

President:
Frank Alexander,
Boulder County

Vice President:
Donna Rohde,
Otero County

2nd Vice President:
Lezlie Mayer,
La Plata County

Treasurer:
Rick Bengtsson,
El Paso County

Secretary:
Cindy Dicken,
Clear Creek County

Past President:
Cheryl Ternes,
Arapahoe County

Largest County:
Penny May,
City and County of
Denver

Northwest Region:
Marie Peer,
Moffat County

Northeast Region:
Cathy Robinson,
Elbert County

Metro Region:
Lynn Johnson,
Jefferson County

Southeast Region:
Jose Mondragon,
Pueblo County

Southwest Region:
Tracey Garchar
Mesa County

San Luis Valley Region:
Maria Garcia
Conejos County

Memo

To: Sue Birch, Executive Director, Colorado Department of Health Care Policy and Finance

From: Colorado Human Services Directors Association

CC: Reggie Bicha, Executive Director, Colorado Department of Human Services
Kristin Russell, Secretary of Technology and Chief Information Officer
Steve Fowler, Director, Colorado Benefits Management System
Colorado Coalition for the Medically Underserved
Colorado Center on Law and Policy
Covering Kids and Families and the Colorado Community Health Network
Colorado Consumer Health Initiative
Colorado Behavioral Healthcare Council

Date: 12/22/2011

Re: Adults without Dependent Children Medicaid Expansion

Thank you for your County Director Update last week and for speaking at the CCI/CHSDA conference. Directors are pleased that you developed the Update and look forward to the opportunities for continued dialogue and improved communications that that resource will create.

In a recent update, you requested dialogue with county human services Directors around the Adults without Dependent Children (AwDC) Medicaid expansion. The Adults without Dependent Children Medicaid Expansion is a critical support benefit for, by definition, one of the most vulnerable populations in our state. CHSDA appreciates HCPF's leadership on this important issue and looks forward to working in close partnership to ensure a smooth implementation.

The Colorado Human Services Directors Association (CHSDA) has strong concerns about the upcoming rollout of this Medicaid Expansion. County Human Services Directors have significant concerns about both the timing, and the proposed logistics for implementation of this benefit and respectfully request that you take these considerations into account in order to avoid what we see as serious potential programmatic, technical difficulties.

It is essential that this expansion enables individuals to access the critical support, both medical and financial, that can help stabilize their economic circumstances. CHSDA is asking that the state consider what will happen to the significant number of individuals who will end up on the waiting list under the current implementation plan. While most of the

people on the waiting list will likely not become eligible for the Medicaid expansion prior to 2014, the vast majority of these individuals will be eligible for SNAP, AND, and OAP right now. There are no caps on these programs and this is a crucial time for the state to be thinking through how we can work in partnership to meet the significant needs of this population.

While we understand that a number of organizations have been working hard with HCPF to develop a strategy for rolling out the Medicaid expansion, unfortunately, county human services departments have not been involved in these discussions. We realize that there has been significant stakeholder engagement in this effort and we applaud the department for the inclusive process. Unfortunately, county human services experts have not been included before now and thus, this current request for a modification of the timeline and process. It would have benefitted both the state and county human services departments if human services departments had been represented on the AwDC advisory committee from the beginning. County human services staff have in-depth knowledge that could have informed the process and could have helped the state create a smoother implementation process. We would be happy to serve on similar committees in the future.

Our main concerns relate to three issues:

- The process for determining who will be determined eligible for the benefit;
- The March 1 implementation date; and
- The expanded role of MAXIMUS in this effort and the lack of additional resources for county human services staff.

Distribution Process

CHSDA is extremely concerned about the process the state has proposed for getting people enrolled in the AwDC expansion. One Human Services Director aptly equated the process to “midnight at Wal-Mart on Black Friday.” There is a better way to do this. **County human services departments ask that the state reconsider the following processes, in order to establish order, maximize the positive impact of the expansion and avoid competition between groups working with equally vulnerable populations on the local level:**

- A lottery, whereby individuals could apply for an array of benefits beginning in January or February and be entered into a lottery for the AwDC expansion;
- Distribute slots to counties based on a formula for a defined time period, with all unused slots going back into a pool after that time has expired; or
- Enroll all individuals receiving AND administratively and distribute the remaining slots based on a formula by county;

While we recognize that the state is trying to be fair in its distribution we are concerned that the current proposed process will cause significant difficulty for clients and may be perceived as inequitable. CHSDA requests that the state consider the alternative processes proposed above.

