



COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
Medicaid Caseload
FY 2016-17 Budget Request

November 2015

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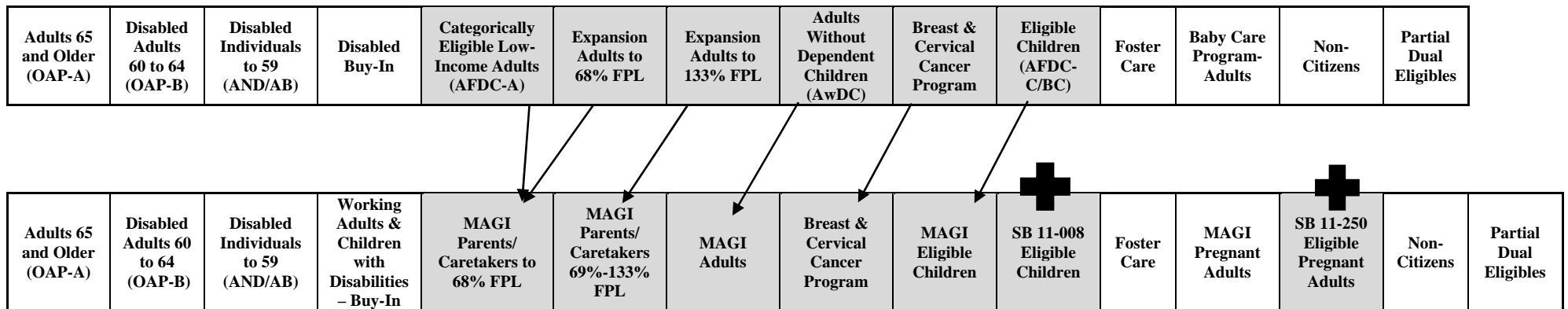
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CHANGES FROM THE FEBRUARY 2015 FORECAST

Changes to the Eligibility Categories

The Department of Health Care Policy and Financing (“the Department”) has chosen to alter the eligibility categories to reflect the different Federal Medical Assistance Percentage (FMAP) that is applied to different categories. Several steps in Medicaid expansion (described below) introduced new categories with an enhanced FMAP. Forecasting caseload by eligibility and FMAP categories allows for a more accurate expenditure estimate for each funding source. Beginning with the August 2014 JBC Monthly Report, caseload is restated to align with the eligibility categories described below.

- “Categorically Eligible Low-Income Adults” and “Expansion Adults to 68%” were combined into one category called “MAGI Parents/Caretakers to 68% FPL.”
- “Expansion Adults to 133% FPL” is now titled “MAGI Parents/Caretakers 69%-133% FPL”
- On January 1, 2013, Colorado implemented SB 11-008 and SB 11-250 which expanded Medicaid Eligible Children to 133% FPL (142% FPL with MAGI disregards after October 2013) for all ages and expanded Baby-Care Adults to 185% FPL (195% FPL with MAGI disregards after October 2013). The incremental increase in eligibility receives and enhanced match equal to the CHP+ FMAP. Eligible Children and Baby-Care Adults are now separated into two categories each; MAGI Eligible Children and SB 11-008 Eligible Children, and MAGI Pregnant Adults and SB 11-250 Eligible Pregnant Adults.



Differences between February 2015 Forecast and November 2015 Forecast

- MAGI Parents/Caretakers:
 - The Department has removed estimates for the Welcome-Mat Effect, or Eligible But Not Enrolled (EBNE) Clients. The Department believes that the effects of this adjustment have been fully captured in the trend at this point in time.
- For the November 2015 forecast, the Department conducted analysis to determine whether breaking out some categories into more nuanced groupings would be informative. The following categories have been broken out for the purpose of forecasting the category as a whole with accuracy:
 - Disabled Individuals to 59 (AND/AB), by age groups
 - Working Adults & Children with Disabilities – Buy-In
 - MAGI Adults, by age groups
 - MAGI Eligible Children, by age groups
 - Foster Care, by age groups

MEDICAID CASELOAD

INTRODUCTION

Biannually, the Department submits its estimated funding need for the Medical Services Premiums line item. The first step in generating the November and February submissions is to project the Medicaid caseload. Medicaid caseload does not represent the number of uninsured individuals in Colorado, nor does it represent the number of Colorado residents living in poverty. Caseload figures only represent individuals that the Department expects will enroll in Medicaid because they meet specific eligibility requirements in one of three groups: 1) Families, Pregnant Women, and Children; 2) Aged and Disabled; or 3) Other.

Federal Medicaid statute defines over 50 groups of individuals that may qualify for Medicaid. Some groups are mandatory, while others are optional and each state decides which of the optional groups it will cover. From the inception of Medicaid in 1965 (Public Law 89-97) to the 1980s, the program was targeted at low-income families, the elderly, and the disabled. During the 1980s, Medicaid expanded to include pregnant women and children with greater income levels, as well as some optional elderly and disabled groups. In 2000, Medicaid coverage was extended to women with breast and cervical cancer. From the 1990s to the present, other Medicaid categories have been added through State-initiated waivers. All eligibility categories have specific income limits, and some have additional criteria such as age, resources or disability status. For budgetary purposes, the Department groups together clients with similar characteristics and costs. For example, clients grouped in the Eligible Children category have similar characteristics and costs but might have gained Medicaid eligibility through different criteria. Since each category of eligibility is affected by unique factors, the Department projects each category separately. Projecting an aggregate caseload would be easier but could be less precise.

Historic caseload data are used in conjunction with economic data to project caseload in each category. To make a projection, the Department uses several different statistical techniques (as described in the Forecast Models section) and chooses the projection that best fits the data. After projections are chosen for each category, the Department presents its recommendations to the Office of State Planning and Budgeting (OSPB). The Department

then meets with OSPB, and the two agencies agree on an Executive caseload proposal. It is important to note that the methodology the Department used to generate its projections is not wholly reflected by the Executive caseload proposal presented in this document, since those figures are often the result of compromises with OSPB.

In 2003, the process of projecting the Medicaid caseload was drastically affected by SB 03-196, which mandated that the Department transition from accrual to cash-based accounting. From that point forward, caseload numbers no longer incorporated retroactivity. Retroactivity caused historical adjustments to caseload to account for clients who were found to be eligible for Medicaid for past months, thus increasing the count of persons eligible for Medicaid. Since most clients are eligible back to the date of their application, retroactivity adjustments assured that all months were accounted for. However, this caused variability in the caseload reports, as monthly caseload was adjusted for months, even years, after the month had ended. It also required special manually run reports to make these adjustments. Under the cash accounting system, a monthly caseload report is created from the Medicaid Management Information System (MMIS) and that caseload is considered final.

If the Department had only applied the accounting conversion to the FY 2003-04 caseload projection, this would have produced an artificial drop in caseload relative to the prior year when retroactivity was still applicable. To control for this manufactured decrease in caseload, and to develop a more accurate portrayal of history, the Department recreated 10 years of Medicaid caseload history without retroactivity. By rebuilding the caseload without retroactivity, the Department was able to put the FY 2003-04 projection in perspective and test the historical data for accuracy. Medicaid eligibility, retroactive back to the date of application, is still in effect; however, it is no longer reported in caseload. For a complete explanation of how the historical data was rebuilt and tested, refer to the November 3, 2003 Budget Request, pages K-98 and K-99.

Through June 2008, the Department utilized the REX01/COLD (MARS) R-464600 report for caseload levels, which is a standard report from the MMIS. Eligibility information included in MMIS is fluid and is updated from the Colorado Benefits Management System on a daily basis. This report is run on the Friday before the last Tuesday of every month and does not incorporate eligibility changes that occurred between the run date and the last day of the given month. In addition, the report is a one-time snapshot and cannot be replicated in the future because of the dynamic nature of eligibility. The limitations of this report prevent the Department from analyzing caseload by characteristics other than eligibility types such as gender, county of residence, or age.

The Department has developed a new caseload report that it believes measures caseload more accurately: the REX01/COLD (MARS) R-474701. This report captures eligibility movements for the entire month in question and also stores the data table that underlies the report. As a result, the Department is able to analyze caseload by many other demographic and geographic characteristics while still balancing to the official Medicaid caseload. The Department began to use this new caseload report with the July 2008 caseload report to the Joint Budget Committee. Because of the differences between the methodologies used in the original and new caseload reports, the Department restated historical Medicaid caseload through FY 2002-03. All caseload history and forecasts included in the following narrative, as well as the Medical Services Premiums and Medicaid Mental Health projections, are the official restated caseload.

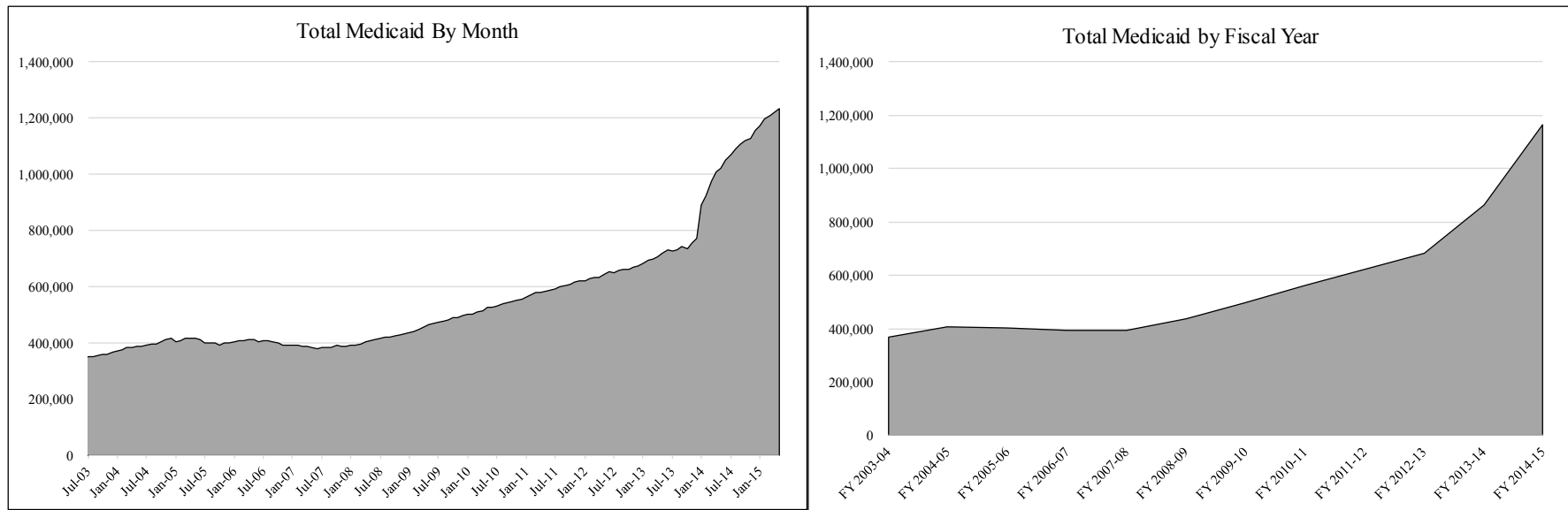
In addition to estimating the funding need for the Medical Services Premiums line item, Medicaid caseload is used to determine the funding need for the Medicaid Mental Health Community Programs. Comprehensive mental health services are available to eligible Medicaid clients. Thus, the Medicaid Mental Health caseload is the Medicaid caseload less Partial Dual Eligibles and Non-Citizens, which are not eligible for full Medicaid benefits. The following table displays a comparison of historical caseloads in Medicaid Medical Services Premiums and Mental Health.

Fiscal Year	Medical Services Premiums Caseload	Less: Mental Health Ineligible Categories	Mental Health Caseload
FY 2002-03	331,800	(13,072)	318,728
FY 2003-04	367,559	(14,635)	352,924
FY 2004-05	406,024	(14,755)	391,269
FY 2005-06	402,218	(17,304)	384,914
FY 2006-07	392,228	(18,109)	374,119
FY 2007-08	391,962	(18,405)	373,557
FY 2008-09	436,812	(19,062)	417,750
FY 2009-10	498,797	(19,612)	479,185
FY 2010-11	560,759	(20,303)	540,456
FY 2011-12	619,963	(21,641)	598,322
FY 2012-13	682,994	(23,890)	659,104
FY 2013-14	860,957	(25,859)	835,098
FY 2014-15	1,161,206	(30,767)	1,130,439

Recent Caseload History

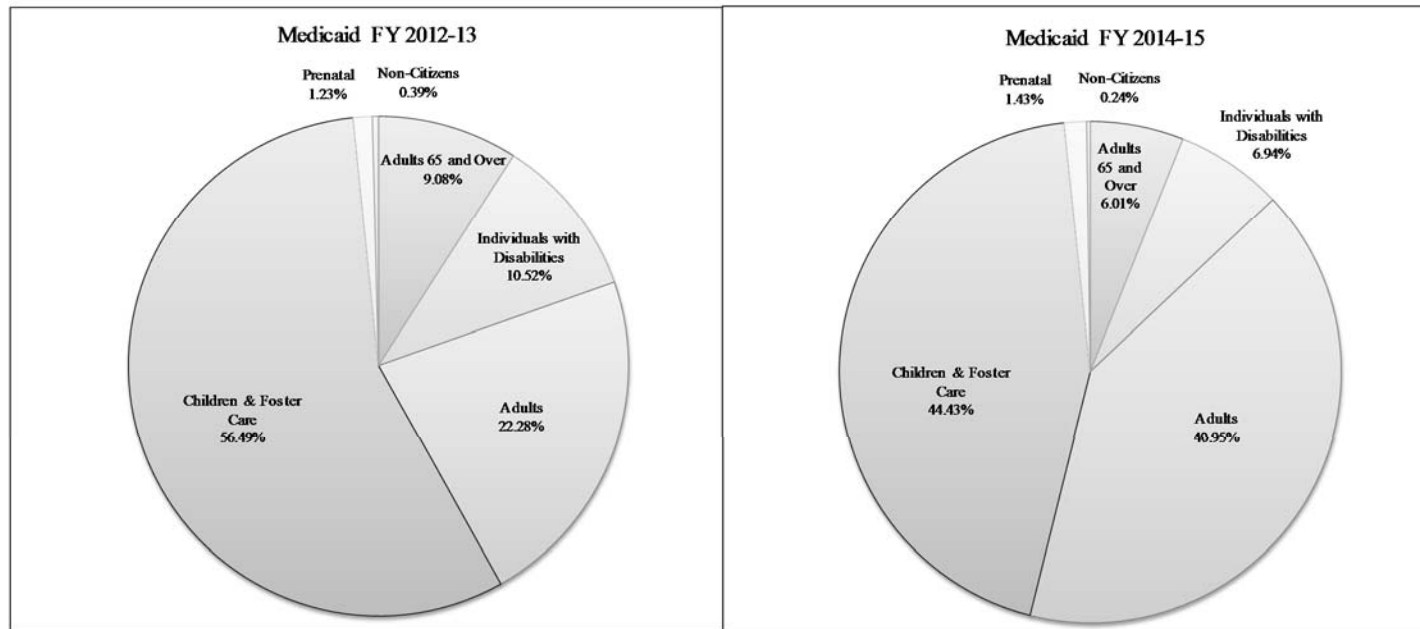
Total Medicaid Caseload

Exhibit B tabulates actual caseload figures and growth rates by eligibility category from FY 1996-97 to FY 2014-15. Projections for FY 2015-16 through FY 2017-18 are also presented in the table and will be discussed in the Categorical Projections section of this document. A graphical representation of aggregate Medicaid caseload history from FY 2003-04 is shown below. Total Medicaid caseload had an average yearly growth of 11.76% over the 5 years preceding FY 2013-14. As can be seen in the graph below, Medicaid expansion began in January 2014. The average monthly caseload for total Medicaid in FY 2013-14 increased by 26.06% from FY 2012-13. Overall, the caseload growth that is attributable to Medicaid expansion has been much greater than projected in February 2014.



