



Adults without Dependent Children (AwDC)  
 Advisory Committee Meeting  
 March 7, 2012  
 1:15-3:00 p.m.

Meeting Minutes

AGENDA ITEM	LEAD PRESENTER(S)	TIME
1. Introductions	Susan Mathieu, Group	1:15
2. Committee Business- January minutes and February minutes	Advisory Committee	1:20
3. CMS update	Susan Mathieu, Chris Underwood	1:25
4. Outreach and Public Information	Susan Mathieu, Rachel Reiter	1:35
5. Linking ACC Members to PCMP Workgroup Update	Susan Mathieu, Kathryn Jantz	2:05
6. Applications and CBMS Client Correspondence	Susan Mathieu, Marivel Guadarrama	2:30

**Attendees**

Advisory Committee: George Delgrosso, Polly Anderson, Meg Costello (for BJ Iacino), Aubrey Hill (for Gretchen Hammer), Polly Anderson, Jennifer Hill (for Amanda Kearney-Smith),

Other Attendees: Bob Bongiovanni, George Lyford, Lesley Reeder, Nicole Konkoly, Allan Liebgott, Rachel Reiter, Monie Peckish, Marivel Guadarrama

**Committee Business- January minutes and February minutes**

- The minutes were approved.

**CMS Update**

- The Department is still in negotiations with CMS on the waiver. The Department and CMS have been having weekly calls on the Special Terms and Conditions, which will detail how Colorado can operate the program.
  - The Department has not received indication that there are areas of great concern and feels confident that the waiver will be approved.
  - Once approval is granted the Department will post a notice on the website.

**Outreach and Public Information**

- Andrea Skubal and Rachel Reiter have been working very closely in this area.
- To date, there is a Frequently Asked Questions (FAQs) document about eligibility and enrollment, one about the program interaction between AwDC and CICP and a high level fact sheet. These are available on the Department's Web site. These documents are primarily for providers, eligibility workers, advocates and community-based organizations.

- The Department is developing another FAQ document that describes the connection between the AwDC expansion and the ACC.
- The Department is also creating a document that is being referred to as the “Did You Know” document. Potential clients are the intended audience.
  - This document will include information on program eligibility and the enrollment cap. It will be accessible for counties to download and print from the Department Web site.
- Susan said that the presentations from the outreach sessions earlier this year include information on the AwDC expansion.
- The Department is also thinking about how it will notify people when there will be ongoing monthly random selections. At a minimum, something will be posted on the Department’s Web site and an email will be sent out to those on the distribution list.
- Rachel asked attendees if there were any unmet communication needs.
  - One stakeholder wanted to know more about outreach to medical and application assistance sites, not just outreach to the counties and Social Services. The stakeholder spoke with Denver Health about developing an informational document to distribute at group meetings for potential clients. The document would be distributed at clinics and to case managers.
  - Rachel said the Department has also reached out to some of its community partners and drafted some documents so people can become informed.
- Stakeholders discussed developing other documents with information to increase awareness about the expansion.
  - One stakeholder mentioned giving information, condensed to one page, to providers.
  - Another stakeholder put together a 2 page fact sheet pulling information from the presentations, training manuals, and other locations. Susan told the committee she would review this information in an effort to tie all communication documents together.
- Both Susan and Chris emphasized the importance of providing consistent messaging and setting expectations. They asked to see non-Department resources about the AwDC expansion.
- All Department program fact sheets are in a “resource center” on the Web site. Language has also been included surrounding the waitlist elimination in 2014.
- Another stakeholder advocated for including pharmacists and pharmacies in the distribution lists. Such pharmacy networks serve people who are indigent and have no other means to pay.
  - Lobbying groups were decided as the best way to reach out to the pharmacies.
- The Department is exploring ways to link all appropriate resources on its Web site. For example, on the AwDC Web site there should be a link to the program fact sheets, information on where to apply, client “Did You Know” documents, ACC specific information, etc.
- Some stakeholders expressed concerned about how the importance of explaining that the program is only available for those below 10% of FPL. The language is crucial in order to avoid having a flood of individuals above 10% applying through CBMS.

- The Department is also preparing messaging to address any challenges or issues that might arise on April 1<sup>st</sup>. Staff acknowledged the continued reliance on partners to help get messages out to different stakeholders, clients, and providers.
- Committee members offered their support with information distribution and crises management.

