3,061 – 12,244
8	2,318	4,532	4,839	6,645	4,840 – 5,316	5,317 – 5,418	5,419 – 5,793	5,794 – 6,304	6,305 – 6,815	6,816 – 7,258	7,259 – 7,667	7,668 – 8,008	8,009 – 8,860	3,408 – 13,630
Annual Enrollment Fee	\$0				\$0	1 child: \$25 2 or more: \$35					1 child: \$75 2 or more: \$105			

¹ Some making more may still qualify.

² Connect for Health Colorado insurance affordability programs:

- Individuals may be eligible for Advanced Premium Tax Credits (APTC) from 100-400% FPL as long as they do not have other minimum essential coverage like Medicaid /CHP+.
- Individuals may be eligible for APTC from 0-400% of FPL, if they are lawfully present but do not meet the 5 year bar for Medicaid/CHP+.
- Individuals are eligible for Cost Sharing Reductions (CSR) from 100-250% FPL.
- Individuals are eligible for CSR from 0-250% FPL if they are lawfully present but do not meet the 5 year bar for Medicaid/CHP+.
- Members of a Federally-recognized Tribe are eligible for a Zero Cost Sharing Plan from 0-300% FPL, or if over 300% FPL individuals are eligible for Limited CSR Plan for treatment at an IHS facility. APTC determinations are based on your projected annual income for the year in which you get coverage.

Family Size is *What?*

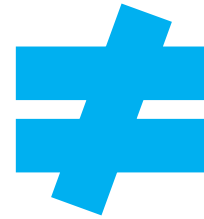
	Medicaid (MAGI)			
Federal Poverty Level (FPL)	Parents & Caretaker Relatives 68% Poverty Level	Adults (Ages 19-65) 133% Poverty Level	Children (Ages 0-18) 142% Poverty Level	Pregnant Women 195% Poverty Level
Family Size				
1	674	1,317	1,406	1,931
2	908	1,776	1,896	2,604
3	1,143	2,235	2,386	3,277
4	1,377	2,694	2,876	3,949
5	1,612	3,153	3,366	4,622



**Each
Individual's
MAGI
Household**

Family Size is Not *What?*

	Medicaid (MAGI)			
Federal Poverty Level (FPL)	Parents & Caretaker Relatives 68% Poverty Level	Adults (Ages 19-65) 133% Poverty Level	Children (Ages 0-18) 142% Poverty Level	Pregnant Women 195% Poverty Level
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5	1,612	3,153	3,366	4,622



**Family or
Physical
Household**



What Does
All This
Mean to
Me?



**The system
determines households!**

So, What's Important for YOU to Know...

Welcome to Colorado PEAK[®]



The fast and easy way to access benefit information - anytime and anywhere. PEAK is an online service for Coloradans to screen and apply for medical, food, cash, and child care assistance programs.

[Click here for details](#)



The questions that gather the information needed for the Colorado Benefit Management System (CBMS) to construct households

Questions Involved

- **Marital Status**
- **Program Selection**
- **Residence Information**
- **Exemption to Requirement**
- **Tax Filing Status**
- **Add Another Household Member**
- **How You Are Related**
- **Household Tax Information**

- Start
- 2 People**
- 3 Assets
- 4 Income
- 5 Bills
- 6 Submit

People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about Havelina.

Personal Information

*Legal First Name: Havelina
 Middle Name:
 *Legal Last Name: Houser
 Jr, Sr, etc:
 *Date of Birth Ex: mm/dd/yyyy: 06/01/1987
 Sex: Male Female
 *Marital Status: (highlighted in red)
 Preferred Written Language: (click here to choose >)
 Has this person ever used another name (such as maiden name, etc.)? Yes No

Program Selection

Not applying for any of the programs listed below (including health insurance)

*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses:

June July August

Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Japanese	<input type="checkbox"/> White
<input type="checkbox"/> Korean	<input type="checkbox"/> Other

Residence Information

*Is this person a resident of Colorado?
 Yes No

Where does this person live?
 (click here to choose >)

*Is this person living outside of Colorado temporarily?
 Yes No

*Has this household member passed away in the coverage year?
 Yes No

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption?
 Yes No

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?
 Yes No

Add Another Household Member

Do you want to add another person to your household?(Who you should add)
 Yes No

Marital Status

- Status should match document whether same-sex or civil union
- Victims of domestic violence may select:
 - “Single” if filing as “Head of Household”
 - “Married” if “Married Filing Separately”

- ✓ Start
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 Middle Name:
 *Legal Last Name: Havelina
 Jr, Sr, etc:
 *Date of Birth Ex: mm/dd/yyyy: 06/07/1987
 Sex: Male Female
 Preferred Written Language:
 *Marital Status: [click here to choose >](#)
 Has this person ever used another name (such as maiden name, alias, etc)?
 Yes No

