

Adults without Dependent Children 1115 Demonstration Waiver: Medicaid Expansion Transition Plan

In 2012 the Department of Health Care Policy and Financing began a new program to enroll a limited number of Adults without Dependent Children (AwDC) through an 1115 Demonstration waiver. In January 2014, funds provided by the federal government through the Affordable Care Act will allow Colorado to enroll all eligible adult clients with income up to 133% (some earning more may be eligible) of the Federal Poverty Level (FPL) with no enrollment caps.

The 1115 Demonstration waiver will end on December 31, 2013. The following plan outlines the timeline for the seamless transition from our AwDC waiver program to the Medicaid expansion.

Timeline

September 2013:

The final AwDC monthly enrollment takes place. Because we will not do any further AwDC enrollments in 2013, our September enrollment will include extra slots. We will raise our enrollment cap from 19,250 to 21,691 slots to proactively fill the attrition slots we expect will open in October, November and December.

October – December 2013:

- Clients already enrolled in the AwDC Program: will continue to receive benefits. If a client is discontinued due to excess income, the client file will be flagged for automatic reconsideration of enrollment effective January 1, 2014. An enrolled client who goes above the 10% FPL income limit will not need to re-apply.
- Clients on the Waitlist: will continue to wait for possible enrollment effective January 1, 2014. No AwDC enrollments will be done in October, November or December. However, all waitlist clients will automatically be considered for January 1 enrollment without needing to re-apply.
- New adult applicants: will be checked for immediate enrollment and for January 1 enrollment. An applicant who is an AwDC 0-133% will be denied immediate enrollment if not eligible for other programs but will be flagged for reconsideration for January 1 enrollment. Clients who are denied but flagged for reconsideration will not need to re-apply. These clients will receive a denial notice (see attachment A for a copy of the denial notice) with appeal rights for immediate enrollment as well as a notice informing them that they will be considered for January 1 enrollment. Data for clients below 133%

who are denied immediate enrollment will be sent to Connect for Health Colorado because all denials are sent to Connect for Health Colorado. Since the income for [the majority of](#) these individuals is too low for them to receive an Advance Premium Tax Credit (APTC), [and to minimize beneficiary confusion](#), a manual process will be coordinated between [the Department of Health Care Policy and Financing \(HCPF\)](#) and Connect for Health Colorado to avoid having these individuals go through the APTC process unnecessarily. This manual process consists of running ad hoc daily reports identifying this population and submitting [the reports](#) to Connect for Health Colorado. Upon receipt of the report, Connect for Health Colorado will exclude these individuals from going through the APTC process. [HCPF has informed stakeholders about this process change so they will be able to support beneficiaries and help to address any questions. While it is unlikely, it is possible that someone might be issued an APTC determination, even though he or she will be Medicaid eligible on January 1; if this occurs, the individual will still be determined for Medicaid eligibility and issued a Medicaid determination for January 1.](#)

December 2013: eligibility determinations are done for January 1, 2014 using the new eligibility rules.

- Clients enrolled in the AwDC Program: eligible clients will continue to receive Medicaid benefits without a break in coverage. These clients will be subject to a re-determination at the time of their regularly scheduled renewal.
- Clients on the Waitlist: Applications are re-run to check eligibility for January 1 enrollment under the new rules. Eligible clients will receive a notice of Medicaid enrollment.
- Adult applicants who were flagged for re-determination: Applications are re-run to check for January 1 enrollment under the new rules. If determined eligible, clients will receive a notice of Medicaid enrollment.

January 2014: all enrolled clients, clients on the waitlist and new applicants who are eligible will receive benefits. Anyone who applies after January 1, 2014, and is found eligible will be enrolled immediately. In order to transition the AwDC wait list to the Medicaid program on 1/1/2014, a one-time default to non-filer rules will be used, and then Colorado will collect all additional information at renewal.

Seamless Transition

All eligible AwDC clients will continue to receive benefits without re-applying. All AwDC waiver clients who maintain their eligibility through December 31, 2013 will be

able to continue receiving benefits with no break in coverage and no need to re-apply. The Department will automatically enroll them in Medicaid expansion coverage on January 1, at which point income eligibility will rise to 133% FPL.