Composition of Medicaid Caseload

Medicaid Expansion resulted in significant changes in the composition of Medicaid caseload, mainly for Medicaid Adults. The following charts show a side-by-side comparison of the Medicaid caseload by category as a percentage of the overall caseload for FY 2012-13 (pre-expansion) and FY 2014-15 (post-expansion). Medicaid adults have increased their share of caseload by more than eighteen percentage points, an increase attributable to lifting the enrollment cap in MAGI Adults and expanding eligibility for adults to 133% FPL. Children and Foster Care has lost more than twelve percentage points and is now less than half of the composition of Medicaid. Adults ages 65 and Over and Individuals with Disabilities have also lost a portion of their share. These declines in the proportion of caseload are not due to declines in the individual eligibilities themselves, rather they are due to the large increase in Medicaid Adults.



Medicaid caseload trends are influenced by a number of factors including: population trends, in-State migration, age of the population, length of stay, economic conditions, and State and federal policy changes. Projecting annual caseload is complicated by the fact that each of these factors can contribute to categorical changes, some of which may be contradictory. For example, the State may enact legislation that removes clients from a Medicaid category who are aged 65 and older, while the population of adults aged 65 and older is increasing. Therefore, projections represent the *net effect* of what the Department expects will happen. Each factor and its expected impact on the Medicaid caseload are discussed below.

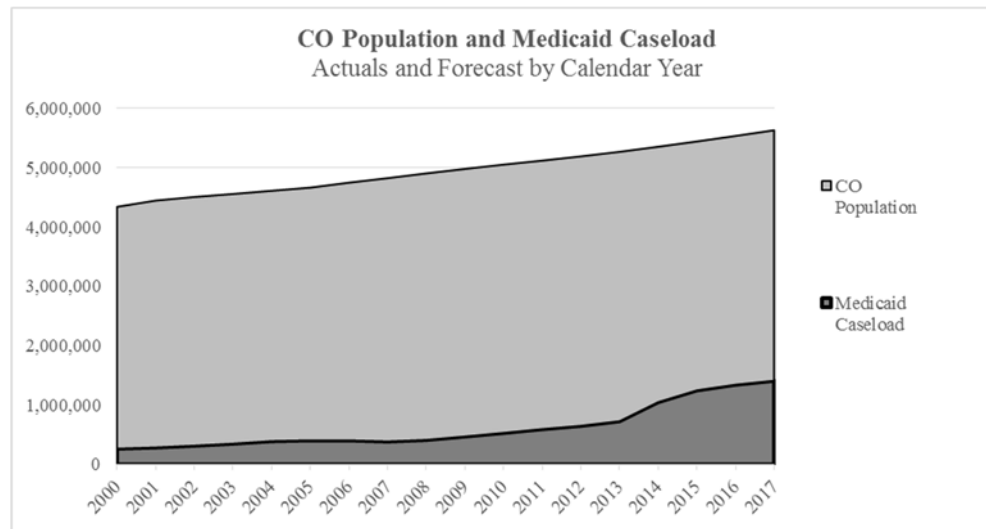
Population - Colorado's total population is estimated to have increased 6.5% from 2010 to 2014, while the population increase for the total US was 3.3%¹. The Department of Local Affairs forecasts that Colorado's population will increase a further 5.19% from 2014 to 2017². As the overall

¹ <http://quickfacts.census.gov/qfd/states/08000.html>

² Source: Department of Local Affairs, Demography Division;

<http://www.colorado.gov/cs/Satellite?c=Page&childpage=DOLA-Main%2FCBONLayout&cid=1251593346834&pagename=CBONWrapper>

population has grown, so too has Medicaid caseload. This positive correlation implies that if population is projected to grow in the future, Medicaid caseload may also increase. The graph below shows the Department of Local Affairs forecast for Colorado’s population with the Department’s Medicaid Caseload forecast by calendar year.



When using population data to project caseload, the Department marries population subgroups to their appropriate Medicaid category. For example, when projecting caseload for MAGI Eligible Children, the Department uses population statistics for Colorado residents aged 0 to 18. By using subgroups instead of total population figures, the Department is able to capture subgroup specific trends.

In-State Migration - Like population, in-state migration is positively correlated with Medicaid caseload. As discussed above, Colorado’s population from 2010 to 2014 grew at a faster rate than the population of the US. As more individuals move to Colorado from other states, Medicaid caseloads will increase. During economic downturns, people usually move from states with worse economic conditions to states with better conditions in search of jobs. Although Colorado experienced economic conditions in line with the overall conditions in the United States during the recent recession, net migration remained positive in 2010 at approximately 70,000³. An increase of 70,000 persons in a population of over 5.1 million may not be significant, but a positive migration rate means more people who could conceivably be eligible for Medicaid. According to 2010 estimates from the Census Bureau, Colorado experienced the sixth highest migration rate in the United States.⁴ Conversely, as the economy recovers, in-state migration is expected to increase. Net migration grew to an estimated 52,346 in 2006, overtaking natural increase (births minus deaths) as the major component of population growth. Though in-state migration is projected to decrease over the forecast period, the number of individuals moving into the state is expected to remain positive, buoyed by rates of unemployment and housing value deflation that are lower than the national average.

Age - The age of the population can provide some insight as to why Medicaid caseloads have been increasing. As the population ages, so too does the demand for medical care. Generally, as individuals age, their health becomes more fragile and they are more likely to seek health care. From 2002 to

³ Source: Department of Local Affairs, Demography Division;

⁴ Source: 2010 American Community Survey <http://www.census.gov/acs/www/>

2012, Colorado’s median age increased by 1.9 years, a 5.4% increase⁵. This may be the result of retirees moving to the State, increased longevity, or fewer births. Regardless of the reason, an aging population has a direct effect on the demand for medical services, though not necessarily Medicaid. According to data from the United States Census Bureau, Colorado had the 10th lowest median age in 2010 and the 4th lowest old-age dependency ratio in 2009 (defined as the population 65 and older as a percent of population 18 to 64) in the nation.⁶ The population over 60 in Colorado has increased by 59.55% between 2002 and 2013, which is expected to cause an increase in the State’s median age. Additionally, Colorado’s old-age dependency ratio is projected to increase from 15.6 in 2000 to 24.6 in 2020, a 57.2% increase.⁷ This growth is significantly higher than the national average, which is projected to increase by 34.8% over the same timeframe. This suggests that Colorado will be aging faster than the average state over the forecast period. Since 2009, Colorado has experienced increases in the eligibility categories that include older individuals, though the growth was not as high as population growth in the general population aged 60 and over. This may be the result of a healthier aging population and demographic factors, such as the elderly population working longer and some of the baby-boom generation not yet reaching retirement age. Below is a chart comparing population by age group for Colorado and the United States. The next page shows the population pyramid from the 2010 Census Summary.

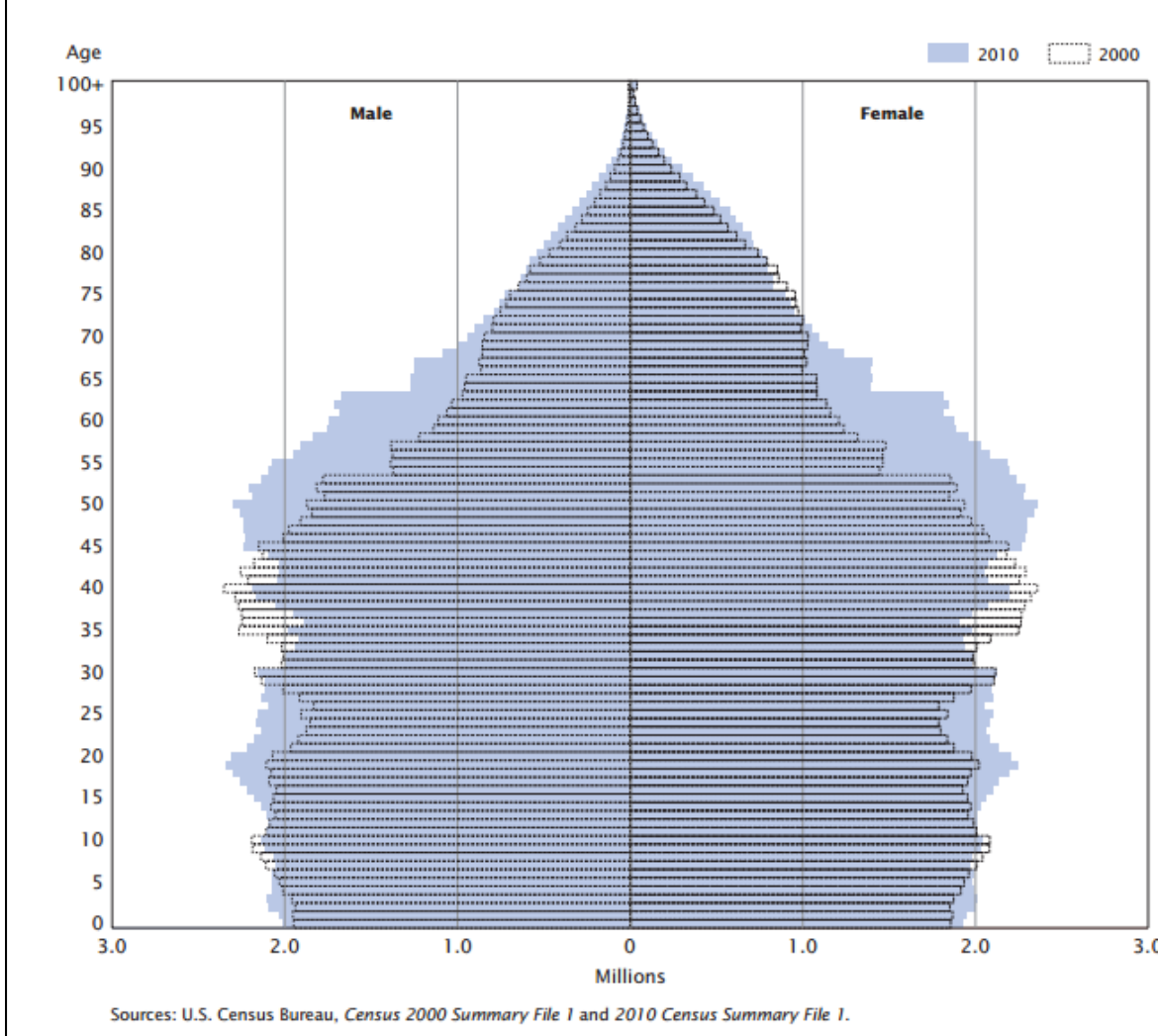
Population by Age Group: 2010										
	Total Population	Under 18 years		18 to 44 Years		45 to 64 Years		65 Years and Over		Median Age
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	
United States	308,745,538	74,181,467	24.0%	112,806,642	36.5%	81,489,445	26.4%	40,267,984	13.0%	37.2
Colorado	5,029,196	1,225,609	24.4%	1,913,620	38.1%	1,340,342	26.7%	549,625	10.9%	36.1

⁵ Source: Department of Local Affairs, Demography Division

⁶ Source: 2010 American Community Survey <http://www.census.gov/acs/www/>

⁷ Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005 <http://www.census.gov/population/www/projections/index.html>

Figure 2.
Population by Age and Sex: 2000 and 2010
 (For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2010/doc/sf1.pdf)



Length of Stay- Medicaid caseload is not only affected by the number of individuals served but also the length of time they remain in the program. The calculation used in the past for length of stay only considered enrollment in a given year in isolation, and did not account for clients that have eligibility

that overlaps multiple fiscal years due to the timing of their eligibility determination. The Department has refined this analysis to account for the clients with a length of stay lasting longer than a fiscal year to provide a more accurate picture of the amount of time that individuals are enrolled in Medicaid. The table below shows the average length of stay in months, as well as the percent of clients that stay on Medicaid for longer than one year. The calculation for FY 2013-14 (shaded) may not be complete due to run-out and these averages could increase as more data is accrued. For FY 2010-11 through FY 2012-13, MAGI Parents/Caretakers have an average length of stay around 14 months and MAGI Eligible Children have an average of about 17 months. The Department expects length of stay to increase for MAGI Eligible Children after the implementation of continuous eligibility in March 2014. The Department also expects length of stay to increase for Foster Care now that the maximum age has been increased from 21 to 26.