Program Selection

Not applying for any of the programs listed below (including health insurance)

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If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses [?](#)

June July August

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Race: [?](#)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Latino/Hispanic
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Japanese	<input type="checkbox"/> White
<input type="checkbox"/> Korean	<input type="checkbox"/> Other

Residence Information

*Is this person a resident of Colorado?
 Yes No

Where does this person live?
 [click here to choose >](#)

*Is this person living outside of Colorado temporarily? [?](#)
 Yes No

*Has this household member passed away in the coverage year? [?](#)
 Yes No

Exemption to the Requirement to Purchase Health Insurance [?](#)

*Does this person have an individual shared responsibility exemption? [?](#)
 Yes No

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?
 Yes No

Add Another Household Member

Do you want to add another person to your household?(Who you should add) [?](#)
 Yes No

Program Selection

- Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)** [Show Details](#)
- Food Assistance** [Show Details](#)
- Colorado Works / TANF - Cash Assistance for Families with Dependent Children** [Show Details](#)
- Adult Financial - Cash Assistance for disabled or individuals over the age of 60** [Show Details](#)
- Child Care Assistance (CCCAP)** [Show Details](#)
- Nurse-Family Partnership (NFP) for first-time moms** [Show Details](#)
- Head Start** [Show Details](#)
- SafeCare Colorado** [Show Details](#)

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 Middle Name:
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 Jr, Sr, etc:
 *Date of Birth Ex: mm/dd/yyyy: 06/01/1987
 Sex: Male Female
 *Marital Status:
 Preferred Written Language:
 Has this person ever used another name (such as maiden name, alias, etc)?
 Yes No

Program Selection

Not applying for any of the programs listed below (including health insurance)

*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses

June July August

Race

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 Asian Indian Native Hawaiian
 Black or African American Other Asian
 Chinese Other Pacific Islander
 Filipino Samoan
 Guamanian or Chamorro Vietnamese
 Japanese White
 Korean Other

Residence Information

*Is this person a resident of Colorado?
 Yes No
 Where does this person live?

 *Is this person living outside of Colorado temporarily?
 Yes No
 *Has this household member passed away in the coverage year?
 Yes No

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption?
 Yes No

Tax Filer Information

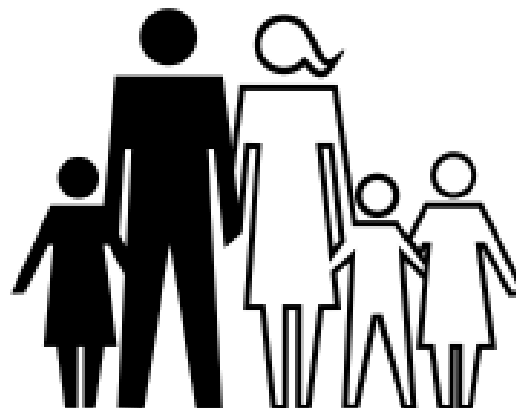
*Does this person plan to file a Federal Income Tax Return?
 Yes No

Add Another Household Member

Do you want to add another person to your household?(Who you should add)
 Yes No

Program Selection

- PEAK questions queue based on programs selected *and* individual information
- If a member of the family household does not apply, they and their income may still count toward other household member's results
 - All of their information should be included



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People in the Household

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 *Date of Birth Ex: mm/dd/yyyy: 06/01/1987
 Sex: Male Female
 *Marital Status:
 Preferred Written Language:
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Program Selection

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 June July August

Race

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Race: American Indian or Alaska Native
 Asian Indian Black or African American
 Chinese Filipino
 Guamanian or Chamorro Japanese Korean
 Latino/Hispanic Native Hawaiian
 Other Asian Other Pacific Islander
 Samoan Vietnamese
 White Other

Residence Information

*Is this person a resident of Colorado?
 Yes No
 Where does this person live?

 *Is this person living outside of Colorado temporarily?
 Yes No
 *Has this household member passed away in the coverage year?
 Yes No

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption?
 Yes No

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?
 Yes No

Add Another Household Member

Do you want to add another person to your household?(Who you should add)
 Yes No

Residence Information

Residence Information

*Is this person a resident of Colorado?

Yes No

Does this person plan to stay as a resident of Colorado?

Yes No

Where does this person live?

Living with more than one other person

*Is this person living outside of Colorado temporarily?

Yes No

Where will this person be living in Colorado when he or she returns?

*City

Boulder

*Zip Code

80304

*County

Boulder

*Has this household member passed away in the coverage year?

Yes No

*Date of Death

✓ Start

> 2 People

3 Assets

4 Income

5 Bills

6 Submit

People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about Havelina.