Waitlisted AwDC clients will not need to re-apply. The Department will re-run client information through the new eligibility rules, and eligible clients will receive Medicaid expansion benefits beginning January 1, 2014.

All eligible AwDC clients will continue to receive the benefits that they are currently receiving. AwDC clients will continue to be enrolled in the Accountable Care Collaborative (ACC) delivery system. When transitioning to the Medicaid expansion, current clients will keep the same delivery system and providers, although they may switch providers at any time if they wish to. Waitlist clients who are enrolled in coverage on January 1 will receive a notice of Medicaid enrollment and also a notice advising them of their benefit package.

Current or waitlist AwDC clients who are determined ineligible for the Medicaid expansion will receive a standard denial notice that advises them of the reasons for their denials and includes information on their appeal rights, in compliance with 42 CFR §431.206, 431.210 and 431.213. If applicable, these notices will also advise clients of the opportunity to purchase tax-subsidized coverage through Connect for Health Colorado™.

For clients who receive this denial notice but will be eligible for Medicaid in January, we have our “no client action needed” notice (refer to attachment B for a copy of the “no client action needed notice”). The “no client action needed” will only be used from October until November, as a transition tool. Starting at the end of November, the eligibility system will be able to generate an acceptance for January, so the client won’t need a “no client action needed” notice.

For all ~~our~~ new adult group expansion clients, including those currently enrolled in the AwDC demonstration, ~~we~~ H-CPF send a letter in January (or whenever ~~they~~ the individual is are enrolled after that date moving forward) from our enrollment broker that describes the new benefit package. This notice has not been drafted yet since our benefit package has not been finalized yet.

The denial letter and the “no client action needed” letter will be sent on the same date. Our system is programmed in a way that does not allow for a single notice, and we are unable to reprogram it in time for this October.

MAGI. The state will do a pre-populated renewal form that will ask for the additional information necessary for a MAGI determination. For cases that report changes, we are drafting a procedure that will allow us to check with clients regarding the MAGI questions. The state

will also follow-up with the beneficiary by phone/letter to get MAGI information.

Termination. Prior to terminating any beneficiary, the state will check eligibility for any other Medicaid/CHIP category, and then if not eligible will transfer the beneficiary information to the Marketplace.

Outreach. We posted the transition plan for comment and have already begun public notice and public hearings regarding the demonstration expiration. *The state is targeting community outreach for the AwDC demonstration population to the case managers and clinics.* For example, we are training the clinics/case managers on the transition of the demonstration to Medicaid and how that will work so that case managers can explain this to their clients. Clinics will be posting copies of the draft beneficiary notice letter and telling their clients to bring it in to discuss it with their case manager when they receive it. They have been discussing outreach with their stakeholders, who advised us to take this approach.

Tribal Consult: We issued our tribal notice on July 3rd using plain language. On July 30th a notice was sent to the tribe about changes in the enrollment.

~~**Transition Process for existing state plan population.** The state will have a supplemental page to collect the additional MAGI information. Eligibility workers will work with clients to complete the supplemental page. This will be included as part of the State Plan Amendment (SPA). The state is building off their current legacy system and replacing system rules.~~

Renewal. The renewal forms will be pre-populated and will include additional questions. If there is a change in circumstances prior to renewal, the state will capture the change and collect additional information at this time.

Delivery System. Colorado will use a mix of fee for service and managed care organization (MCO), which will depend on where the beneficiary lives. Most PCCM clients will have a behavioral health MCO and the Denver area clients will have the option of a physical health MCO. All AwDC will receive the Alternative Benefit Plan. Current clients will remain in their existing delivery systems, but they will have the option to switch to other delivery systems that are available in their county of residence.

The Department is working closely with stakeholders to prepare for the transition to the Medicaid expansion. Communications related to the Medicaid expansion and AwDC include Department emails to stakeholders, public meetings, Department newsletters and web updates and press announcements.

The Department invites public comments on this plan. Please send comments to Sonja

Madera, Medicaid Program Specialist, 1570 Grant Street, Denver, CO 80203 or
sonja.madera@state.co.us.

Program Contact:

[Sonja Madera](#)

303-866-6977

Media Contact:

[Rachel Reiter](#)

303-866-3921