Average Length of Stay in Months by Eligibility														
		Adults 65 and Older	Disabled Adults 60 to 64	Disabled Individuals to 59	Disabled Buy-In	MAGI Parents/Caretakers to 68% FPL	MAGI Parents/Caretakers to 133% FPL	MAGI Adults	Breast and Cervical Cancer Program	Eligible Children	Foster Care	Baby Care Program Adults	Non-Citizens	Partial Dual-Eligibles
FY 2009-10	Avg LOS Mo's	58.38	56.98	71.02	-	15.68	11.47	-	33.52	20.28	46.36	10.12	6.67	50.93
	% > 12 Mo's	91.00%	89.60%	93.05%	-	51.08%	36.12%	-	80.10%	72.42%	86.00%	19.41%	1.42%	90.65%
FY 2010-11	Avg LOS Mo's	54.82	50.16	66.28	-	14.08	12.31	-	32.44	16.63	43.91	10.49	6.57	47.04
	% > 12 Mo's	90.82%	90.52%	93.20%	-	53.18%	48.42%	-	81.99%	67.07%	87.18%	25.16%	1.51%	89.86%
FY 2011-12	Avg LOS Mo's	51.03	44.97	61.25	13.52	14.45	13.90	10.11	30.99	17.76	42.67	10.66	6.38	42.71
	% > 12 Mo's	90.93%	90.11%	93.11%	32.61%	58.37%	62.77%	39.27%	83.96%	76.42%	88.94%	27.06%	1.35%	90.40%
FY 2012-13	Avg LOS Mo's	43.32	35.46	55.11	12.78	13.90	12.50	9.28	25.99	16.62	37.29	9.07	5.84	34.46
	% > 12 Mo's	86.05%	86.40%	90.21%	30.65%	53.55%	48.93%	32.93%	70.65%	68.90%	90.21%	16.16%	0.92%	78.52%
FY 2013-14	Avg LOS Mo's	34.74	28.65	42.77	15.54	14.69	6.85	8.03	28.27	16.86	33.02	10.41	5.73	27.51
	% > 12 Mo's	85.69%	86.96%	90.93%	48.82%	64.20%	11.67%	9.59%	75.30%	77.81%	89.38%	24.80%	0.75%	82.83%

Economic Conditions - Economic indicators partially explain why some Medicaid caseload trends occur. Since Medicaid is a needs-based program where clients must meet income limits, it follows that caseload for families and children should be countercyclical to economic conditions. For example, as the state experiences recessionary conditions, the Medicaid caseload will increase. After the recession that ended in the early 1990s, Colorado enjoyed almost ten years of economic expansion. The terror attacks on the United States in 2001 combined with the bursting of the stock market bubble in late 2000 brought that expansion to a halt. For the first time in more than a decade, Colorado experienced significant job losses coupled with falling wages. In mid-2003, the Colorado economy hit bottom after the decline that started in early 2001. Due to seasonal fluctuations

and wide confidence intervals for over the month changes, employment data is best analyzed by comparing the same month for different years. The first post-recession over-the-year gain in non-agricultural employment occurred in March of 2004. The State officially entered an expansionary period in early 2006, as employment surpassed the late 2000 peak. The recovery period lasted 30 months, one of the longest on record. Employment began to soften in October 2008, when 4,600 jobs were shed over the year. The State experienced over-the-year job losses for two years and the annual contractions appear to have peaked in September 2009, when job losses numbered 128,400 (5.5%) over the year. The State has seen very moderate over-the-year employment increases as of September 2010. As of December 2012, the over-the-year jobs gain was estimated to be 51,300, or 2.26%⁸. The unemployment rate for the US in 2013 was estimated at 7.4%⁹ while Colorado’s unemployment rate for the same year was 6.8%.

The table that follows shows historical and projected (shaded) wage and salary income, non-agricultural employment, and unemployment rates.¹⁰

Year	Wage and Salary Income (billions)	Non-Agricultural Employment	Unemployment Rate
2007	\$ 112.5	2,331,300	3.8%
2008	\$ 116.7	2,350,300	4.8%
2009	\$ 112.3	2,245,600	8.1%
2010	\$ 113.8	2,222,300	8.7%
2011	\$ 118.6	2,258,600	8.3%
2012	\$ 125.1	2,313,000	7.8%
2013	\$ 139.36	2,381,900	6.8%
2014	\$ 137.7	2,464,700	5.0%
2015	\$ 144.9	2,533,700	4.3%
2016	\$ 153.3	2,607,200	4.3%
2017	\$162.6	2,680,200	4.2%

The timing of an economic cycle is important in estimating the impact on the Medicaid caseload, excluding elderly eligibilities and clients with disabilities. As the economy recovers from a downturn, workers need to find jobs in order to withdraw from the Medicaid rolls. Jobs that primarily affect family and children Medicaid populations are hourly and concentrated in the service industry. These employment types are often the last to benefit from improving economic conditions. Therefore, any economic impact on the Medicaid caseload will have a lagged effect. Second, as workers find jobs they do not instantaneously lose their Medicaid eligibility. Since 1990, states have been federally required to provide Transitional Medical Assistance (known as Transitional Medicaid) benefits for up to one year to families who lost eligibility because of increased income due to employment. This policy was directed at clients who potentially might turn down employment for fear of losing their Medicaid benefits. To be eligible for Transitional Medicaid, a client must have been eligible in at least three of the preceding six months, though states may elect to reduce this requirement to fewer than three months. Clients may receive Transitional Medicaid as long as their income is below 185% of the federal poverty level, provided that the proper income reporting requirements are followed. Another small group of clients are eligible for Transitional Medicaid services that would

⁸ Source: United States Department of Labor, Bureau of Labor Statistics, Current Employment Statistics <http://www.bls.gov/data/>

⁹ Source: <http://www.bls.gov/cps/>

¹⁰ Source: Office of State Planning and Budgeting, September 2015 Economic and Fiscal Review, page 54

otherwise lose their Medicaid benefits due to child or spousal support payments. Families in this group receive a four-month extension. In the past, this program has been set to expire many times. With the passage of H.R.2 “Medicare Access and CHIP Reauthorization Act of 2015 on April 16, 2015, transitional Medicaid was made permanent. As illustrated in the following table, the average number of adults and children on Transitional Medicaid increased dramatically in FY 2004-05. The Department suspects that the high growth in FY 2004-05 and FY 2005-06 may be partially related to large monthly increases that occurred around the implementation of the Colorado Benefits Management System. Monthly caseload declined between December 2005 and June 2008, but caseload increased throughout FY 2008-09 and FY 2009-10. Transitional Medicaid increased again in FY 2013-14 and FY 2014-15 for adults, which is likely due to both expansion and an improving economy.

While the economy is projected to continue improving, the Department does not anticipate declines in caseload. The Affordable Care Act expands State-provided medical coverage, implements an insurance mandate, and changes the way poverty levels are measured (MAGI conversion). Despite the improving economy, these policy changes are resulting in aggressive caseload growth. As discussed above, many of the expansion groups in Medicaid caseload grew much faster than originally predicted. More details will be presented in the Categorical Projections section. The improving economy is better demonstrated in the average monthly caseload that is on Transitional Medicaid, see the chart on the next page.

The Department implemented two changes that affected Transitional Medicaid in FY 2009-10. First, section 5004 of the American Recovery and Reinvestment Act of 2009 (ARRA) included options for states to modify eligibility for Transitional Medicaid, including waiving the requirement that the family was eligible for Medicaid in at least three of the preceding six months and extending families’ eligibility to 12 months, rather than six months followed by a second six-month period that is dependent upon reporting, income, and technical eligibility requirements. Colorado elected the option to provide 12 months of Transitional Medicaid coverage, which was effective October 1, 2010. Finding #58a of the State of Colorado Statewide Single Audit for the Fiscal Year ending June 30, 2009 stated that the Department should address an issue in the Colorado Benefits Management System that prevented the prompt termination of Transitional Medicaid benefits if the proper reporting, income, and technical eligibility requirements were not met. The Department’s response indicated that it was researching whether it would be more efficient for both county eligibility staff and clients, as well as from a fiscal standpoint, to grant 12 months of Transitional Medicaid eligibility with no reporting requirements. The Department determined that this was indeed more efficient and decided in 2010 to go forward with this option. Second, when the Department implemented the eligibility expansion for Medicaid Parents/Caretakers to 100% of the federal poverty level, the Department made modifications to the Colorado Benefits Management System to increase eligibility for all Family Medicaid clients to 100% of the federal poverty level. Previously, the Expansion Adults to 60% of the federal poverty level (FPL) group had its own eligibility requirements within Family Medicaid, which the Centers for Medicare and Medicaid Services indicated to the Department was incorrect. This change leads to income eligibility for Transitional Medicaid spanning 101% to 185% FPL, rather than the Aid to Families with Dependent Children (AFDC) level, which is currently approximately 26% FPL, through 185% FPL. This change will result in a lower Transitional Medicaid caseload beginning in May 2010. However, Transitional Medicaid caseload has steadily increased since this level shift, as is reflected in the table below. The number of adults on Transitional Medicaid nearly doubled in FY 2013-14. The Department believes this is due to the MAGI conversion and the mass update that was completed in March 2014. The MAGI conversion was implemented in October 2013 and changed the income determination for certain populations, including parents/caretakers. The Department ran a systems update in March 2014 to redetermine all clients under the MAGI rules. As clients income level changed with the new MAGI determination, many parents/caretakers experienced an increase in measured income and were then identified as eligible for transitional Medicaid. This similar increase was not identified in children’s categories because of the implementation of continuous eligibility for children.

Fiscal Year	Average Number of Eligible Children on Transitional Medicaid	Average Number of Parents/ Caretakers on Transitional Medicaid
FY 2002-03	7,645	4,689
FY 2003-04	7,349	4,709
FY 2004-05	10,776	6,586
FY 2005-06	16,749	10,745
FY 2006-07	16,065	9,968
FY 2007-08	13,000	7,778
FY 2008-09	13,489	7,905
FY 2009-10	13,582	8,099
FY 2010-11	11,042	6,173
FY 2011-12	21,311	11,171
FY 2012-13	16,544	8,643
FY 2013-14	16,335	16,668
FY 2014-15	4,969	34,001

Policy Changes - State and federal policy decisions can alter the Medicaid caseload. The following list briefly describes major State and federal policy changes that have affected Medicaid eligibility and, therefore, caseload. This list is not meant to be comprehensive in nature but a summary of major changes affecting eligibility since 2000.

- Breast and Cervical Cancer Prevention and Treatment Act of 2000, Public Law 106-354: Established a new group of eligibility for women under 65 who have been screened under the Centers for Disease Control and Prevention Board and need treatment for either diagnosis. Colorado implemented this optional eligibility group in July 2002 pursuant to SB 01S2-012.
- Medicare Prescription Drug, Improvement, and Modernization Act of 2003: This act causes more potential beneficiaries to be screened for Medicaid when they apply for this Medicare benefit.
- Presumptive eligibility for Medicaid pregnant women was discontinued on September 1, 2004. It was re-established by HB 05-1262 on July 1, 2005.
- HB 05-1262, the Tobacco Tax bill: This bill provided funding for the removal of the Medicaid asset test, the expansion of the income guideline used to establish eligibility for parents of children eligible for either Medicaid or the Children's Basic Health Plan to 60% of the federal poverty level (known as Expansion Adults to 60% FPL), and to expand the number of children enrolled in the Home- and Community-Based Services and the Children's Extensive Support Waiver.
- Deficit Reduction Act of 2005: This Act contained provisions related to premiums and cost sharing, benefits, and asset transfers that will have implications for Medicaid beneficiaries. In addition, the Deficit Reduction Act contained a provision requiring States to obtain satisfactory documentary evidence of citizenship and identity for all Medicaid applicants who have declared that they are citizens or nationals of the United States, with exemptions for individuals that are eligible for Medicaid and entitled to or enrolled in Medicare and those eligible for Medicaid by virtue of receiving Supplemental Security Income benefits.
- SB 07-211: Established presumptive eligibility for Medicaid children.

- HB 09-1293: The Colorado Health Care Affordability Act of 2009, authorizes the Department to collect hospital provider fees for the purpose of obtaining federal financial participation for the State's medical assistance programs and using the combined funds to: 1) increase reimbursement to hospitals for providing medical care under the medical assistance program and the Colorado Indigent Care Program; 2) increase the number of persons covered by public medical assistance; and 3) pay the administrative costs to the Department in implementing and administering the program. Populations that receive Hospital Provider Fee funding are disabled buy-in, adults without dependent children, and expansion adults 60%-133%. HB 09-1293 also established continuous eligibility for twelve months for children in Medicaid.
- HB 09-1353: Expands Medicaid eligibility to pregnant women who are legal permanent residents that have been in the country for less than 5 years.
- SB 11-008: Increases Medicaid eligibility for children from 6 through 18 years of age to 133% FPL beginning in January 2013 (142% FPL after MAGI disregards in October 2013). These clients are identified separately in the JBC monthly report and in the caseload forecast. They are the clients that are Medicaid eligible children between the ages of 6 and 18, FPL within 108% and 142%, and have no other insurance. These clients receive the CHP+ enhanced Federal match.
- SB 11-250: Increases Medicaid eligibility for pregnant women from 142% FPL to 185% FPL beginning in January 2013 (195% FPL after MAGI disregards in October 2013). These clients are identified separately in the JBC monthly report and in the caseload forecast. They are the clients that are Medicaid eligible pregnant adults that are within 142% FPL and 195% FPL and have no other insurance. These clients receive the CHP+ enhanced Federal match.
- SB 13-200: Increases Medicaid eligibility for expansion adults from 100% FPL to 133% FPL and lifts the enrollment cap on MAGI Adults.
- Continuous eligibility for Medicaid Eligible Children and CHP+ Children was implemented March 2014. Clients on Medicaid or CHP+ that are determined over the income threshold will have an additional 12 months of eligibility before losing benefits. This reduces churn between Medicaid and CHP+ as well as the client's ability to maintain continuous medical coverage as they churn from Medicaid or CHP+ into the Marketplace. This change results in an increased length of stay for MAGI Eligible Children and SB 11-008 Eligible Children.
- HB 14-1045: Extends funding for the Breast and Cervical Cancer Program through FY 2018-19.
- HB 14-1252: Increases the system capacity for home and community-based intellectual and developmental disabilities programs, services, and supports.

Oftentimes, a forecast cannot instantaneously incorporate policy changes even with the use of dummy or indicator variables. When this occurs, adjustments are made to the forecast off-line. Detailed accountings of off-line adjustments are in Exhibit B, page EB-2.

Under Medicaid regulations before January 2014, the rules for counting income vary from state to state and also differ based on the category through which an individual is eligible for the program. For example, Medicaid allows applicants to disregard some child support payments and the first \$90 of earned income, and to deduct certain childcare expenses from income when determining eligibility for benefits. States also have the flexibility to disregard additional income and deduct other expenses, and a number of states have used this authority to expand Medicaid eligibility. States' use of deductions and income disregards has the effect of increasing income eligibility standards for many families, but they also have resulted in a somewhat more complex application and renewal process. This process is exacerbated by different income and household counting rules for federal CHIP programs, which often do not align with Medicaid rules. Pursuant to the federal Affordable Care Act (ACA), eligibility for Family Medicaid, CHIP and premium subsidies to purchase coverage in health insurance exchanges (the Colorado Health Benefit Exchange, or COHBE, in Colorado) will be determined using the Modified Adjusted Gross Income (MAGI) beginning January 1, 2014. MAGI is Adjusted Gross Income as determined under the federal income tax, plus various income amounts and adjustments, and is calculated for the household, defined as the tax filing unit. The family's

assets will not be considered in determining eligibility, and a standard 5% of the federal poverty level disregard will be applied. The new rules also change how family size is calculated and how household income is defined. Currently under Medicaid and CHIP programs, states take different approaches to determining family size and which family members' income to count depending on who in the family is applying for benefits. Under the new rules, however, family size and household income will be based on the tax filing unit. All individuals claimed as a dependent on a taxpayer's return will be included in determining that taxpayer's family size. These new income eligibility rules generally will apply to all children (except foster children) who qualify for Medicaid and to all adults under age 65. The health reform law does not change Medicaid eligibility rules for beneficiaries who are 65 or older or those in eligibility categories based on disability, though those who qualify for Medicaid as a disabled individual may be determined with the new income eligibility rules temporarily until their disability determination has been completed.