Personal Information

*Legal First Name: Havelina
 Middle Name:
 *Legal Last Name: Havelina
 Jr, Sr, etc:
 *Date of Birth Ex: mm/dd/yyyy: 06/01/1987
 *Sex: Male Female
 *Marital Status:
 Preferred Written Language:
 Has this person ever used another name (such as maiden name, alias, etc)?
 Yes No

Program Selection

Not applying for any of the programs listed below (including health insurance)
 *Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.
 Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)
 If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses
 June July August

Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race: American Indian or Alaska Native Latino/Hispanic
 Asian Indian Native Hawaiian
 Black or African American Other Asian
 Chinese Other Pacific Islander
 Filipino Samoan
 Guamanian or Chamorro Vietnamese
 Japanese White
 Korean Other

Residence Information

*Is this person a resident of Colorado?
 Yes No
 Where does this person live?

 *Is this person living outside of Colorado temporarily?
 Yes No
 *Has this household member passed away in the coverage year?
 Yes No

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption?
 Yes No

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?
 Yes No

Add Another Household Member

Do you want to add another person to your household?(Who you should add)
 Yes No

Residence Information

- Must be a Colorado resident to receive Medical Assistance in Colorado including Health First Colorado, CHP+ and Marketplace financial assistance
- May be considered resident if temporarily elsewhere; e.g., going to college, briefly working out of state
- Include those who have passed away
- For those deceased, select NOT applying for benefits

- Start
- 2 People
- 3 Assets
- 4 Income
- 5 Bills
- 6 Submit

People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about Havelina.

Personal Information

*Legal First Name: Havelina
Middle Name:
*Legal Last Name: Havelina
Householder:
*Date of Birth Ex: mm/dd/yyyy: 06/01/1987
Preferred Written Language:
Has this person ever used another name (such as maiden name, alias, etc)?
 Yes No

Program Selection

Not applying for any of the programs listed below (including health insurance)
*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.
 Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)
If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses:
 June July August

Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race:
 American Indian or Alaska Native
 Asian Indian
 Black or African American
 Chinese
 Filipino
 Guamanian or Chamorro
 Japanese
 Korean
 Latino/Hispanic
 Native Hawaiian
 Other Asian
 Other Pacific Islander
 Samoan
 Vietnamese
 White
 Other

Residence Information

*Is this person a resident of Colorado?
 Yes No
Where does this person live?
< click here to choose >
*Is this person living outside of Colorado temporarily?
 Yes No
*Has this household member passed away in the coverage year?
 Yes No

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption?
 Yes No

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?
 Yes No

Add Another Household Member

Do you want to add another person to your household?(Who you should add)
 Yes No

Exemption to the Requirement to Have Health Insurance

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption?

Yes No

*Exemption Certificate Number

- [Start](#)
- > 2 People**
- [3 Assets](#)
- [4 Income](#)
- [5 Bills](#)
- [6 Submit](#)

People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about Havelina.

Personal Information

*Legal First Name Middle Name

*Legal Last Name Jr, Sr, etc

*Date of Birth Ex: mm/dd/yyyy

Sex Male Female

Marital Status

Preferred Written Language

Has this person ever used another name (such as maiden name, alias, etc)?
 Yes No

Program Selection

Not applying for any of the programs listed below (including health insurance)

*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses

June July August

Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race: American Indian or Alaska Native Latino/Hispanic

Asian Indian Native Hawaiian

Black or African American Other Asian

Chinese Other Pacific Islander

Filipino Samoan

Guamanian or Chamorro Vietnamese

Japanese White

Korean Other

Residence Information

*Is this person a resident of Colorado?
 Yes No

Where does this person live?

*Is this person living outside of Colorado temporarily?

Yes No

*Has this household member passed away in the coverage year?

Yes No

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption?

Yes No

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?
 Yes No

Add Another Household Member

Do you want to add another person to your household?(Who you should add)

Yes No

Exemption to the Requirement to Have Health Insurance

- Those who may be exempt include:
 - A legal resident with very low income who does not qualify for Health First Colorado
 - Someone who is part of religion opposed to acceptance of health insurance benefits
 - An American Indian or Alaskan native
 - Someone with very low income hardship
- Those who have an exemption may still be included as part of other's MAGI households and their income may still count
- In order for the adult of a dependent child to be eligible they must request MA for that child even if the child meets an exemption requirement

- ✓ Start
- > 2 People
- 3 Assets
- 4 Income
- 5 Bills
- 6 Submit

People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about Havelina.

Personal Information

*Legal First Name: Havelina
 Middle Name:
 *Legal Last Name: Houserter
 Jr, Sr, etc:
 *Date of Birth Ex: mm/dd/yyyy: 06/01/1987
 Sex: Male Female
 Preferred Written Language:
 *Marital Status:
 Has this person ever used another name (such as maiden name, alias, etc)?
 Yes No

Program Selection

Not applying for any of the programs listed below (including health insurance)
 *Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.
 Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)
 If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses
 June July August

Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race: American Indian or Alaska Native Latino/Hispanic
 Asian Indian Native Hawaiian
 Black or African American Other Asian
 Chinese Other Pacific Islander
 Filipino Samoan
 Guamanian or Chamorro Vietnamese
 Japanese White
 Korean Other

Residence Information

*Is this person a resident of Colorado?
 Yes No
 Where does this person live?