Timeline

Technical and programmatic self-sufficiency experts have expressed significant concerns about the March 1 implementation date. These concerns stem from the fact that:

- There is a significant CBMS build already planned for March. CBMS builds generally create initial problems that must be worked out over time before the intended improvements are realized. County human services technical experts are very concerned that the system simply will not be able to handle the load that will be placed on it by implementing this expansion on March 1st, at the same time that a major CBMS build is planned.

CHSDA requests that the state consider moving the implementation date for the AwDC expansion to April 12th.

MAXIMUS Role

CHSDA is extremely concerned about the expanded role of MAXIMUS in the AwDC expansion. While we recognize that MAXIMUS is the state's vendor and that the contract is unlikely to be terminated, for the record, we maintain our position that counties were not involved in the decision to send all PEAK medical applications to MAXIMUS. The former vendor, ACS, had a role in handling overflow cases, at the request of the county, which was a role that many counties appreciated and used.

Counties opposed and continue to oppose the expansion of that role to require that all PEAK medical cases go to MAXIMUS for a number of reasons, many of which have been well documented in prior correspondence to HCPF. Counties provide local, wrap-around services to needy families, which have been shown in study after study to lead to the best outcomes for low-income individuals and families. MAXIMUS is not able to provide these services. When MAXIMUS processes a case, even if things go smoothly, which they frequently do not, a family or individual automatically loses the ability to access a broad range of supportive services that could help stabilize that person's financial situation. Unlike counties, MAXIMUS does not screen clients for the entirety of their needs. This can lead to significant duplication of efforts and communications problems on cases where a family or individual is eligible for more than one benefit.

Aside from our general concerns about the MAXIMUS contract expansion, CHSDA is extremely concerned about the role of MAXIMUS in the AWDC expansion for several reasons:

- Data shows that MAXIMUS's timeliness has been significantly worse than counties'. Counties are confounded by the general misperception that MAXIMUS' performance is better than counties when the court settlement data simply does not show that to be the case. As one of the Directors at the CCI conference stated, "Given the MAXIMUS timeliness and the fact that this is a race to get eligibility determined, MAXIMUS is the last place I would want to send one of my community members to have their case processed."
- The vast majority of people who are eligible for the AwDC expansion will also be eligible for other programs. MAXIMUS cannot process anything other than the medical case. When MAXIMUS processes a case for a person who is also receiving food assistance or cash assistance, the MAXIMUS involvement frequently causes significant problems for the other

benefit programs, leading to vulnerable Coloradans being unable to access critical support services.

- One of the main issues with CBMS at this point is the number of users who are entering information into the system. The state has expressed their intention to provide resources for MAXIMUS to hire an additional 70-80 temporary workers for the AwDC expansion. This will add to the number of users on the CBMS system, which could cause significant technical problems.

The vast majority of people who will be eligible for the AwDC expansion will also be eligible for other human services programs, including SNAP and other human services benefits. While there is a waiting list for AwDC, there is no cap on who will be eligible for SNAP. County human services departments are highly committed to ensuring that needy Coloradans are able to access the benefits they need, but in order to add an estimated 50,000 new individuals onto SNAP, the state must develop a strategy for adding staffing resources to county departments and for streamlining this process.

CHSDA opposes the addition of staff to MAXIMUS and **requests that the state reconsider the decision to utilize MAXIMUS for this expansion. We ask that the state consider adding additional staffing resources to support county human services front line staff instead.**

Conclusion

Thank you for your leadership in working to provide medical benefits to some of the most vulnerable Coloradans, especially during this economic downturn. CHSDA recognizes and appreciates the substantial work that has been invested by HCPF and by a number of key stakeholders on the AwDC expansion. We request that, in the future however, county human services experts be invited to the table at an earlier point in the decision-making process, for the benefit of all involved.

We look forward to working with the state and the non-profit community to help determine the most judicious process for distributing the 10,000 slots and to ensure that the most vulnerable Coloradans, between 0 and 10% of federal poverty level, receive the supports and services which they need and deserve in a timely and efficient manner. We remain strongly committed to working in partnership with HCPF and our non-profit partners to ensure that low-income Coloradans have the critical supports they need.

Thank you for taking the time to review our concerns and suggestions. We look forward to continued dialogue on this matter.