The transition to MAGI resulted in standardization of the definition and measurement of income, both across states and programs. This resulted in streamlined eligibility determinations that are based solely on national tax filing standards rather than disparate methodologies. For example, in Colorado, Medicaid applied a mandatory minimum disregard to earnings, whereas CHP+ did not, and CHP+ disregards any income earned by a child in the household, whereas Medicaid may count the child's income depending on the family circumstance.

In addition, Medicaid and CHP+ defined the family unit differently. For Medicaid, the "family" was determined more like the "nuclear" approach. This would include a spouse, parents, and any dependent children in the home. For CHP+, the "family" was defined as all related family members in the household that receive at least 50% of their financial support from the household.

For example, take a family applying for coverage for a child in a household with a married couple, the dependent child, and a grandmother, and annual household income is \$25,000. Under the Medicaid rules prior to October 2013, the grandmother is not counted in the household; therefore, the household size is three and the FPL of the child is approximately 135%, making the family over-income for Medicaid eligibility. Under the CHP+ rules prior to October 2013, the grandmother is counted in the household; therefore, the household size is four and the FPL of the child is approximately 112% and is eligible for CHP+.

As can be seen in the example above, these factors lead to individuals enrolled in CHP+ that appear to meet Medicaid income eligibility. In FY 2011-12, approximately 43% of children enrolled in CHP+ had income below 133% FPL and 67% of pregnant women had income below 185% FPL. Under the streamlined income and household counting rules of MAGI, there should no longer be any clients in CHP+ with income below 133% FPL (142% FPL after MAGI disregards in October 2013) for children and 185% FPL (195% FPL after MAGI disregards in October 2013) for pregnant women, and clients should have transitioned from CHP+ to Medicaid. The Department included a bottom-line adjustment to reflect this change in the February 2014 forecast. The Department believes that the transition due to MAGI is complete and is no longer including this as a bottom line adjustment.

The transition to MAGI not only caused movement of clients from CHP+ to Medicaid, but also resulted in significant movement within the MAGI Parents/Caretakers eligibility groups in Medicaid. After the implementation of MAGI in October 2013, a large number of MAGI Parents/Caretakers 69% to 133% FPL moved to the lower FPL category MAGI Parents/Caretakers to 68% FPL. This is important as these categories have differing sources of state funding as well as federal medical assistance percentages (FMAP); the MAGI Parents/Caretakers to 68% FPL category is funded with General Fund and Tobacco Tax at the standard FMAP, whereas the MAGI Parents/Caretakers 69% to 133% FPL category is currently eligible for the enhanced FMAP under the federal Affordable Care Act (ACA). This shift is accounted for as a bottom line adjustment. There is a positive impact to the MAGI Parents/Caretakers to 68% FPL and a negative impact to the MAGI Parents/Caretakers 69% to 133% FPL. The sum of these two adjustments is equal to zero to show the net movement between the two categories. Such movement was included in the February 2014 forecast, but not of the same

magnitude. The Department was aware of the movement, but did not believe it was entirely accurate due to known issues with the available data. A systems fix was scheduled for March 2014 and the Department believed that the majority of the movement would revert after the systems fix went into place. Clients did not return to their original categories after March 2014. The Department included the full effect of this shifting between categories in the November 2014 forecast. This change resulted in a large increase to the forecast for MAGI Parents/Caretakers to 68% FPL. The Department believes that this is now complete and is no longer including this as a bottom line adjustment.

There is also an ACA-related adjustment to the Foster Care eligibility type. Pursuant to the ACA, eligibility for children enrolled in Medicaid that turned 21 while in foster care was increased to age 26 in January 2014. This expansion was mandatory and was not subject to the Supreme Court of the United States ruling which found the Medicaid expansion unconstitutionally coercive of states. The Department is including a bottom-line adjustment to account for the eligibility increase from age 21 to age 26 beginning January 1, 2014. The Department had predicted an average monthly growth in FY 2013-14 of 76 due to increasing the age from 21 to 26. By June 2015, the Department identified 1,709 clients in the Foster Care eligibility that were over age 21. The average monthly caseload in FY 2014-15 attributable to this expansion was 1,800. The Department has reduced the estimated bottom-line adjustment to align with the actual numbers seen in the second half of FY 2014-15.

Caseload decreased from FY 2004-05 through FY 2007-08, resulting in a decline of 14,062, or 3.46%, between these fiscal years. The Department believes that the improving economic conditions were the driving factor in this decrease, as consistent monthly declines occurred in MAGI Parents/Caretakers and MAGI Eligible Children, which are expected to be most affected by the economy. This trend reversed as of the second half of FY 2007-08, when the Eligible Children caseload started to show significant monthly increases. Strong increases continued in Medicaid in FY 2008-09, FY 2009-10, FY 2010-11, FY 2011-12, and FY 2012-13, with annual growth of 11.44%, 14.19%, 12.42%, 10.56%, and 10.17% respectively. With Medicaid expansion beginning in January 2014, the second half of FY 2013-14, caseload increased by 26.06% between FY 2012-13 and FY 2013-14 and 34.87% between FY 2013-14 and FY 2014-15. The Department is forecasting Medicaid caseload to continue to increase by 11.16% in FY 2015-16 to 1,290,844. In FY 2016-17 and FY 2017-18, the trends are projected to be 4.74% and 3.98% respectively. Medicaid caseload is expected to increase at a decreasing rate as the expansionary period comes to an end and the economy continues to improve. The following table shows actual and projected aggregate Medicaid caseload from FY 2004-05 through FY 2017-18.

Fiscal Year	Medicaid Caseload	Growth Rate	Level Growth
FY 2005-06	402,218	-0.94%	(3,806)
FY 2006-07	392,228	-2.48%	(9,990)
FY 2007-08	391,962	-0.07%	(266)
FY 2008-09	436,812	11.44%	44,850
FY 2009-10	498,797	14.19%	61,985
FY 2010-11	560,759	12.42%	61,962
FY 2011-12	619,963	10.56%	59,204
FY 2012-13	682,994	10.17%	63,031
FY 2013-14	860,957	26.06%	177,963
FY 2014-15	1,161,206	34.87%	300,249
FY 2015-16 Projection	1,290,844	11.16%	129,638
FY 2016-17 Projection	1,352,005	4.74%	61,161
FY 2017-18 Projection	1,405,780	3.98%	53,775

FORECAST MODELS

The Department's caseload projections utilize statistical forecasting methodologies to predict Medicaid caseload by eligibility category. Historical monthly caseload data from July 1993 to June 2015 and historical and forecasted economic data (revised in June 2015) and demographic data (revised in December 2014) are used. The following forecasting models are used in this forecast: trend and monthly seasonal dummy variables, ARIMA models, trend stationary, difference stationary, regression analysis with explanatory variables, and vector auto regression models. In the past, the software used by the Department for developing trend and regression forecasts was *Forecast Pro XE*. The Department is now using *EViews 6*.

Trend and Seasonality Model

Medicaid caseload is a non-stationary series with a positive trend and many of the categories experience some level of seasonality. One of the models used will incorporate a time trend and monthly seasonal dummy variables.

ARIMA Model

ARIMA models, also referred to as Box-Jenkins models, rely on the past behavior of the series being forecasted. Relying on the past behavior of a series mandates that a series be stationary. Most of the eligibilities in Medicaid caseload have a positive growth trend (non-stationary) and require differencing to be made stationary.

Trend Stationary and Difference Stationary

Series that are stationary have a constant mean, caseload series frequently do not have this characteristic and often have a trending mean. Two popular models used for non-stationary series with a trending mean are trend stationary and difference stationary. The trend stationary serves as an effective model if the series has a deterministic trend. The difference stationary model is useful when the trend be stochastic. Differencing the dependent variable gives a stationary series. The basic forms of the two models are listed below, where y is the dependent variable. Lags of the dependent variable are added to clear up serial correlation within the series.

- Trend Stationary: $\log(y) = c + \text{trend} + \varepsilon$
- Difference Stationary: $\text{differenced}(\log(y)) = c + \varepsilon$

Regression Models

Regression analysis, unlike trend analysis, incorporates independent variables when making projections. For example, a regression equation may include the unemployment rate if the forecaster expects that it has an effect on the caseload for MAGI Parents/Caretakers. Statistically, the forecaster can test whether or not there is a relationship between independent variables and the caseload by constructing a correlation matrix. Variables that are highly correlated with the caseload are more likely to be predictive. Regression equations are useful in that they provide some insight into why the trend projection is increasing, decreasing, or static. Although regression equations help explain why trends occur, their value depends on the quality of the independent variables used. In order to project caseload, historical and forecasted values of the independent variables must be used. Therefore, the accuracy of the caseload forecast depends on the accuracy of the forecasted independent variables. In December 2013, the Colorado Department of Local Affairs' Demography Division supplied actual and forecasted values of different populations by age. In June 2014, the Office of State Planning and Budgeting and the Colorado Department of Local Affairs' Demography Division supplied actual and forecasted values of the unemployment rate, which was used in the regression models.

Vector Auto Regression Models (VARs)

The Department has frequently used regression analysis to forecast caseload. Regression analysis, as described above, incorporates independent variables when making projections. Regression analysis has the unfortunate requirement that the independent variables used are exogenous to the dependent variable, or only allows the independent variable on the right-hand side of the equation to have an effect on the dependent variable on the left-hand side of the equation. This is unlikely in reality as most factors are interrelated and may affect each other simultaneously. Vector Auto Regression (VAR) models are simultaneous equations, allowing the different variables to affect each other equally. In other words, both variables are dependent and are able to change over time together in the forecast. The simultaneous process is better able to capture a long-term relationship between multiple variables and does not restrict one variable to the right hand side of the equation.¹¹ This can serve as a better reflection of reality rather than forcing the assumption that a variable is exogenous to Medicaid caseload.

Exponential Smoothing

For over 30 years, Exponential Smoothing models have been used to forecast data within a variety of applications. Considered simplistic, Exponential Smoothing models extract trend and seasonal patterns from a time-series to predict a future stream of values. There are two types of Exponential Smoothing models that address trend and seasonality in time-series data: Holt and Winters. The Holt Exponential Smoothing model adjusts for long-term linear trend in data, while the Winters Exponential Smoothing model adjusts for both trend and seasonal components of data. Both Holt and Winters use recursive equations to determine the estimated parameters of the model, giving more weight to recent observations and exponentially

¹¹ Sims, Chris "Macroeconomics and Reality." *Econometrica*. Volume. 48 No.1 (1980)

smaller weight to historically distant observations. One advantage of this model is that it produces robust results with limited data sets. This is very useful Medicaid eligibility categories that have not been in existence for very long. While the Department has used this model in the past, the November 2015 forecast does not utilize exponential smoothing.

Model Selection

After several different forecasts are produced, the Department normally chooses one for each category. Several statistics are produced to grade and compare the forecast models. The three statistics provided in the narrative are the Schwartz Info Criterion (SIC), Akaike Info Criterion (AIC), and the adjusted R^2 . The SIC and the AIC provide a means for model selection. Both statistics include a trade-off between the goodness of fit of the model and the complexity of the model by applying a penalty for using up degrees of freedom (adding independent variables). These measures encourage the use of simpler models. The closer the SIC or AIC are to negative infinity, the better the model. The adjusted R^2 measures the goodness of fit of the model in-sample, the closer the R^2 statistic is to one the better the goodness of fit. The calculation of the adjusted R^2 contains the most lenient penalty for using up the degrees of freedom in the model. It is important to note that this measure is not reliable when forecasting the differences of a series. When differencing a series to make it stationary, fitting a model becomes incredibly difficult and the R^2 value drops. This does not indicate a poor model, it is simply a result of differencing a series. For models where the dependent variable is differenced, the AIC and SIC prove much more useful for comparing different models than the R^2 . When selecting a model, the Department closely analyzes the historical data, possible future impacts like the predicted state of the economy, and the above mentioned statistics.

CATEGORICAL PROJECTIONS

This next section details the caseload projections by eligibility category. For each category, the following are presented: a discussion of the category, statutory authority, model results, rationale for the forecast, and historical caseload and forecasts. FY 2017-18 projections are included for informational purposes.

Adults Over 65 (OAP-A)

Colorado automatically provides Medicaid coverage to individuals who receive Supplemental Security Income. Supplemental Security Income, authorized under Title XVI of the Social Security Act of 1965, is a federal cash assistance program for persons aged 65 and older, blind, or disabled. An individual must have income below the federal monthly maximum Supplemental Security Income limit and limited resources. The Supplemental Security Income adults aged 65 and older are included in this category. Also included are individuals aged 65 and older who meet the Medicaid resource and income requirements, but are not receiving Supplemental Security Income. In addition, states may extend coverage to individuals with incomes above the Supplemental Security Income limit and who meet the nursing home level of care. Referred to as ‘Three-hundred Percenters’, these clients have incomes no more than three times the Supplemental Security Income maximum limit, and they meet the level of care to be in a nursing home.