 *Is this person living outside of Colorado temporarily?
 Yes No
 *Has this household member passed away in the coverage year?
 Yes No

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption?
 Yes No

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?
 Yes No

Add Another Household Member

Do you want to add another person to your household?(Who you should add)
 Yes No

Tax Filer Information

Tax Filer Information

- *Does this person plan to file a Federal Income Tax Return?
 Yes No
- *Is this person living with both parents, but the parents do not expect to file a joint return? [?](#)
 Yes No
- *Does this person expect to be claimed by a non-custodial parent? [?](#)
 Yes No

- Those not filing may still be part of other household member's *MAGI* households
- Children of non-filing parents:
 - May be eligible for Health First Colorado
 - Are not eligible for Marketplace financial assistance

- ✓ Start
- > 2 People
- 3 Assets
- 4 Income
- 5 Bills
- 6 Submit

People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about Havelina.

Personal Information

*Legal First Name: Havelina
 Middle Name:
 *Legal Last Name: Houselter
 Jr, Sr, etc:
 *Date of Birth Ex: mm/dd/yyyy: 05/07/1987
 Sex: Male Female
 Preferred Written Language:
 *Marital Status:
 Has this person ever used another name (such as maiden name, alias, etc)?
 Yes No

Program Selection

Not applying for any of the programs listed below (including health insurance)
 *Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.
 Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)
 If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses:
 June July August

Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race: American Indian or Alaska Native
 Asian Indian
 Black or African American
 Chinese
 Filipino
 Guamanian or Chamorro
 Japanese
 Korean
 Latino/Hispanic
 Native Hawaiian
 Other Asian
 Other Pacific Islander
 Samoan
 Vietnamese
 White
 Other

Residence Information

*Is this person a resident of Colorado?
 Yes No
 Where does this person live?

 *Is this person living outside of Colorado temporarily?
 Yes No
 *Has this household member passed away in the coverage year?
 Yes No

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption?
 Yes No

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?
 Yes No

Add Another Household Member

Do you want to add another person to your household?(Who you should add)
 Yes No

Tax Filer Information

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?

Yes No

*What is this person's tax filing status?

< click here to choose >
 < click here to choose >
 Single
 Married Filing Jointly
 Married Filing Separately
 Head of Household
 Qualifying Widow(er) with dependent child

Yes No

Member

Do you want to add another person to your household?(Who you should add)

- [Start](#)
- [2 People](#)**
- [3 Assets](#)
- [4 Income](#)
- [5 Bills](#)
- [6 Submit](#)

People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about Havelina.

Personal Information

*Legal First Name Middle Name

*Legal Last Name Jr, Sr, etc

*Date of Birth Ex: mm/dd/yyyy

Preferred Written Language

Has this person ever used another name (such as maiden name, alias, etc)? Yes No

Program Selection

Not applying for any of the programs listed below (including health insurance)

*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.

Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)

If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses

June July August

Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race: American Indian or Alaska Native Latino/Hispanic

Asian Indian Native Hawaiian

Black or African American Other Asian

Chinese Other Pacific Islander

Filipino Samoan

Guamanian or Chamorro Vietnamese

Japanese White

Korean Other

Residence Information

*Is this person a resident of Colorado? Yes No

Where does this person live?

*Is this person living outside of Colorado temporarily? Yes No

*Has this household member passed away in the coverage year? Yes No

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption? Yes No

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return? Yes No

Add Another Household Member

Do you want to add another person to your household?(Who you should add) Yes No

Tax Filer Information

- If married:
 - Must file taxes jointly to be eligible for Marketplace financial assistance
 - Married victims of domestic violence not able to file jointly may designate either *Head of Household* or *Married Filing Separately*
 - Spouses may file taxes separately and still be eligible for Health First Colorado & CHP+

- If in a civil union:
 - Treated as two, separate MAGI households

- Start
- 2 People**
- 3 Assets
- 4 Income
- 5 Bills
- 6 Submit

People in the Household

Be sure to answer every required question. Remember to list all of the dependents in your household, even family members that do not need health coverage. Tell about anyone who is on your tax return or in your physical household.

Provide more information about Havelina.