### **Linking ACC Members to PCMP Workgroup Update**

- All AwDC clients will be unattributed to a PCMP when enrolled.
  - The Department does not have data to actually attribute so one thought was to use lists from different providers. However, it is likely that people would appear on multiple lists from providers because they visit multiple providers.
- There is a workgroup that has been discussing how to link all ACC members (including AwDC members) to PCMPs. Kathryn Jantz, an ACC contract manager, gave an introduction on the workgroup's focus.
- A workgroup member and regular meeting attendee, Bob Bongiovanni, provided an overview of the workgroup's activities and explained they are preparing a document that lists specific recommendations on how to link unattributed ACC clients to PCMPs.
  - The workgroup has identified three types of groups needing attribution: a group that is reachable and there is accurate contact information for them; a group that is hard to reach although they can be located; and a group that is very transitory and difficult to reach.
  - The group is working to make sure employees who answer the hotlines have access to the right tools, resources, and directories. This would involve a system to broadly share data.
  - During its discussions, members realized that there are multiple points of entry into the AwDC expansion. Case managers, pharmacists, BHOs, and PCNPs may all intercept potential clients and therefore should have access to the same information.
- Attendees mentioned the challenges in communicating with AwDC clients.
  - If possible use additional addresses provided to notify someone if they have been removed from the waitlist.
  - Oftentimes the homeless and extremely low-income individuals have a phone that works for the first seven days out of the month. Tweets or texts about Medicaid eligibility would be helpful to this group during that period.
  - Once clients are located, they must be informed about available providers. The Department is hoping to create a PCMP list with specific specialties or focuses in a user friendly paper format and a hyperlink version (for a case manager or someone who has a computer resource).
- One stakeholder wanted to know if a RCCO was expected to know the specialties and availability (who can see new patients) of the primary care providers in their network. RCCOs are working on this and adding more providers. The stakeholder felt it could take some time for the RCCOs to get to know their network in a unique way.
  - In response, a stakeholder advocated for an online identification system. Providers accepting new patients would be color coded in green and those who were not would be color coded in red.

- The committee is recommending that RCCOs build on existing databases, like preparing a database of providers that is known to be complete and accurate.
- The conversation turned to dealing with call volume once to applications start to be processed.
  - The Department has been working with HealthColorado, the enrollment vendor on AwDC roll-out. The Department does expect high call volumes associated with the AwDC roll-out. They are working on some possible solutions with Maximus while also looking internally to see if there are some additional resources to provide at the Department's call center.
  - A stakeholder suggested a specialized team designed to answer only AwDC related calls. The automated message could say "If this is about the wait list for Adults without Dependent Children, press three." The person who answers the phone would have access to a guide with responses to common questions and scenarios.

### **Applications and CBMS Client Correspondence**

- In CBMS, all letters are given a number. A denial letter would be due to whatever reason a client was determined ineligible. The schematic being developed by the Department will provide information on the letter received.
- Susan also noted that individuals on the waitlist could be determined ineligible for reasons such as increased income. Thus, they would receive a letter telling them they are ineligible for the AwDC expansion – this could be confusing since they were never receiving benefits. The letters the client receives will be the standard denial/termination letters and not AwDC specific.
- Currently there are not multiple waitlists for those who were denied for being over-income. This means that clients may be bumped off of the waitlist for earning too much but in a few months they could be eligible (i.e., if the program FPL limit is increased) and would need to re-apply.
  - Just as in all other Medicaid programs, if a client is on Medicaid and income increases, that client is deemed ineligible. If income decreases, the client will have to reapply.
  - A stakeholder mentioned that this population is new to Medicaid and the concept of re-application is not easily understood.
- Marivel clarified when an application can be received, when it can be processed, and when clients will be eligible for the expansion. Examples will be included in the FAQs.
  - Assistance sites have 5 days to get applications to the county or processing site.
  - The date that will go into the system will be the date the application was received in the county or other MA sites.
  - Applications will be pending for 15 business days if documentation is missing.
  - Clients will have ten business days to submit any missing documentation and will receive a letter explaining this.
- The Department is waiting until it receives a large pool of applicants to begin the selection process. Applications submitted prior to April 1, run the risk of being denied. At the same time, individuals should not wait until mid-May to apply in order to avoid having their application pending or not processed prior to the deadline.

- The Department suggested that the safest option is to use the month of March to help people complete an application and make sure they have the necessary documentation.
- April is a good time for people to submit applications.
- Department staff reminded people that the timely processing guideline (45 days) applies to the AwDC expansion. All counties must adhere to this.
- Marivel also covered the possible reasons applications will pend.
  - AwDC and Buy-In expansions do not require resources for eligibility but because clients are applying for medical assistance as a whole, they will have to provide them. If they do not provide the verification they will pend for 15 business days. They will then pass regardless of whether the verification is provided. Clients do not need to verify if they do not have any resources.
  - Clients will also pend for 15 business days if they mark they have a medical condition that will last more than 12 months or have an activity of daily living limitation. Clients will be asked to complete a separate disability application but regardless of whether this is completed, they will be determined eligible (if they meet other criteria) after 15 business days.
- The Department then moved to a discussion of face-to-face vs. online application processing. Filling out the medical application (blue application) in a face-to-face meeting may be the quickest way to enter information. If the client fills out the application online they will have to mail, fax or email any documentations or verifications to the site that will be processing the application (either Maximus or the county).
- Chris Underwood encouraged also using certified application assistance sites to verify resources, citizenship, etc.
- Clients that are not able to verify through SSI or SSA would need to supply documentation to determine eligibility.
- One stakeholder suggested developing a logic table to tell someone the quickest way to process an application- whether to use an assistance site or the county.
- The meeting ended with an update on the state Medicaid buy-in program. Within less than 24 hours, Colorado had one enrolled client and as of March 6<sup>th</sup>, they had nine clients already on the program. The Department reported that the enrollment process seems to be working smoothly.