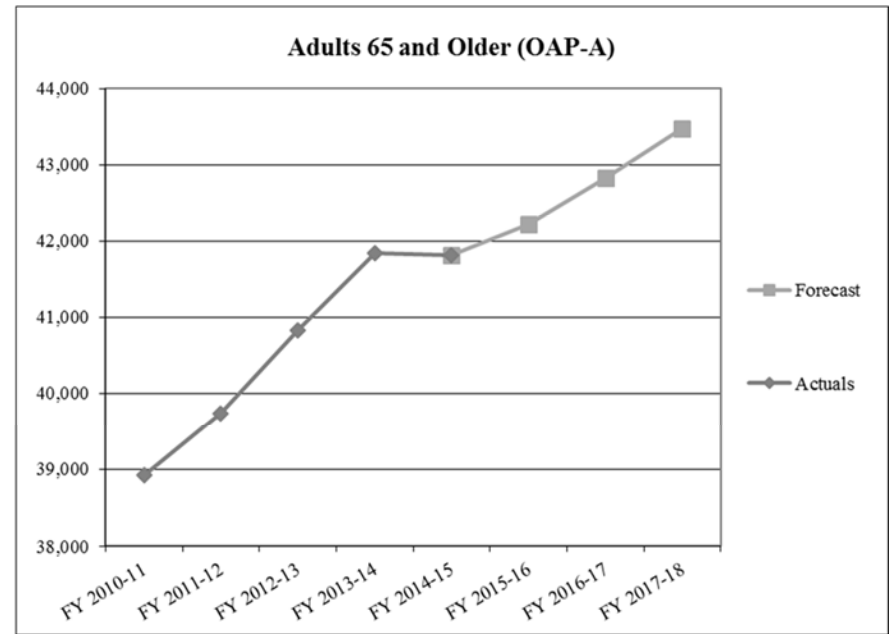
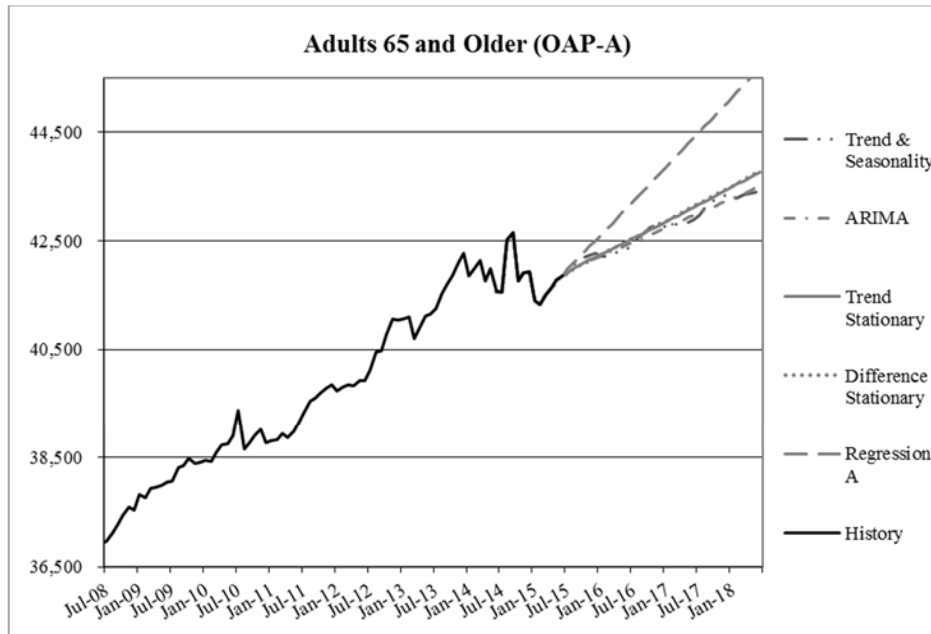
25.5-5-101 (1), C.R.S.

- (f) Individuals receiving supplemental security income;*
- (g) Individuals receiving mandatory state supplement, including but not limited to individuals receiving old age pensions;*
- (h) Institutionalized individuals who were eligible for medical assistance in December 1973;*
- (i) Individuals who would be eligible except for the increase in old-age, survivors, and disability insurance under P.L. 92-336;*
- (j) Individuals who become ineligible for cash assistance as a result of old-age, survivors, and disability insurance cost-of-living increases after April 1977;*

25.5-5-201 (1), C.R.S.

- (b) Individuals who would be eligible for cash assistance except for their institutionalized status;*
- (c) Individuals receiving home-and community-based services as specified in part 6 of this article;*
- (f) Individuals receiving only optional state supplement;*
- (g) Individuals in institutions who are eligible under a special income level. Colorado’s program for citizens sixty-five years of age or older or physically disabled or blind, whose gross income does not exceed three hundred percent of the current federal supplemental security income benefit level, qualifies for federal funding under this provision;*
- (j) Individuals who are qualified aliens and were or would have been eligible for supplemental security income as a result of a disability but are not eligible for such supplemental security income as a result of the passage of the federal "Personal Responsibility and Work Opportunity Reconciliation Act of 1996", Public Law 104-193;*

Adults 65 and Older (OAP-A): Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	OAP-A	Constant, trend, seasonal dummy variables	15.93	15.76	0.9685
ARIMA	d(OAP-A)	Constant, AR(3) MA(4)	13.24	13.13	0.0752
Trend Stationary	log(OAP-A)	Constant, trend, 4 lags on the dependent variable	-7.84	-7.92	0.9978
Difference Stationary	dlog(OAP-A)	Constant, trend, 3 lags on the dependent variable	-7.84	-7.90	0.0187
Regression A	OAP-A	Constant, CO population ages 65+, 1 lag on the dependent variable.	13.23	13.19	0.9974

Adults 65 and Older: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	41,836	41,817	0.93%	42,206	389	42
ARIMA	41,836	41,817	0.90%	42,193	376	49
Trend Stationary	41,836	41,817	0.96%	42,218	401	54
Difference Stationary	41,836	41,817	0.95%	42,214	397	55
Regression A	41,836	41,817	1.76%	42,553	736	107

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	41,817	42,206	1.27%	42,742	536	45
ARIMA	41,817	42,193	1.27%	42,729	536	44
Trend Stationary	41,817	42,218	1.45%	42,830	612	52
Difference Stationary	41,817	42,214	1.50%	42,847	633	53
Regression A	41,817	42,553	2.97%	43,817	1,264	106

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	42,206	42,742	1.25%	43,276	534	45
ARIMA	42,193	42,729	1.24%	43,259	530	44
Trend Stationary	42,218	42,830	1.49%	43,468	638	54
Difference Stationary	42,214	42,847	1.50%	43,490	643	54
Regression A	42,553	43,817	2.93%	45,101	1,284	107

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Adults 65 and Older (OAP-A): Trend Selections

FY 2015-16: 0.96%
FY 2016-17: 1.45%
FY 2017-18: 1.49%

Adults 65 and Older (OAP-A): Justifications

- Average monthly caseload in FY 2014-15 for Adults 65 and Older was 41,817, which was 270 clients, or 0.64%, under what was forecasted in February 2015. This is due to an unusual decrease seen in October 2014, followed by another decrease in January 2015. Consequently, the selected trends for FY 2015-16 in the November 2015 forecast are slightly less than what was previously projected. The projected percent growth for FY 2015-16 is just under one percent.
- This population will be affected by the “baby boomers”, defined by the U.S. Census Bureau as the generation born between 1946 and 1964. The Department believes this increase could be seen in Adults 60 to 64 with Disabilities (OAP-B) over FY 2013-14. This population actually saw declines in FY 2014-15. The Department, however, has selected aggressive growth trends for FY 2016-17 and FY 2017-18 to account for the expected baby boomers. A population pyramid is available for review on page MC-12.
- This population may be affected by provisions in the Deficit Reduction Act of 2005, notably sections 6011 (lengthening of look-back period), 6012 (treatment of annuities), 6014 (disqualification of individuals with substantial home equity), 6015 (reform of asset test rules). These provisions may decrease the long-term growth rates as fewer people may now be eligible due to these provisions.
- The graph above shows that growth has been strong since FY 2011-12. Historical growth rates are stable and tend to fluctuate between 1% and 2%. The Department suspects that the high growth rate in FY 2004-05 is due to the court order regarding the Colorado Benefits Management System. The Department speculates that the decline in FY 2006-07 may be indicative that the effects of the asset and annuities provisions in the Deficit Reduction Act may be stronger than expected. The Department has seen strong growth in the Home- and Community-Based Services for the Elderly, Blind, and Disabled waiver over the last four years. There has also been a large increase in the number of clients in this eligibility type who are not eligible for SSI or on a waiver. The Department believes this is related to caseload declines in the State-only Old Age Pension Health and Medical Care program, which were caused by the implementation of new requirements around Systematic Alien Verification for Entitlements (SAVE) to comply with HB 06S-1023 and Department regulations.

Adults 65 and Older: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	41,153	-	-
Jul-13	41,243	90	0.22%
Aug-13	41,540	297	0.72%
Sep-13	41,696	156	0.38%
Oct-13	41,861	165	0.40%
Nov-13	42,098	237	0.57%
Dec-13	42,265	167	0.40%
Jan-14	41,861	(404)	-0.96%
Feb-14	42,003	142	0.34%
Mar-14	42,145	142	0.34%
Apr-14	41,762	(383)	-0.91%
May-14	41,991	229	0.55%
Jun-14	41,564	(427)	-1.02%
Jul-14	41,551	(13)	-0.03%
Aug-14	42,513	962	2.32%
Sep-14	42,643	130	0.31%
Oct-14	41,763	(880)	-2.06%
Nov-14	41,918	155	0.37%
Dec-14	41,927	9	0.02%
Jan-15	41,392	(535)	-1.28%
Feb-15	41,334	(58)	-0.14%
Mar-15	41,518	184	0.45%
Apr-15	41,621	103	0.25%
May-15	41,778	157	0.38%
Jun-15	41,849	71	0.17%

	Caseload	% Change	Level Change
FY 2002-03	34,704	-	-
FY 2003-04	34,329	-1.08%	(375)
FY 2004-05	35,780	4.23%	1,451
FY 2005-06	36,207	1.19%	427
FY 2006-07	35,888	-0.88%	(319)
FY 2007-08	36,284	1.10%	396
FY 2008-09	37,619	3.68%	1,335
FY 2009-10	38,487	2.31%	868
FY 2010-11	38,921	1.13%	434
FY 2011-12	39,740	2.10%	819
FY 2012-13	40,827	2.74%	1,087
FY 2013-14	41,836	2.47%	1,009
FY 2014-15	41,817	-0.05%	(19)
FY 2015-16	42,218	0.96%	401
FY 2016-17	42,830	1.45%	612
FY 2017-18	43,468	1.49%	638

February 2015 Projection			
FY 2013-14	41,836	2.47%	1,009
FY 2014-15	42,087	0.60%	251
FY 2015-16	42,971	2.10%	884
FY 2016-17	44,144	2.73%	1,173

Actuals		
	Monthly Change	% Change
6-month average	(13)	-0.03%
12-month average	24	0.06%
18-month average	(23)	-0.05%
24-month average	29	0.07%

Monthly Average Growth Comparisons		
February 2015 Forecast	68	0.17%
FY 2014-15 Actuals	24	0.05%
FY 2014-15 1st Half	61	0.15%
FY 2014-15 2nd Half	(13)	-0.07%
FY 2015-16 Forecast	54	0.13%
February 2015 Forecast	94	0.22%
FY 2016-17 Forecast	52	0.12%

February 2015 Forecast	
Forecasted June 2015 Level	42,382

Base trend from June 2015 level			
FY 2015-16	41,849	0.08%	32

Adults 60 to 64 with Disabilities (OAP-B)

Colorado automatically provides Medicaid coverage to individuals who receive Supplemental Security Income. Supplemental Security Income, authorized under Title XVI of the Social Security Act of 1965, is a federal cash assistance program for persons aged 65 and older, blind, or disabled. An individual must have income below the federal monthly maximum Supplemental Security Income limit and limited resources. Disabled adults aged 60 to 64 who are eligible for Supplemental Security Income are included in this category. In addition, states may extend coverage to individuals with incomes above the Supplemental Security Income limit, and who meet the nursing home level of care. Referred to as ‘Three-hundred Percenters’, these clients have incomes no more than three times the Supplemental Security Income maximum limit, and they meet the level of care to be in a nursing home.

Quality control checks are completed from time to time to look for eligibility coding errors that commonly result in clients being misclassified between this Medicaid category and the State-only Old Age Pension Health and Medical Care program (non-Medicaid). Historical miscoding can make it difficult to forecast this Medicaid category as groups of individuals identified through this process may be abruptly moved in and out of this category.

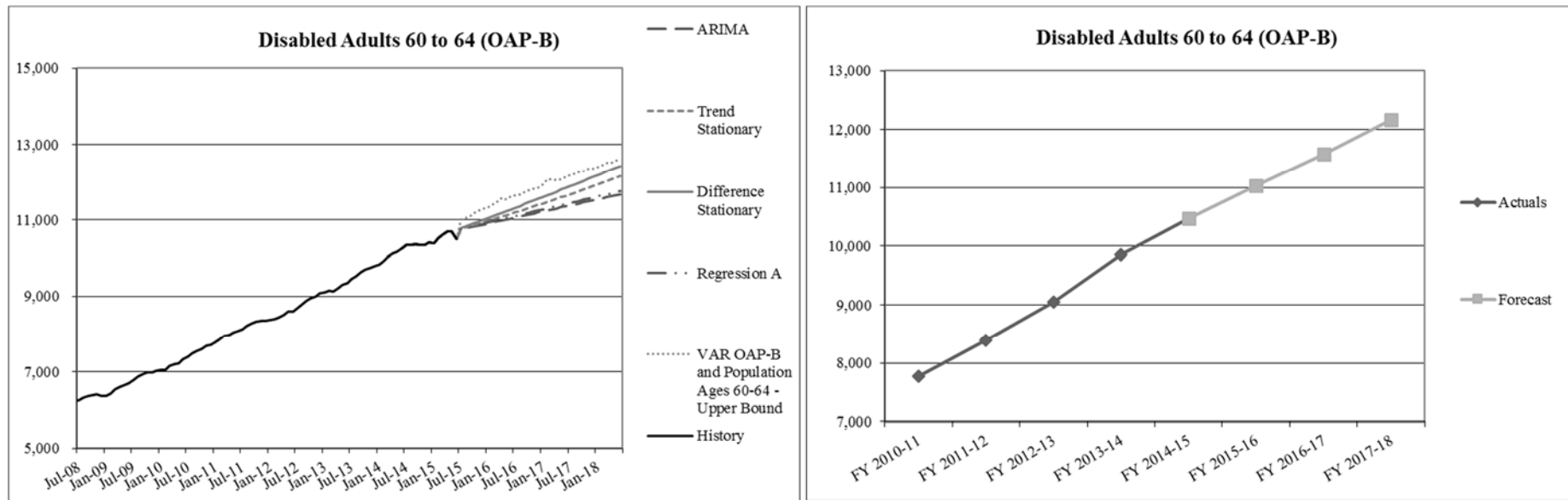
25.5-5-101 (1), C.R.S.

- (f) Individuals receiving supplemental security income;*
- (g) Individuals receiving mandatory state supplement, including but not limited to individuals receiving old age pensions;*
- (h) Institutionalized individuals who were eligible for medical assistance in December 1973;*
- (i) Individuals who would be eligible except for the increase in old-age, survivors, and disability insurance under P.L. 92-336;*
- (j) Individuals who become ineligible for cash assistance as a result of old-age, survivors, and disability insurance cost-of-living increases after April 1977;*

25.5-5-201 (1), C.R.S.