Personal Information

*Legal First Name: Havelina
Middle Name:
*Legal Last Name: Jr, Sr, etc
*Date of Birth Ex: mm/dd/yyyy: 06/01/1987
Sex: Male Female
Preferred Written Language:
Marital Status:
Has this person ever used another name (such as maiden name, alias, etc)?
 Yes No

Program Selection

Not applying for any of the programs listed below (including health insurance)
*Check the box for each program this individual would like to apply for. If you do not check a box, this person will not be applying for that program.
 Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits or Cost Sharing Reductions to help pay for health insurance costs through the Connect for Health Colorado Marketplace) [Show Details](#)
If you want help paying medical bills from the last three months check each month in which you have unpaid medical expenses
 June July August

Race

You do not have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits. Note: For Medical Assistance, if you are an American Indian/Alaska Native, you may qualify for extra benefits and cost savings. This information is being collected to ensure that program benefits are distributed without regard to race, color, or national origin.

Race: American Indian or Alaska Native Latino/Hispanic
 Asian Indian Native Hawaiian
 Black or African American Other Asian
 Chinese Other Pacific Islander
 Filipino Samoan
 Guamanian or Chamorro Vietnamese
 Japanese White
 Korean Other

Residence Information

*Is this person a resident of Colorado?
 Yes No
Where does this person live?
< click here to choose >
*Is this person living outside of Colorado temporarily?
 Yes No
*Has this household member passed away in the coverage year?
 Yes No

Exemption to the Requirement to Purchase Health Insurance

*Does this person have an individual shared responsibility exemption?
 Yes No

Tax Filer Information

*Does this person plan to file a Federal Income Tax Return?
 Yes No

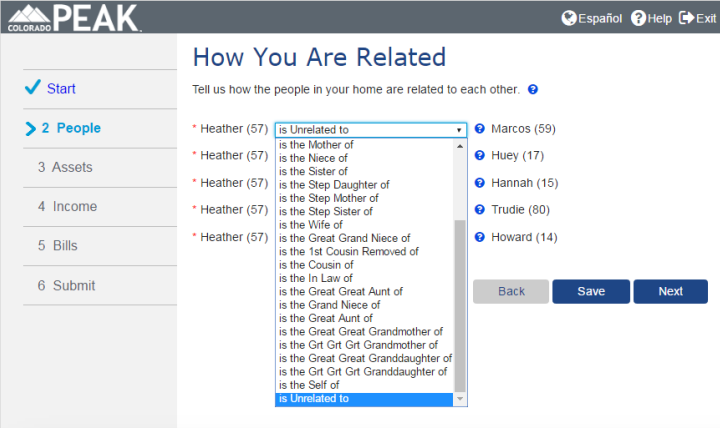
Add Another Household Member
Do you want to add another person to your household?(Who you should add) [?](#)
 Yes No

Add Another Household Member

Add Another Household Member
Do you want to add another person to your household?(Who you should add) [?](#)
 Yes No

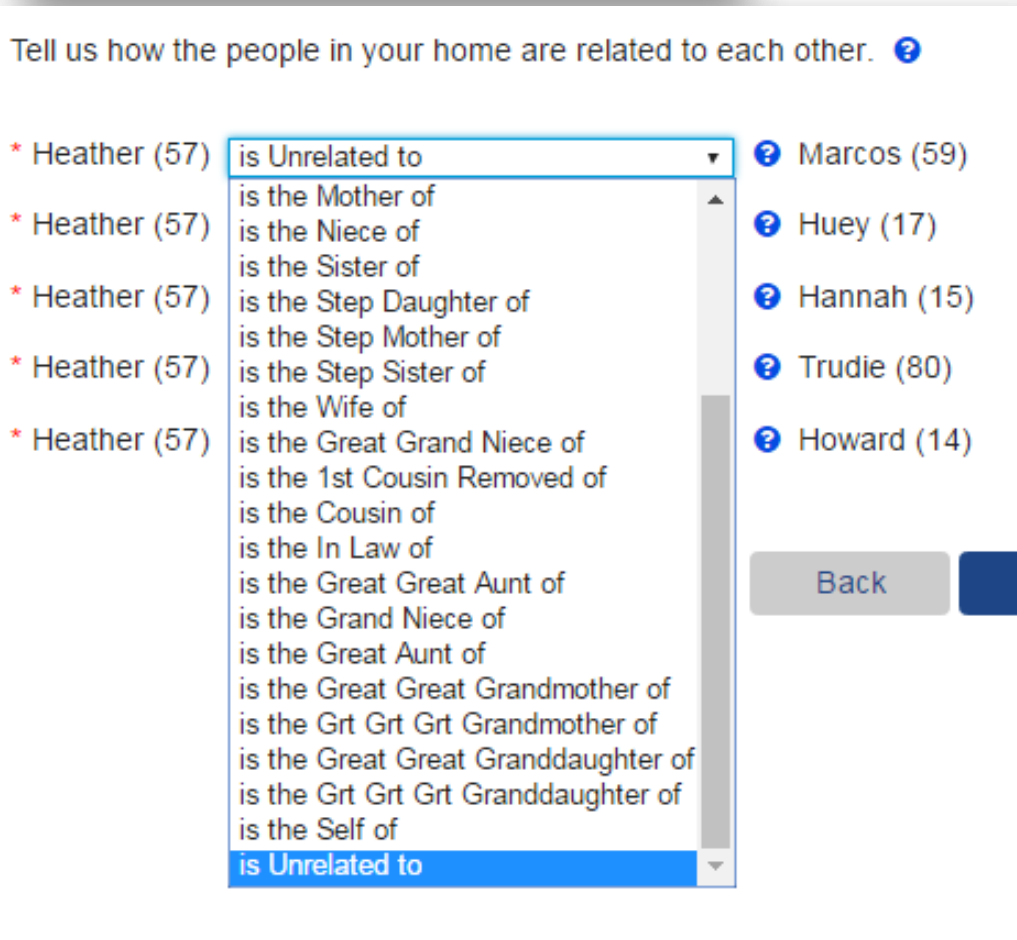
For Medical Assistance applications include:

