

Adults without Dependent Children Expansion Eligibility and Enrollment FAQs

Eligibility Overview: The Adults without Dependent Children (AwDC) expansion is an Adult Medicaid program that will cover those who are:

- Ages 19 through 64 who do not have a Medicaid-eligible dependent child;
- Not eligible for Medicaid under any other category; and
- Not eligible for Medicare.

The initial income limit will be set at 10% of the Federal Poverty Level (FPL). Benefits will be provided to 10,000 individuals who are determined eligible based upon a randomized member selection process.

Client Eligibility Information:

1. What documentation (i.e. proof of citizenship and identity) is required for eligibility?
Documentation requirements for the AwDC expansion are consistent with those of other Medicaid programs.

Citizenship and identity documentation for U.S. citizens must be verified in one of the following ways:

- a. Electronically through the Social Security Administration (SSA) Interface at an eligibility site; or
- b. By submitting citizenship and identity documentation to a Certified Application Assistance site (CAAS), Medical Assistance (MA) site or to a county department of human/social services for verification.
- c. For identity verification, the Department of Motor Vehicles (DMV) Interface may be used. However, citizenship verification will still be required through either Option a, or Option b above.

Non-citizens must provide immigration documents for verification by:

- d. Submitting immigration documentation to a CAAS, MA site or to a county department of human/social services for verification.

2. What public income/support programs count as income and which do not?

Payments made by the Aid to the Needy Disabled (AND), Old Age Pension (OAP), Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp program), Colorado Works/ Temporary Assistance for Needy Families (TANF) are **not** countable as income in determining eligibility for AwDC.

Additional exemptions can be found under the General Income Exemptions in [Colorado Rule 8.100.3.L](#).



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3. Since AwDC is categorized as an Adult Medicaid program, are resources included in the eligibility determination?
There is no resource limit for AwDC eligibility; however, any resource(s) must be reported on the application and resource verification must be provided with the application. Applicants must first be found ineligible for other Medicaid categories before eligibility for AwDC will be determined.
4. Will clients enrolled in AwDC who experience a temporary spike in income (i.e. they obtain seasonal work for two months) lose eligibility if the Income and Employment Verification System (IEVS) interface reveals they have earned income during the previous quarter?
Depending on the amount of income reported, it is possible that the client may lose benefits. In order to be eligible for AwDC, clients must meet the income and eligibility requirements while enrolled and report any change within 10 days. If the client loses coverage, they do have the opportunity to appeal and have their case reviewed.
5. Will there be 3-month retroactive coverage?
No, AwDC clients will not be eligible for retroactive coverage.
6. If an individual who is receiving benefits goes to jail or prison, will they lose coverage and be placed on the waitlist after their release?
Eligibility for AwDC clients will terminate upon incarceration; the policy for AwDC is consistent with that of other Medicaid programs. Upon release, clients must re-apply. Clients must be determined eligible; if there is no waitlist they will be placed into a benefits position. If there are more than 10,000 clients receiving benefits they will be placed on the waitlist.

Enrollment Caps and Waitlist Information:

7. How will the Department determine the first 10,000 individuals eligible for enrollment?
Applications for Adult Medicaid can be determined for AwDC beginning April 1, 2012. All individuals whose applications are processed as AwDC eligible between April 1 and May 15, 2012, will be placed on a waitlist for enrollment. Individuals on this waitlist for enrollment will be included in the first randomized member selection process. The first randomized selection for enrollment will be regional and held by the Department in mid-May 2012. If fewer than 10,000 individuals apply during the initial application period, all eligible applicants will be enrolled to receive benefits.
8. What will happen to the applicants who are not enrolled during the initial application period?
Eligible applicants who are not selected in the initial randomized member selection process will remain on the waitlist. All applicants determined eligible

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after May 15, 2012, will be on the waitlist and be included in a statewide monthly randomized selection process if enrollment is available.

9. Will the randomized member selection process be regional or statewide? How will it work?

The first randomized selection process scheduled for mid-May 2012 will be regional. All subsequent randomized selection processes will be statewide, and will be held monthly if there is availability for enrollment.

Regional Randomized Member Selection Process

The initial 10,000 available enrollment positions will be regionally allocated to the seven Accountable Care Collaborative (ACC) Regional Care Collaborative Organizations (RCCOs). Estimates of the number of uninsured adults without dependent children in each county were determined and will contribute to the allocation for that county's corresponding RCCO. The Department will hold the first randomized selection process in mid-May of 2012, which will include all applications processed as eligible between April 1, 2012 and May 15, 2012.