- (b) Individuals who would be eligible for cash assistance except for their institutionalized status;*
- (c) Individuals receiving home-and community-based services as specified in part 6 of this article;*
- (f) Individuals receiving only optional state supplement;*
- (g) Individuals in institutions who are eligible under a special income level. Colorado’s program for citizens sixty-five years of age or older or physically disabled or blind, whose gross income does not exceed three hundred percent of the current federal supplemental security income benefit level, qualifies for federal funding under this provision;*
- (j) Individuals who are qualified aliens and were or would have been eligible for supplemental security income as a result of a disability but are not eligible for such supplemental security income as a result of the passage of the federal "Personal Responsibility and Work Opportunity Reconciliation Act of 1996", Public Law 104-193;*

Adults 60 to 64 with Disabilities (OAP-B): Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	OAP-B	Constant, trend, seasonal dummy variables	15.93	15.76	0.8862
ARIMA	d(OAP-B)	Constant, AR(2) MA(1)	12.18	12.13	0.1023
Trend Stationary	log(OAP-B)	Constant, trend, 3 lags on the dependent variable	-5.02	-5.09	0.9956
Difference Stationary	dlog(OAP-B)	Constant, 2 lags on the dependent variable	-5.05	-5.09	0.1117
Regression A	OAP-B	Constant, CO population ages 60-64, 1 lag on the dependent variable	12.25	12.21	0.9965
VAR OAP-B and Population Ages 60-64 - Upper Bound	OAP-B	NA	12.02	11.94	0.1550
	CO Population Ages 60-64	NA	15.38	15.30	0.4721

Disabled Adults 60 to 64: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	9,853	10,466	3.55%	10,838	372	35
ARIMA	9,853	10,466	4.11%	10,896	430	45
Trend Stationary	9,853	10,466	4.76%	10,964	498	55
Difference Stationary	9,853	10,466	5.44%	11,035	569	65
Regression A	9,853	10,466	4.34%	10,920	454	48
VAR OAP-B and Population Ages 60-64 - Upper Bound	9,853	10,466	8.19%	11,323	857	94

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	10,466	10,838	2.49%	11,108	270	22
ARIMA	10,466	10,896	2.92%	11,214	318	27
Trend Stationary	10,466	10,964	4.15%	11,419	455	40
Difference Stationary	10,466	11,035	4.98%	11,585	550	47
Regression A	10,466	10,920	3.17%	11,266	346	29
VAR OAP-B and Population Ages 60-64 - Upper Bound	10,466	11,323	5.18%	11,910	587	42

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	10,838	11,108	2.42%	11,377	269	22
ARIMA	10,896	11,214	2.84%	11,532	318	27
Trend Stationary	10,964	11,419	4.34%	11,915	496	43
Difference Stationary	11,035	11,585	4.98%	12,162	577	49
Regression A	10,920	11,266	3.02%	11,606	340	28
VAR OAP-B and Population Ages 60-64 - Upper Bound	11,323	11,910	4.13%	12,402	492	43
FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²

¹ Bold denotes trend selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Adults 60 to 64 with Disabilities (OAP-B): Trend Selections

FY 2015-16: 5.44%
FY 2016-17: 4.98%
FY 2017-18: 4.98%

Adults 60 to 64 with Disabilities (OAP-B): Justifications

- Average monthly caseload in FY 2014-15 for Adults 60 to 64 with Disabilities was 10,466, which was 115 clients, or 1.09%, under what was forecasted in February 2015. After analyzing the most recent monthly data and the 2010 population pyramid from the 2010 Census (see page MC-12), the Department anticipates aggressive growth in the coming years for this population. The aggressive growth trend that had been selected for this category in FY 2015-16 for the February 2015 forecast is dampened due to the actuals seen in FY 2014-15.
- Average monthly growth for FY 2014-15 was 20 clients per month. Consequently the Department has selected a lower growth trend.
- The Department selected a difference stationary model for this eligibility, as the model produced produced trend that is in line with historical actuals. This is the selected model for FY 2015-16 through FY 2017-18.
- Historically, this category has displayed consistently slow growth, with caseload increasing by an average of 12 clients per month between FY 2002-03 and FY 2007-08, excluding the level shift that occurred from the court order regarding the Colorado Benefits Management System. Growth from FY 2008-09 through FY 2010-11 averaged 52 per month. This population, like the Adults 65 and Older category, may be affected by the asset and annuities provisions in the Deficit Reduction Act of 2005, which would promote low growth. This category began to be affected by the baby-boom generation, defined by the U.S. Census Bureau as the generation born between 1946 and 1964, in calendar year 2006, which may have resulted in higher growth. Population growth in this age group was 10.8% in 2009 and 7.1% in 2010. The Department has seen strong growth in the Home- and Community-Based Services (HCBS) for the Elderly, Blind, and Disabled waiver over the last four years. There has also been a large increase in the number of clients in this eligibility type who are not eligible for Supplemental Security Income (SSI) or on a waiver. The Department believes this is related to caseload declines in the State-only Old Age Pension Health and Medical Care program, which were caused by the implementation of new requirements around Systematic Alien Verification for Entitlements (SAVE) to comply with HB 06S-1023 and Department regulations.
- However, because this population is disabled, the effects of both the baby boom generation and the Deficit Reduction Act are likely to be mitigated. Data for FY 2011-12 indicate that approximately 53.8% of this eligibility type were automatically eligible for Medicaid due to their receipt of SSI. Additionally, 45.3% of this population were dual eligibles in FY 2011-12 and 33.4% were enrolled in HCBS waivers. Enrollment in waivers has increased by an average of 11.8% per year for the last three years. (Source: MARS 474701 report)

Disabled Adults 60 to 64: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	9,358	-	-
Jul-13	9,466	108	1.15%
Aug-13	9,538	72	0.76%
Sep-13	9,641	103	1.08%
Oct-13	9,709	68	0.71%
Nov-13	9,748	39	0.40%
Dec-13	9,797	49	0.50%
Jan-14	9,838	41	0.42%
Feb-14	9,919	81	0.82%
Mar-14	10,027	108	1.09%
Apr-14	10,129	102	1.02%
May-14	10,162	33	0.33%
Jun-14	10,263	101	0.99%
Jul-14	10,346	83	0.81%
Aug-14	10,350	4	0.04%
Sep-14	10,362	12	0.12%
Oct-14	10,355	(7)	-0.07%
Nov-14	10,341	(14)	-0.14%
Dec-14	10,404	63	0.61%
Jan-15	10,395	(9)	-0.09%
Feb-15	10,532	137	1.32%
Mar-15	10,615	83	0.79%
Apr-15	10,690	75	0.71%
May-15	10,703	13	0.12%
Jun-15	10,503	(200)	-1.87%

	Caseload	% Change	Level Change
FY 2002-03	5,431	-	-
FY 2003-04	5,548	2.15%	117
FY 2004-05	6,082	9.63%	534
FY 2005-06	6,042	-0.66%	(40)
FY 2006-07	6,059	0.28%	17
FY 2007-08	6,146	1.44%	87
FY 2008-09	6,447	4.90%	301
FY 2009-10	7,049	9.34%	602
FY 2010-11	7,767	10.19%	718
FY 2011-12	8,383	7.93%	616
FY 2012-13	9,051	7.97%	668
FY 2013-14	9,853	8.86%	802
FY 2014-15	10,466	6.22%	613
FY 2015-16	11,035	5.44%	569
FY 2016-17	11,585	4.98%	550
FY 2017-18	12,162	4.98%	577

Actuals		
	Monthly Change	% Change
6-month average	17	0.16%
12-month average	20	0.20%
18-month average	39	0.39%
24-month average	48	0.48%

February 2015 Projection			
FY 2013-14	9,853	8.86%	802
FY 2014-15	10,581	7.39%	728
FY 2015-16	11,307	6.86%	726
FY 2016-17	12,083	6.86%	776

Monthly Average Growth Comparisons		
February 2015 Forecast	59	0.56%
FY 2014-15 Actuals	20	0.38%
FY 2014-15 1st Half	24	0.23%
FY 2014-15 2nd Half	17	0.57%
FY 2015-16 Forecast	65	0.60%
February 2015 Forecast	49	0.44%
FY 2016-17 Forecast	47	0.41%

February 2015 Forecast	
Forecasted June 2015 Level	10,967

Base trend from June 2015 level			
FY 2015-16	10,503	0.35%	37

Individuals to 59 with Disabilities (AND/AB)

Colorado automatically provides Medicaid coverage to individuals who receive Supplemental Security Income. Supplemental Security Income, authorized under Title XVI of the Social Security Act of 1965, is a federal cash assistance program for persons aged 65 and older, blind, or disabled. An individual must have income below the federal monthly maximum Supplemental Security Income limit and limited resources. This category includes the disabled portion of this group through age 59. These individuals: are blind, have a physical or mental impairment that keeps them from performing substantial work expected to last 12 months or result in death, or are children who have a marked and severe functional limitation expected to last 12 months or until death. Children were added to the Title XVI Act in 1972. In addition, states may extend coverage to individuals with incomes too high for Supplemental Security Income, and who meet the nursing facility level of care. Referred to as ‘Three-hundred Percenters’, these clients have incomes no more than three times the Supplemental Security Income maximum limit, and they meet the level of care to be in a nursing home. Often, ‘Three-hundred Percenters’ are enrolled in a Home- and Community-Based waiver program.

The 1990 outcome of the *Zebley v. Sullivan* lawsuit found that children could not be held to a higher standard of disability than adults. *Zebley* required that children’s disability be measured using child-appropriate activities. As a result, the number of children determined to be disabled significantly increased until 1996. Welfare reform in 1996 tightened the disability criteria for children. An Individual Evaluation Plan from the public school system was no longer sufficient to verify disability, and children were required to have a physician document their level of functional impairment. However, any child receiving Supplemental Security Income before 1996 who lost his/her Supplemental Security Income benefits due to the new rules is still eligible for Medicaid. This category also includes disabled adult children age 18 and older who lost their Supplemental Security Income eligibility due to their parents receiving Social Security Administration benefits and disabled widows and widowers aged 50 to 64 who lost Supplemental Security Income due to the receipt of Social Security Administration benefits.

In July 2001, the Med-9 disability determination application process was disbanded due to federal requirements. This process let individuals under 65 who were seeking Medicaid coverage because of a disability experience an expeditious application process as compared to other applicants. By discontinuing the Med-9, clients underwent a more rigorous eligibility determination and caseload fell slightly.

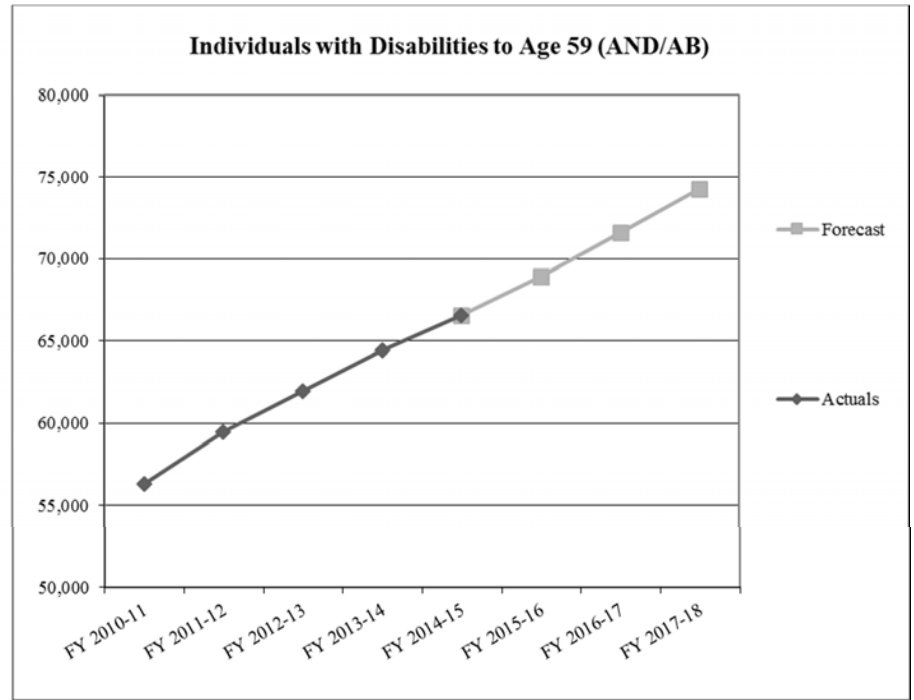
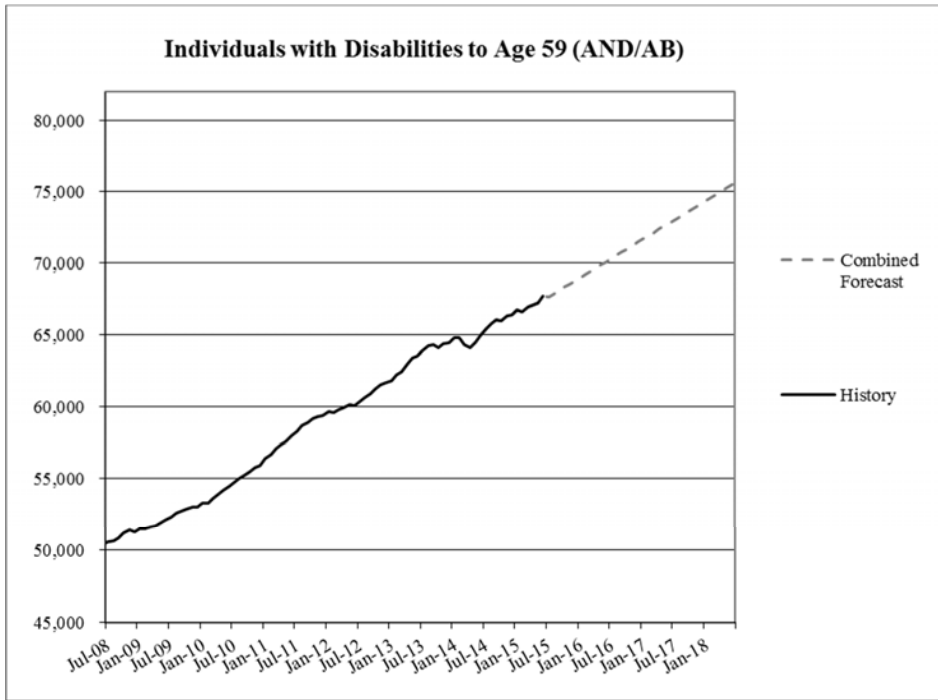
25.5-5-101 (1), C.R.S.

- (f) Individuals receiving supplemental security income;*
- (g) Individuals receiving mandatory state supplement, including but not limited to individuals receiving old age pensions;*
- (h) Institutionalized individuals who were eligible for medical assistance in December 1973;*
- (i) Individuals who would be eligible except for the increase in old-age, survivors, and disability insurance under P.L. 92-336;*
- (j) Individuals who become ineligible for cash assistance as a result of old-age, survivors, and disability insurance cost-of-living increases after April 1977;*
- (k) Disabled widows or widowers fifty through sixty years of age who have become ineligible for federal supplemental security income or state supplementation as a result of becoming eligible for federal social security survivor's benefits, in accordance with the social security act, 42 U.S.C. sec. 1383c;*

25.5-5-201 (1), C.R.S.