- Family members who live together and have **tax-filing, legal or biological relationships**
- Family members **temporarily** outside of the home (if the home is their primary residence)
- Family members **who are not** applying for benefits
- Family members **who are already receiving benefits**



How You Are Related

- How each household member is related is established



PEAK COLORADO Heather Hou... Español Help Exit

Household Tax Information

Tell us more about the household's tax filing information.

✓ Start

> 2 People

3 Assets

4 Income

5 Bills

6 Submit

*Who is filing taxes jointly with October? [?](#)
 Amy

*Who is claiming October as a tax dependent? [?](#)
 None

*Who is claiming Amy as a tax dependent? [?](#)
 None

*Who is claiming James as a tax dependent? [?](#)
 October & Amy

Do you agree to allow Connect for Health Colorado to use income data, including information from tax returns? [?](#)
 Yes No

* If yes, for how many years will you allow us to use this information? This may make it easier to determine your eligibility for help paying for coverage in future years. In the future, Connect for Health Colorado will check to make sure you're still eligible, and may ask you to provide proof of your income to ensure you still qualify. You can opt out of this at any time.
 5 years 4 years 3 years 2 years 1 year

Household Tax Information

- Tax filing relationships are established

Household Tax Information

Tell us more about the household's tax filing information.

*Who is filing taxes jointly with October? [?](#)

Amy

*Who is claiming October as a tax dependent? [?](#)

None ▼

*Who is claiming Amy as a tax dependent? [?](#)

None ▼

*Who is claiming James as a tax dependent? [?](#)

October & Amy ▼

- ✓ Start
- ✓ People
- 3 Assets
- ✓ Income
- 5 Bills
- 6 Submit

Medical Assistance Application Summary

You have provided the following information for your Medical Assistance application.

Basic Information

Applicant	Date of Birth	Edit
October Enhancements	01/01/1990	
Address		
515 COFFMAN ST, Apt# 100 LONGMONT, CO 805015456		
Contact Information	Email Address	Correspondence Preference
999-999-9999	october.enhancements@peak.com	US Mail
Programs Requested		
Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		

Household Members

Household Members	Date of Birth	Marital Status	Edit
October Enhancements	01/01/1990	Married	
Amy Enhancements	02/01/1990	Married	
James Enhancements	03/01/2015		
Programs Requested			
October	Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		
Amy	Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		
James	Medical Assistance (including Health First Colorado (Colorado Medicaid), CHP+, Tax Credits, and Cost Sharing Reductions)		
Tax Filing Information			
	Tax Filing Status		
October	Married Filing Jointly		
Amy	Married Filing Jointly		
James	None		

Income Information

Job Income	Annual Amount	Edit
October	\$ 27500.00	
Amy	\$ 12000.00	
Reasons for Income Differences		
Reason	Edit	
October	Wage or salary changed at a job	

Food Assistance

As an applicant for Medical Assistance, you may also qualify for Food Assistance. Food Assistance is a monthly benefit to help purchase groceries. Would you like to apply for Food Assistance now? You will not need to answer any other questions at this time. Your county will contact you to complete an interview after you submit your application.