Statewide Randomized Member Selection Process

All eligible applicants who were not selected in the initial randomized selection process will be on the waitlist. Also, all applicants determined eligible after May 15, 2012, will be on the waitlist. If there is availability for enrollment in each month following the first regional randomized selection, a monthly statewide randomized selection process will be held and will include all individuals on the waitlist. The monthly statewide randomized selection process will not be allocated by county or RCCO region.

10. What if there are available enrollment positions in any of the seven RCCOs after the initial regional randomized selection process held in mid-May of 2012?

The Department anticipates that the 10,000-person enrollment limit will be reached. However, if it is not reached in the initial month, all individuals on the waitlist will be included in the statewide randomized member selection process in the following month. Statewide randomized selection processes will occur on a monthly basis if enrollment positions are available. Enrollment positions that are not filled in the initial randomized member selection process will not be allocated to, or preserved by any RCCO.

11. Will certain populations, i.e. those who are homeless, or receiving Aid to the Needy Disabled (AND), or Supplemental Nutrition Assistance Program (SNAP) benefits, be prioritized as part of the 10,000 initially enrolled clients?

No, there will be no priority populations.

12. Is there a limit to the waitlist?

No. The waitlist is not limited. All applicants who are determined eligible and who are not enrolled during the initial enrollment period (April 1 – May 15, 2012)

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will be placed on the waitlist, as well as all applicants who are determined eligible after the initial enrollment will be placed on the waitlist. All individuals on the waitlist will be included in the randomized member selection process when there is available enrollment.

13. Should people apply even if there is a waitlist?

Yes, individuals should continue to apply even if there is a waitlist. If there is opportunity to expand enrollment beyond the 10,000-person enrollment limit, all applicants on the waitlist will be included in the monthly statewide randomized member selection process for enrollment. Also, applying for the program, even if there is a waitlist, will help the Department assess the need for the program and learn more about the applicants in advance of 2014, when there will be coverage for eligible individuals up to 133% FPL.

14. Can people stay on the waitlist for more than one year?

Yes. However, starting in January 2014, eligibility will be expanded to cover eligible individuals up to 133% FPL, so there will be no waitlist beyond that date.

15. When people move from the waitlist to an enrolled position, will they have to re-verify income and/or re-supply documentation?

Individuals on the waitlist for less than a year will not be specifically asked to re-verify income or re-supply documentation when they move from the waitlist to an enrollment position. Individuals who are on the waitlist for more than one year when moving to an enrollment position will be requested to provide updated information upon enrollment notification. However, all individuals are required to report any changes while on the waitlist and while receiving AwDC benefits.

16. Will there be a redetermination at one year for those on the waitlist?

No, a Redetermination, Reassessment, Recertification (RRR) due date is not applied to individuals on the waitlist. Individuals who are on the waitlist for more than one year when moving to an enrollment position will be requested to provide updated information. Clients who are enrolled will receive an RRR due date upon receiving AwDC benefits.

17. Will Automatic Reenrollment and Ex Parte Automation apply to AwDC clients?

These automatic processes will apply to enrolled clients who are receiving AwDC benefits.

18. How will you determine when to increase the enrollment limit or to increase the income threshold?

The Department will assess overall utilization and costs of the program after 6 - 8 months. It takes approximately this long to determine the monthly costs due to the fact that there is often lag time in claims submitted and paid when clients first enroll. In addition, there may be some pent-up demand for services immediately following implementation. The specifics of this determination process have not



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been finalized but are likely to be part of the federal guidelines set forth in the 1115 Demonstration Waiver Standard Terms and Conditions.

Application Information:

19. Can the Department limit enrollment options so that people can only apply through one entity, for example by using PEAK (e.g. Wisconsin only permitted online and phone applications for their expansion)?

Application and enrollment options will not be limited to remain consistent with the Department mission to improve access to public health care and continue the “all doors are open” philosophy.

20. How can people apply?

- a. Individuals may apply by filling out the [Application for Public Assistance](#) (individual must select “Adult Medical Assistance”), the [Application for Medical Assistance](#) (individual must select “Medical Assistance Program for Adults and Disabled Children”) or by using the Program Eligibility and Application Kit ([PEAK](#)) online (individual must select “Medical Assistance Program for Adults and Disabled Children”).
- b. Individuals may apply at any [CAAS](#), [MA site](#), [county department of human/social services](#), by using PEAK online or by mailing the Application for Medical Assistance to the State Eligibility and Enrollment Medical Assistance Program (EEMAP) vendor.

21. What is PEAK?

The Program Eligibility and Application Kit (PEAK) is a quick and easy way to get answers to questions on health and nutrition programs on the internet. By using this online tool, it is possible to check for program eligibility, apply for benefits, check benefit status and update or change information such as mailing address or other contact information.

22. Will clients who are currently on or applying for other public assistance programs such as AND, OAP or SNAP have to complete a new application?