- (b) Individuals who would be eligible for cash assistance except for their institutionalized status;*
- (c) Individuals receiving home-and community-based services as specified in part 6 of this article;*
- (f) Individuals receiving only optional state supplement;*
- (g) Individuals in institutions who are eligible under a special income level. Colorado's program for citizens sixty-five years of age or older or physically disabled or blind, whose gross income does not exceed three hundred percent of the current federal supplemental security income benefit level, qualifies for federal funding under this provision;*
- (j) Individuals who are qualified aliens and were or would have been eligible for supplemental security income as a result of a disability but are not eligible for such supplemental security income as a result of the passage of the federal "Personal Responsibility and Work Opportunity Reconciliation Act of 1996", Public Law 104-193;*

Individuals to 59 with Disabilities (AND/AB): Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Combined Forecast			13.79	13.44	0.9702

Individuals with Disabilities to Age 59: Model Results¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change²
Combined Forecast	64,424	66,548	3.53%	68,897	2,349	199
FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change²
Combined Forecast	66,548	68,897	3.88%	71,569	2,672	224
FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change²
Combined Forecast	68,897	71,569	3.76%	74,263	2,694	225

¹ Bold denotes trend selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Individuals to 59 with Disabilities (AND/AB): Trend Selections

FY 2015-16: 3.53%
FY 2016-17: 3.88%
FY 2017-18: 3.76%

Individuals to 59 with Disabilities (AND/AB): Justifications

- Average monthly caseload in FY 2014-15 for AND/AB was 66,548, which was 273, or 0.41%, under what was forecasted in February 2015. The Department has selected models separately for the age group 0-18 and the age group 19-59. See below for more details.
- HB 05-1262 expanded the number of children that can be enrolled in the Children's Home- and Community-Based Service (HCBS) Waiver Program and the Children's Extensive Support (CES) Waiver Program. The original expansion was 527 slots, which began to be filled in FY 2005-06. During the March 13, 2006 Figure Setting, the number of expansion slots funded under the Tobacco Tax bill was increased by 200 in the Children's HCBS Waiver Program and 30 in the CES Waiver Program. The Department received approval for the additional expansions from the Centers for Medicare and Medicaid Services in December 2006. All new expansion slots were filled by FY 2007-08.
- This population has historically been stable, having increased by approximately 5,000 clients between FY 1998-99 and FY 2007-08, or an average of 0.8% per year. However, growth rates in this population have increased significantly in the last four fiscal years, with caseload in HCBS waivers showing strong growth. In addition, over the last four years, the number of individuals eligible for Medicaid due to receipt of SSI has represented most of the growth in this eligibility group. The Department believes that this may be related to economic conditions in that individuals with work-limiting disabilities who were employed prior to the recession and have exhausted their federally-extended unemployment benefits may now be applying for Supplemental Security Income (SSI) if they cannot find work. Data for FY 2011-12 indicate that approximately 68.8% of this eligibility type were automatically eligible for Medicaid due to their receipt of Supplemental Security Income (SSI). Additionally, 32.7% of this population were dual eligibles in FY 2011-12 and 28.5% were enrolled in Home- and Community-Based (HCBS) waivers. Enrollment in waivers has increased by an average of 4.3% per year for the last three years. (Source: MARS 474701 report)

Individuals with Disabilities to age 59: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	63,540	-	-
Jul-13	63,919	379	0.60%
Aug-13	64,281	362	0.57%
Sep-13	64,309	28	0.04%
Oct-13	64,151	(158)	-0.25%
Nov-13	64,396	245	0.38%
Dec-13	64,478	82	0.13%
Jan-14	64,838	360	0.56%
Feb-14	64,798	(40)	-0.06%
Mar-14	64,312	(486)	-0.75%
Apr-14	64,148	(164)	-0.26%
May-14	64,492	344	0.54%
Jun-14	64,968	476	0.74%
Jul-14	65,459	491	0.76%
Aug-14	65,785	326	0.50%
Sep-14	66,054	269	0.41%
Oct-14	66,009	(45)	-0.07%
Nov-14	66,343	334	0.51%
Dec-14	66,441	98	0.15%
Jan-15	66,758	317	0.48%
Feb-15	66,651	(107)	-0.16%
Mar-15	66,974	323	0.48%
Apr-15	67,110	136	0.20%
May-15	67,261	151	0.23%
Jun-15	67,726	465	0.69%

	Caseload	% Change	Level Change
FY 2002-03	46,647	-	-
FY 2003-04	46,789	0.30%	142
FY 2004-05	47,929	2.44%	1,140
FY 2005-06	47,855	-0.15%	(74)
FY 2006-07	48,799	1.97%	944
FY 2007-08	49,933	2.32%	1,134
FY 2008-09	51,355	2.85%	1,422
FY 2009-10	53,264	3.72%	1,909
FY 2010-11	56,285	5.67%	3,021
FY 2011-12	59,434	5.59%	3,149
FY 2012-13	61,920	4.18%	2,486
FY 2013-14	64,424	4.04%	2,504
FY 2014-15	66,548	3.30%	2,124
FY 2015-16	68,897	3.53%	2,349
FY 2016-17	71,569	3.88%	2,672
FY 2017-18	74,263	3.76%	2,694

February 2015 Projection			
FY 2013-14	64,424	4.04%	2,504
FY 2014-15	66,821	3.72%	2,397
FY 2015-16	69,501	4.01%	2,680
FY 2016-17	72,149	3.81%	2,648

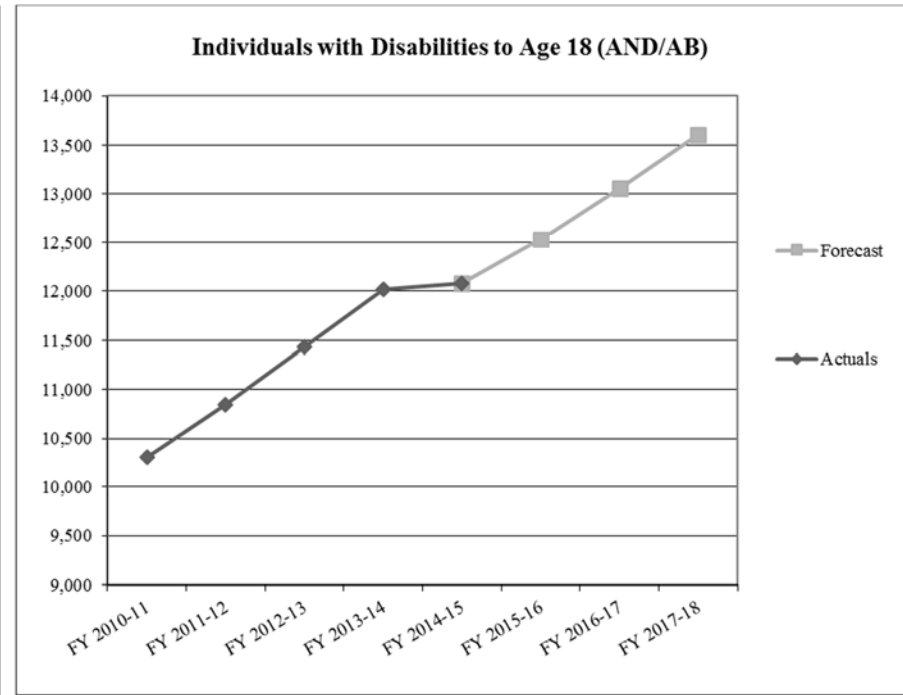
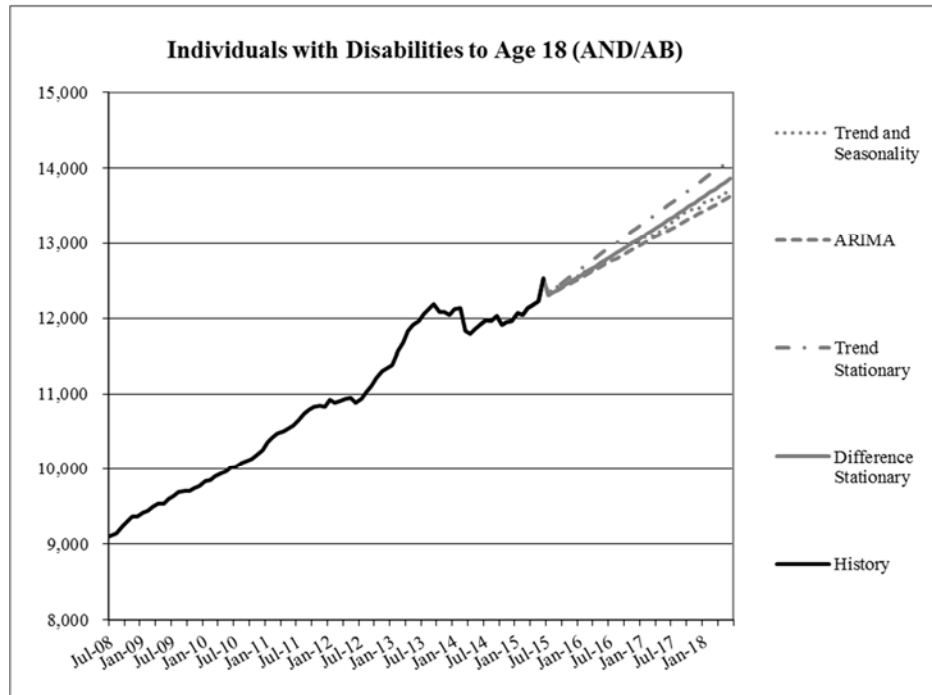
Actuals		
	Monthly Change	% Change
6-month average	214	0.32%
12-month average	230	0.35%
18-month average	180	0.27%
24-month average	174	0.27%

Monthly Average Growth Comparisons		
February 2015 Forecast	284	0.43%
FY 2014-15 Actuals	230	0.32%
FY 2014-15 1st Half	246	0.37%
FY 2014-15 2nd Half	214	0.25%
FY 2015-16 Forecast	199	0.29%
February 2015 Forecast	173	0.25%
FY 2016-17 Forecast	224	0.31%

February 2015 Forecast	
Forecasted June 2015 Level	68,378

Base trend from June 2015 level			
FY 2015-16	67,726	1.77%	1,178

Individuals to 59 with Disabilities (AND/AB), Age 0 to 18: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend and Seasonality	AND/AB to 18	Constant, trend, seasonal dummy variables	13.79	13.44	0.9702
ARIMA	d(AND/AB to 18)	Constant, AR(1) MA(1)	11.05	10.97	0.0371
Trend Stationary	log(AND/AB to 18)	Constant, trend, 2 lags on the dependent variable	-7.60	-7.71	0.9975
Difference Stationary	dlog (AND/AB to 18)	Constant, 1 lag on the dependent variable	-7.68	-7.73	0.0316

Individuals with Disabilities to Age 18: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	12,019	12,079	3.89%	12,549	470	20
ARIMA	12,019	12,079	3.58%	12,511	432	16
Trend Stationary	12,019	12,079	4.45%	12,617	538	31
Difference Stationary	12,019	12,079	3.80%	12,538	459	20

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	12,079	12,549	3.85%	13,032	483	40
ARIMA	12,079	12,511	3.64%	12,966	455	38
Trend Stationary	12,079	12,617	4.89%	13,234	617	51
Difference Stationary	12,079	12,538	4.19%	13,063	525	45

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	12,549	13,032	3.70%	13,514	482	40
ARIMA	12,511	12,966	3.49%	13,419	453	38
Trend Stationary	12,617	13,234	4.58%	13,840	606	51
Difference Stationary	12,538	13,063	4.19%	13,610	547	46

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Individuals to 59 with Disabilities (AND/AB), Age 0 to 18: Trend Selections

FY 2015-16: 3.80%

FY 2016-17: 4.19%

FY 2017-18: 4.19%

Individuals to 59 with Disabilities (AND/AB), Age 0 to 18: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with two age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

Individuals with Disabilities to Age 18: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	11,958	-	-
Jul-13	12,059	101	0.84%
Aug-13	12,119	60	0.50%
Sep-13	12,184	65	0.54%
Oct-13	12,081	(103)	-0.85%
Nov-13	12,084	3	0.02%
Dec-13	12,035	(49)	-0.41%
Jan-14	12,125	90	0.75%
Feb-14	12,135	10	0.08%
Mar-14	11,830	(305)	-2.51%
Apr-14	11,797	(33)	-0.28%
May-14	11,862	65	0.55%
Jun-14	11,919	57	0.48%
Jul-14	11,976	57	0.48%
Aug-14	11,963	(13)	-0.11%
Sep-14	12,022	59	0.49%
Oct-14	11,909	(113)	-0.94%
Nov-14	11,955	46	0.39%
Dec-14	11,966	11	0.09%
Jan-15	12,061	95	0.79%
Feb-15	12,045	(16)	-0.13%
Mar-15	12,133	88	0.73%
Apr-15	12,172	39	0.32%
May-15	12,219	47	0.39%
Jun-15	12,531	312	2.55%

	Caseload	% Change	Level Change
FY 2007-08	9,019	-	-
FY 2008-09	9,375	3.95%	356
FY 2009-10	9,812	4.66%	437
FY 2010-11	10,308	5.06%	496
FY 2011-12	10,848	5.24%	540
FY 2012-13	11,436	5.42%	588
FY 2013-14	12,019	5.10%	583
FY 2014-15	12,079	0.50%	60
FY 2015-16	12,538	3.80%	459
FY 2016-17	13,063	4.19%	525
FY 2017-18	13,610	4.19%	547