Yes No

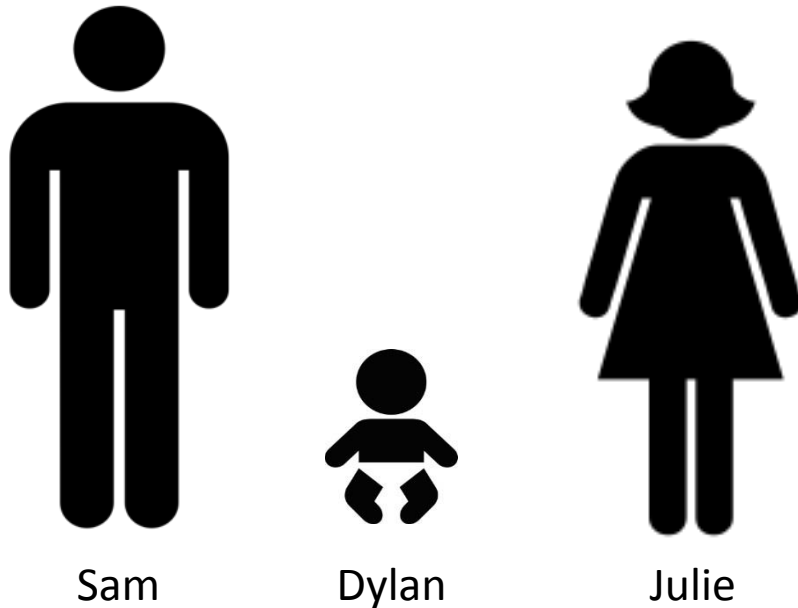
Application Summary

- Allows review and confirmation that all information is accurate



Break Out!

Example 1 – Divorced/Custody



- Sam & Julie are divorced
- They have shared custody of Dylan
- Who do you include in the application, and why?

- The child and the parent claiming the child for 2017 (the tax year being requested)
- Removing someone from a household (e.g., divorce or alternate year custody) needs to be done by a caseworker through a county or C4HCO Service Center

Example 2 - Undocumented



Mateo
40



Velma
38



Maria
17



Lucas
14



David
1

Sofia
1



Isabella
32

- Mateo & Velma live together and living with them are:
 - David and Sofia, their children
 - Lucas, Mateo's son
 - Maria, Velma's pregnant daughter
- Mateo and Velma are not married
- Mateo files taxes and claims Lucas, David, Sofia, and his sister Isabella (who lives in MX)
- Velma and Isabella are undocumented
- Maria is documented
- Who do you include in the application, and why?

- Everyone – it's complicated; let the system figure it out
- Prospective dependents must be a US citizen, resident or national (qualified non-citizen – for Health First Colorado subject to 5 year bar), or a resident of Mexico or Canada
- Although residents of MX or Canada can be claimed as a tax dependent, they are not eligible for health care affordability programs

Example 3 - Residence



Jordan



Jasmine



Celie



Mathew



Kiara



Trinity



Jayden

- Jasmine & Jordan are married and have 3 children: Mathew, Kiara and Trinity
- Jasmine's brother, Jayden, and her mother, Celie live with them
- Mathew goes to college in another state
- Jordan works on oil rigs in other states
- Jasmine & Jordan file taxes jointly and claim Mathew, Kiara, Trinity and Celie
- Jayden files his own taxes
- **Who do you include in the application, and why?**

- Likely everyone except Jayden. Jayden *can be* included and would be determined as a separate MAGI household (however he would be included as part of a Food Assistance household).
- If Celie is receiving Medicare she would select **not** applying for a program.
- Mathew would be included in household, and can apply for a program or not, depending on whether he claims residency and wants to apply in the state where he goes to college.

Example 4 - Incarcerated



Marcus



Abigail



Pearl



Jake



David



Kaitlin



Hannah

- Marcus & Abigail are married and have three children: Jake, David, Kaitlin
- Abigail's mother, Pearl and Abigail's sister, Hannah, live with them
- Marcus is incarcerated
- Abigail files taxes as married filing jointly, and claims Jake, David, Kaitlin and her mother, Pearl
- **Who do you include in the application, and why?**

- Likely everyone, however whether to include Hannah is at discretion. If she is claimed as a tax dependent she should be included. If she is a non-filer she would end up as her own MAGI household.
- Marcus is not eligible for insurance affordability programs so he should be included in household and "not applying" selected. (If he applied he would just be denied.)
- If Marcus was in a halfway house, he would be eligible for insurance affordability programs. Report "Released from Incarceration" through Manage My Account>Report My Changes.

Workbook Review

PEAK Context

Stakeholders involved in what PEAK is include:

- CO Dept. Health Care Policy & Financing
- **CO Dept. Human Services**
- CO Dept. Public Health & Environment
- CO Dept. Education
- Office of Information Technology
- Connect for Health Colorado
- **Counties**
- Community Organizations

What informs a MAGI eligibility result?

- **Individual Assessment**
- **Number of People in the household**
- **Income of those people**

Eligibility

Includes what components?

- Program Selection
- Citizenship Status
- Age
- **Disability**
- **Income**
- **Household Composition**

Workbook Review

MAGI Households are arranged by:

- Living together (generally)
- Tax-filing status
- ~~Healthcare needs~~
- Legal relationships
- Biological relationships

Households are determined by:

- Colorado Benefits Management System (CBMS)

For Victims of Domestic Violence

- **Marital Status of *Single-Never Married* associates with tax-filing status of *Head of Household***
- **Marital Status of *Married* associates with tax-filing status of *Married Filing Separately***

Workbook Review

True or False?