It depends.

A new application is **NOT** needed when:

1. The request for AwDC is made during the time the non-medical (AND, OAP, SNAP, etc.) application is being processed.
2. The request for a Medical Assistance eligibility determination is made within 30 days of the non-medical application being processed.
3. If #1 or #2 is true, the technician may contact the client for verbal confirmation of the client’s interest in applying for Medical Assistance. If the client confirms interest in applying for Medical Assistance, the technician must document the client contact and indicate “Yes” that the client is requesting assistance in CBMS. Similarly, a client may contact a



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technician to initiate the Medical Assistance request verbally if #1 or #2 is true.

A new application **MUST** be completed in all other instances.

As with all applications for medical assistance, the applications for AwDC will be subject to audit.

23. Will clients receiving Colorado Indigent Care Program (CICP) benefits have to complete an application to receive an eligibility determination for AwDC?

Yes. Please see #19 for detailed AwDC application information.

The CICP eligibility and application process is separate from the process used to determine eligibility for the AwDC expansion. The CICP application is not processed through CBMS and will not determine eligibility for the AwDC expansion. Note: Individuals who are on the waitlist for AwDC will be eligible to receive CICP benefits.

The [AwDC and CICP FAQs](#) provide additional information about the interaction between these two programs.

24. Will children who are aging out of Family Medicaid (i.e., children turning 19) be automatically determined eligible for AwDC?

In some cases, yes. Depending on the household composition for Family Medicaid, some children who are aging out will automatically receive an eligibility determination for AwDC. However, to ensure a more seamless transition, children who are turning 19 and aging out of Family Medicaid should contact their county worker to indicate their interest in an eligibility determination for AwDC.

Application and Redetermination Processing Information:

25. When will CBMS determine individuals eligible for AwDC?

Individuals who submit an Adult Medicaid application for AwDC will receive an eligibility determination on or after April 1, 2012. Please note that application processing timelines will remain intact. All application assistance sites and eligibility determination sites must remain in compliance with the application process and processing procedures.

26. Can an application be completed prior to April 1, 2012?

Yes. Individuals may complete an application prior to April 1, 2012; however, if the eligibility determination for the individual is made prior to that date, the system will be unable to determine eligibility for AwDC. So, if the applicant does not qualify under any other Medicaid category, the applicant will be denied for eligibility.



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Please note that application processing timelines will remain intact, and all application assistance sites and eligibility determination sites must remain in compliance with the application process and processing procedures. Applications must contain current information to determine eligibility, and, as with all applications for Medical Assistance, the applications for AwDC will be subject to audit.

27. Who can process the AwDC applications?

County departments of human/social services, the State EEMAP vendor and Medical Assistance (MA) sites have the system security profile for the Adult Medical program and can process both applications and redeterminations.

28. Who will process Medical and Financial Assistance (combo) cases?

Combo cases will be processed by eligibility sites that have the system security profile to process both medical and financial cases (i.e. county departments of human/social services). After the initial processing, the AwDC case will be electronically transferred to the State EEMAP vendor for ongoing case maintenance as is the current practice with Child Health Plan *Plus* (CHP+) applications.

29. What will happen to applications processed at Medical Assistance sites such as Denver Health, Peak Vista or Pueblo StepUp?

These sites will be responsible for initial processing. After the initial processing, the AwDC case will be forwarded to the State EEMAP vendor for ongoing case maintenance as is the current practice with CHP+.

30. Who will receive PEAK applications?

Applications submitted through PEAK that are for Medical Assistance only and for individuals younger than 60 years of age who are not receiving SSI will be sent to the State EEMAP vendor. All other applications submitted through PEAK will be sent to the appropriate county department of human/social services.

31. Who will process redeterminations and handle ongoing case maintenance for AwDC?

The State EEMAP vendor will be responsible for these activities.

Other Frequently Asked Questions:

32. Will the counties get more money to process these AwDC expansion applications?

There is a County Director Letter addressing this question. This letter can be accessed on the Department Web site at:

- Colorado.gov/hcpf > Partners & Researchers > County and Medical Assistance Site > County and MA Site Director Letters > November 22, 2011
- Or, by clicking here: [1293 Expansion Application Process](#)



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33. Is there any concern that CBMS may not be able to handle the influx of applications due to the potentially high volume of applicants?

The Department is aware that an influx of applications has potential to be a challenge with CBMS. The initial regional randomized member selection process is expected to mitigate this issue, and the Department is working with our technology partners on various other options to address CBMS functionality.

This FAQ is a working document and will be updated bi-weekly. If you have any input, please contact Andrea at Andrea.Skubal@state.co.us by the 1st or 15th of each month.



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