Eligibility Overview

The Adults without Dependent Children (AwDC) expansion is an Adult Medicaid program that covers 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 program is currently limited to clients whose income is at or below 10% of the Federal Poverty Level (FPL). This is about $95 per month for a single adult and $129 for a married couple, although some earned income is not counted in determining eligibility.

The program has a limited number of enrollment slots but has an unlimited waitlist. Clients will be enrolled randomly from a waitlist on a monthly basis if enrollment is available.

Client Eligibility Information

1. **What documentation (i.e. proof of citizenship/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:

   a) 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 do not count as income?**

   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 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. seasonal work) lose eligibility if the Income and Employment Verification System (IEVS) interface indicates 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 and be determined eligible. If enrollment is at capacity, they will be placed on the waitlist.

Enrollment Cap Increase and Waitlist Information

1. **How will the 2013 enrollment increase be rolled out?**

   In March 2013, the Department announced an incremental increase in the enrollment cap from 10,000 up to 19,250 by September 2013. On April 1, 2013, the Department added 3,000 new slots to the AwDC program. Applicants from the waitlist were randomly selected to fill those 3,000 slots plus any existing slots that opened up during the month of March. The Department then began adding 1,250 new slots per month for the following five months (May, June, July, August and September) and continued to fill existing slots that opened. The planned enrollment cap was 19,250 in September.

   However, in August 2013, the Department announced a change to this strategy. Due to system upgrades being made to the eligibility system to prepare for the Medicaid expansion in January 2014, the Department would not be able to do any AwDC enrollments in October, November or December 2013, not even to fill slots that opened through attrition. To make up for the expected attrition, the Department will add extra slots in September, bringing the enrollment cap to 21,691. In essence, clients will be "front-loaded" during the September enrollment to account for the normal attrition in the following months.

   Note: all planned increases are subject to available of hospital provider fee funding. If it appears that funding will be insufficient to cover program costs, the Department may reduce the planned increases.

In January 2014, the Department will resume AwDC enrollments with **no enrollment caps** as part of the Medicaid expansion.

Date	New Slots Added	Total AwDC Enrollment
March 2013	0	10,000
April 2013	3,000	13,000
May 2013	1,250	14,250
June 2013	1,250	15,500
July 2013	1,250	16,750
August 2013	1,250	18,000
September 2013	3,691	21,691
October 2013	-	Declining through attrition
November 2013	-	Declining through attrition
December 2013	-	Declining through attrition
January 2014 – Medicaid expansion		

2. **Since the program is limited, how is enrollment determined?**

   All applicants who are found eligible for AwDC are initially placed on a waitlist. Enrollment from the waitlist into the program is determined through a monthly statewide randomized member selection process. All eligible applicants on the waitlist by the close of business on the 5th day of each month will be included in the random selection process. **Applicants who were already on the waitlist do <u>not</u> need to re-apply to be included in selection for the increased enrollment slots.**

3. **What will happen to eligible applicants on the waitlist who are not enrolled in a randomized member selection process?**

   In January 2013, Governor John Hickenlooper announced that Colorado will participate in the Medicaid expansion that is part of federal health care reform. On January 1, 2014, Colorado Medicaid will provide coverage for adults ages 19 through 64, without Medicaid dependent children, who have incomes up to 133% percent FPL. All eligible applicants will be enrolled at that time with no enrollment cap.

4. **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 for enrollment?**

   No, there will be no priority populations.

5. **Is there a limit to the waitlist?**

   No, the waitlist is not limited.

6. **Should people apply even if there is a waitlist?**

   Yes, individuals should continue to apply even if there is a waitlist. All applicants on the waitlist will be included in the randomized selection process to fill open and new slots each month. 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.

7. **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.

8. **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 or while receiving AwDC benefits.

9. **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.

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

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

Application Information:

1. **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.

2. **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.

3. **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. Additional information about PEAK is available on our Website.

4. **Will "Check My Benefits" in PEAK clearly show if someone is on the waitlist?**

   No, the "Check My Benefits" function will not clearly differentiate between applicants' status for those who are on the waitlist and those who have been denied eligibility. In both situations the screen will say "[applicant] is not getting Medical Assistance benefits". The screen for those who are enrolled and receiving benefits will say "[applicant] is getting Medical Assistance benefits".

5. **Will waitlist clients be able to report their changes using PEAK?**

   Yes, clients on the waitlist will be able to report their changes using PEAK. If the client did not use PEAK to submit the application they will have to create an account.

6. **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:

   a) The request for AwDC is made during the time the non-medical (AND, OAP, SNAP, etc.) application is being processed.

   b) The request for a Medical Assistance eligibility determination is made within 30 days of the non-medical application being processed.

   c) If a or b 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 technician to initiate the Medical Assistance request verbally if a or b 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.

7. **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.

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

   In some cases, the answer is 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:

1. **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.

2. **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). Once clients are moved from the waitlist to benefits, the AwDC case will be electronically transferred to the State EEMAP vendor for ongoing case maintenance.

3. **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+.

4. **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.

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

   The State EEMAP vendor will be responsible for these activities.

In addition to this FAQ, reference guides that provide additional information about CBMS and AwDC expansion eligibility functionality are available on the Department's Website.

This FAQ is a working document and will be updated as needed. If you have any input, please email the Department.