1. T / F Applicants must be Colorado residents to be eligible to receive Medical Assistance in the state of Colorado.
2. T / F Someone who has passed away during the coverage year should be included on the application.
3. T / F Household members exempt from the requirement to purchase health insurance should be on the application.
4. T / F Children of non-filing parents are eligible for Marketplace financial assistance.
5. T / F Spouses must file jointly to be eligible for Health First Colorado or CHP+.
6. T / F Persons in a civil union are not eligible for Medical Assistance.

Workbook Review

Include family members who live in the household and have a tax-filing, legal or biological relationship with those who are applying, including:

Family members **temporarily living outside of the state**.

Family members **who are already receiving** benefits.

Family members **not applying for** benefits.

Learning Objectives

1. List what defines **MAGI Medical Assistance Households**
 - Tax-filing, legal and biological relationships
2. Explain the difference between a **MAGI Household** and a **Family Household**
 - Those associated with an individual based on tax-filing or non-filing rules vs. family members who live together

Learning Objectives

3. Identify **who to include** on a MAGI Medical Assistance application

- Family members who live together and have **tax-filing, legal or biological relationships**
- Family members **temporarily** outside of the home (if the home is their primary residence)
- Family members **who are not** applying for benefits
- Family members **who are already receiving benefits**

Colorado PEAK is an online application and benefit management tool for Coloradans who need health coverage, help buying groceries, financial assistance, job readiness education/tools, help with childcare, and more.

The PEAK Outreach Initiative is charged with improving access to public assistance programs so every eligible individual, child, and family is enrolled in the benefits that help them thrive. We provide outreach and training resources to organizations that play a role in helping Coloradans access benefits online through Colorado PEAK.



PEAK Training Resources



PEAK Outreach Materials

Upcoming PEAK Training & Events

Monthly PEAK Training Tips - Web Conference

Please register to join us for the new Monthly PEAK Training Tips!

In each session, we will cover a different PEAK topic, and participants will have the opportunity to engage in Q & A and share best practices.

Topic: *New Process for "How to Create a PEAK Account"*

Wednesday, October 5, 2016 | 9:00 am | [Click here to Register](#)

Additionally, we want to hear from you! Please [click here](#) to submit a topic for an upcoming PEAK Training Tips session

BBH Registration Now Open

Registration is now open for the Colorado Health Foundation's Building Better Health (BBH) conference, which takes place on **October 13-14, 2016**.

Register for the conference [here](#).

New this year, the Colorado Health Foundation is offering three pre-event webinars about popular topics to be discussed at this year's BBH conference:

ACA 101: Everything you wanted to know but were afraid to ask!

[\(webinar recording\)](#)

Where Eligibility Starts: Modified Adjusted Gross Income (MAGI)

[September 26, 2016, from 2:30 to 3:30 p.m.](#)

Communications 101: Building Communications into Your Outreach

[October 3, 2016, from 2:30 to 3:30 p.m.](#)

PEAK Enhancements: October 2016

Monday, October 17, 2016 | 9:00 am | [Click here to Register](#)

PEAK Support Call for Community Partners

Thursday, October 20, 2016 | 3:00 pm | Phone: 877.820.7831 | Access Code: 349141#

ID/Title	Date	Instructional User Guide	On-Demand Recorded Webinar	Printable Presentation
Sort	Sort	Sort	Sort	Sort
4 - Application Walk-Through: Food and Medical Assistance	February 25, 2016		Watch Webinar (Duration 00:28:59)	
5 - Manage My Account Overview	April 15, 2016		Watch Webinar (Duration 00:08:20)	
6 - PEAK June 2016 Enhancements	June 27, 2016		Watch Webinar (Duration 00:50:22)	View/Download Presentation
Account Password-Change Existing	January 26, 2016	View/Download Guide		
Account Password-When Forgotten	February 29, 2016	View/Download Guide		
Annualized Income for MAGI Medical Assistance	June 16, 2016		Watch Webinar (Duration 00:40:34)	
Application and Identification Numbers	July 5, 2016	View/Download Guide		
Application Status	February 3, 2016	View/Download Guide		
Asset Categories and Types	July 5, 2016	View/Download Guide		
Creating / Linking a PEAK Account	February 19, 2016	View/Download Guide		
End Case Access	February 19, 2016	View/Download Guide		
Forgot Username	February 19, 2016	View/Download Guide		
Income Details: Expedited Income	March 24, 2016	View/Download Guide		
Income Details: Income Overview	March 24, 2016	View/Download Guide		
Income Details: Job Income	March 24, 2016	View/Download Guide		
Income Details: Other Income	March 24, 2016	View/Download Guide		
Income Details: Other Income Categories and Types	July 5, 2016	View/Download Guide		
Income Details: Past Income and Expense	March 24, 2016	View/Download Guide		
Income Details: Self Employment Income	April 26, 2016	View/Download Guide		
Legal Permanent Resident Information	March 15, 2016	View/Download Guide		

Contact Us



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Questions?