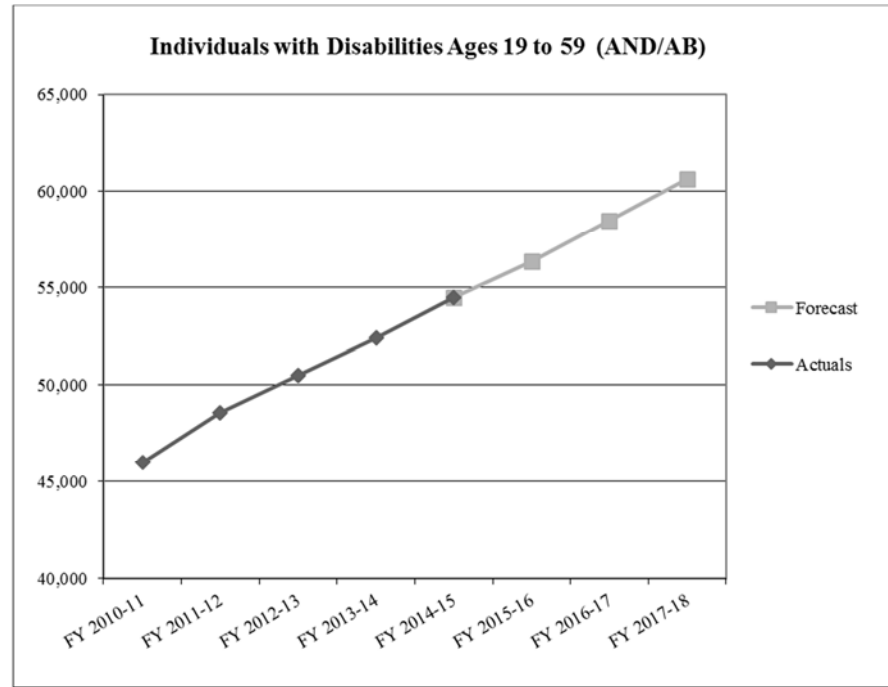
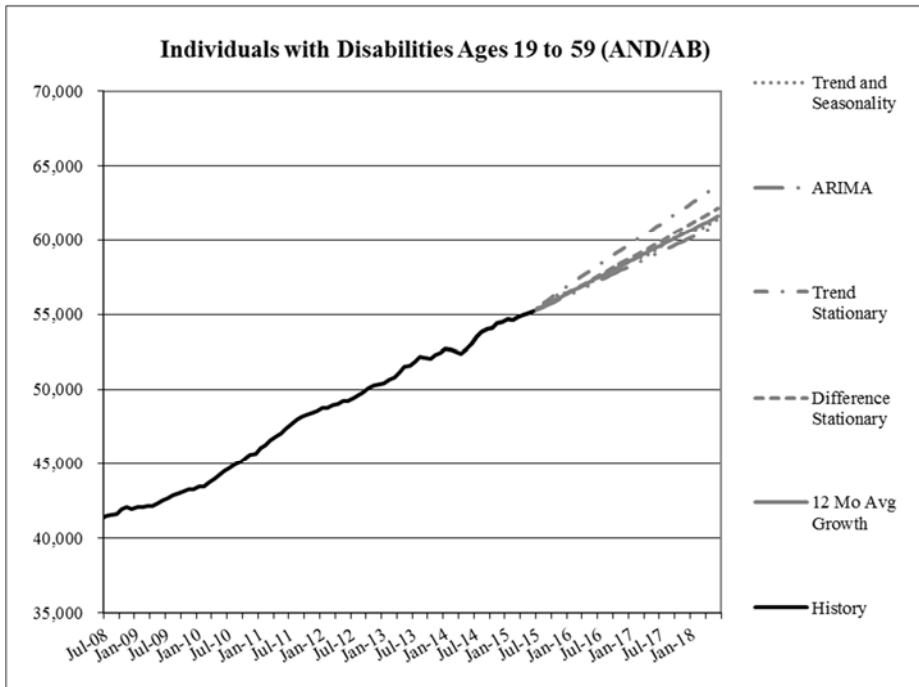
Actuals		
	Monthly Change	% Change
6-month average	94	0.78%
12-month average	51	0.42%
18-month average	28	0.23%
24-month average	24	0.20%

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	51	0.23%
FY 2014-15 1st Half	8	0.07%
FY 2014-15 2nd Half	94	0.42%
FY 2015-16 Forecast	20	0.16%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	45	0.34%

February 2015 Forecast	
Forecasted June 2015 Level	NA

Base trend from June 2015 level			
FY 2015-16	12,531	3.74%	452

Individuals to 59 with Disabilities (AND/AB), Age 19 to 59: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend and Seasonality	AND/AB 19 to 59	Constant, trend, seasonal dummy variables	13.79	13.44	0.9702
ARIMA	d(AND/AB 19 to 59)	Constant, AR(1) MA(1)	11.05	10.97	0.0371
Trend Stationary	log(AND/AB 19 to 59)	Constant, trend, 2 lags on the dependent variable	-7.60	-7.71	0.9975
Difference Stationary	dlog(AND/AB 19 to 59)	Constant, 1 lag on the dependent variable	-7.68	-7.73	0.0316
12 Mo Avg Growth	NA	NA	NA	NA	NA

Individuals with Disabilities Ages 19 to 59: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	52,405	54,469	3.61%	56,435	1,966	175
ARIMA	52,405	54,469	3.22%	56,223	1,754	160
Trend Stationary	52,405	54,469	4.34%	56,833	2,364	245
Difference Stationary	52,405	54,469	3.55%	56,403	1,934	187
12 Mo Avg Growth	52,405	54,469	3.47%	56,359	1,890	179

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	54,469	56,435	3.65%	58,495	2,060	172
ARIMA	54,469	56,223	3.48%	58,180	1,957	163
Trend Stationary	54,469	56,833	4.95%	59,646	2,813	231
Difference Stationary	54,469	56,403	4.06%	58,693	2,290	194
12 Mo Avg Growth	54,469	56,359	3.81%	58,506	2,147	179

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	56,435	58,495	3.53%	60,560	2,065	172
ARIMA	56,223	58,180	3.37%	60,141	1,961	163
Trend Stationary	56,833	59,646	4.67%	62,431	2,785	234
Difference Stationary	56,403	58,693	4.06%	61,076	2,383	202
12 Mo Avg Growth	56,359	58,506	3.67%	60,653	2,147	179

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Individuals to 59 with Disabilities (AND/AB), Age 19 to 59: Trend Selections

FY 2015-16: 3.53%

FY 2016-17: 3.88%

FY 2017-18: 3.76%

Individuals to 59 with Disabilities (AND/AB), Age 19 to 59: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with two age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

Individuals with Disabilities Ages 19 to 59: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	51,582	-	-
Jul-13	51,860	278	0.54%
Aug-13	52,162	302	0.58%
Sep-13	52,125	(37)	-0.07%
Oct-13	52,070	(55)	-0.11%
Nov-13	52,312	242	0.46%
Dec-13	52,443	131	0.25%
Jan-14	52,713	270	0.51%
Feb-14	52,663	(50)	-0.09%
Mar-14	52,482	(181)	-0.34%
Apr-14	52,351	(131)	-0.25%
May-14	52,630	279	0.53%
Jun-14	53,049	419	0.80%
Jul-14	53,483	434	0.82%
Aug-14	53,822	339	0.63%
Sep-14	54,032	210	0.39%
Oct-14	54,100	68	0.13%
Nov-14	54,388	288	0.53%
Dec-14	54,475	87	0.16%
Jan-15	54,697	222	0.41%
Feb-15	54,606	(91)	-0.17%
Mar-15	54,841	235	0.43%
Apr-15	54,938	97	0.18%
May-15	55,042	104	0.19%
Jun-15	55,195	153	0.28%

	Caseload	% Change	Level Change
FY 2007-08	40,914	-	-
FY 2008-09	41,980	2.61%	1,066
FY 2009-10	43,452	3.51%	1,472
FY 2010-11	45,977	5.81%	2,525
FY 2011-12	48,586	5.67%	2,609
FY 2012-13	50,484	3.91%	1,898
FY 2013-14	52,405	3.81%	1,921
FY 2014-15	54,469	3.94%	2,064
FY 2015-16	56,359	3.47%	1,890
FY 2016-17	58,506	3.81%	2,147
FY 2017-18	60,653	3.67%	2,147

Actuals		
	Monthly Change	% Change
6-month average	120	0.22%
12-month average	179	0.33%
18-month average	153	0.29%
24-month average	151	0.28%

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	179	0.34%
FY 2014-15 1st Half	238	0.44%
FY 2014-15 2nd Half	120	0.21%
FY 2015-16 Forecast	179	0.32%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	179	0.31%

February 2015 Forecast	
Forecasted June 2015 Level	NA

Base trend from June 2015 level			
FY 2015-16	55,195	1.33%	726

Working Adults and Children with Disabilities – Buy-In

HB 09-1293 (Colorado Health Care Affordability Act) establishes the Buy-In Program for Individuals with Disabilities, which will allow individuals to pay a premium to purchase Medicaid coverage if they are over income or are otherwise ineligible for Medicaid. The Buy-In Program for Working Adults with Disabilities was implemented on March 1, 2012 and allows eligible clients age 16 to 65 with income up to 450% of the federal poverty level that have a qualifying disability and are working to receive Medicaid by paying a monthly premium based on their income. The Buy-In Program for Disabled Children was implemented on July 1, 2012. This program allows children under age 19 with a qualifying disability and family income up to 300% of the federal poverty level to receive Medicaid by paying a monthly premium based on their family income.

25.5-5-206 (1), C.R.S.

(a) Subject to available appropriations, the state department is authorized to seek federal authorization to and to establish a Medicaid buy-in program or programs for:

(I) Disabled children; or

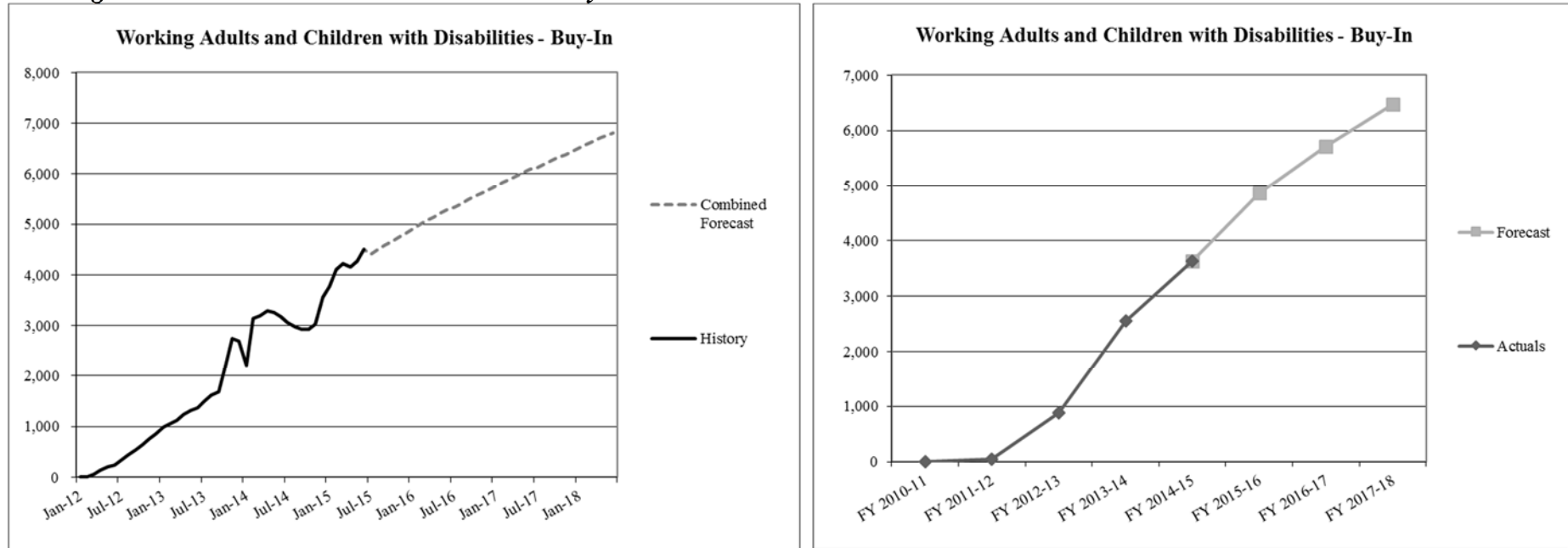
(II) Disabled adults who do not qualify for the Medicaid buy-in program established pursuant to part 14 of article 6 of this title.

(b) The Medicaid buy-in program or programs established pursuant to paragraph (a) of this subsection (1) may provide for premium and cost-sharing charges on a sliding fee scale based upon a family's income.

25.5-5-206 (2), C.R.S.

The state board shall promulgate rules consistent with any federal authorization to implement and administer the Medicaid buy-in program or programs established pursuant to paragraph (a) of subsection (1) of this section.

Working Adults and Children with Disabilities – Buy-In: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Combined Forecast	OAP-A	Constant, trend, and monthly seasonal variables	10.97	10.40	0.9005

Working Adults and Children with Disabilities - Buy-In: Model Results¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Combined Forecast	2,560	3,627	33.97%	4,859	1,232	64

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Combined Forecast	3,627	4,859	17.74%	5,721	862	68

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Combined Forecast	4,859	5,721	13.28%	6,482	761	60

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Working Adults and Children with Disabilities – Buy-In: Trend Selections

FY 2015-16: 33.97%
 FY 2016-17: 17.74%
 FY 2017-18: 13.30%

Working Adults and Children with Disabilities – Buy-In: Justifications

- Average monthly caseload in FY 2014-15 for Working Adults and Children with Disabilities – Buy-In was 3,627, which was 202 clients, or 5.90%, over what was forecasted in February 2015. The Department has selected models separately for working adults and children. See below for more details.
- HB 09-1293 established the Buy-In Program for Working Adults with Disabilities beginning March 1, 2012 and for Disabled Children July 1, 2012. This program allows individuals to pay a premium to purchase Medicaid coverage if they are over income or are otherwise ineligible for Medicaid.

Working Adults and Children with Disabilities - Buy-In: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	1,368	-	-
Jul-13	1,494	126	9.21%
Aug-13	1,616	122	8.17%
Sep-13	1,692	76	4.70%
Oct-13	2,200	508	30.02%
Nov-13	2,749	549	24.95%
Dec-13	2,690	(59)	-2.15%
Jan-14	2,217	(473)	-17.58%
Feb-14	3,146	929	41.90%
Mar-14	3,188	42	1.34%
Apr-14	3,288	100	3.14%
May-14	3,257	(31)	-0.94%
Jun-14	3,186	(71)	-2.18%
Jul-14	3,065	(121)	-3.80%
Aug-14	2,971	(94)	-3.07%
Sep-14	2,925	(46)	-1.55%
Oct-14	2,927	2	0.07%
Nov-14	3,023	96	3.28%
Dec-14	3,556	533	17.63%
Jan-15	3,772	216	6.07%
Feb-15	4,112	340	9.01%
Mar-15	4,226	114	2.77%
Apr-15	4,161	(65)	-1.54%
May-15	4,279	118	2.84%
Jun-15	4,509	230	5.38%

	Caseload	% Change	Level Change
FY 2002-03	-	-	-
FY 2003-04	-	-	-
FY 2004-05	-	-	-
FY 2005-06	-	-	-
FY 2006-07	-	-	-
FY 2007-08	-	-	-
FY 2008-09	-	-	-
FY 2009-10	-	-	-
FY 2010-11	-	-	-
FY 2011-12	52	100.00%	52
FY 2012-13	888	1607.69%	836
FY 2013-14	2,560	188.29%	1,672
FY 2014-15	3,627	41.68%	1,067
FY 2015-16	4,859	33.97%	1,232
FY 2016-17	5,721	17.74%	862
FY 2017-18	6,482	13.30%	761

February 2015 Projection			
FY 2013-14	2,560	188.29%	1,672
FY 2014-15	3,425	33.78%	865
FY 2015-16	4,327	26.34%	902
FY 2016-17	5,067	17.10%	740

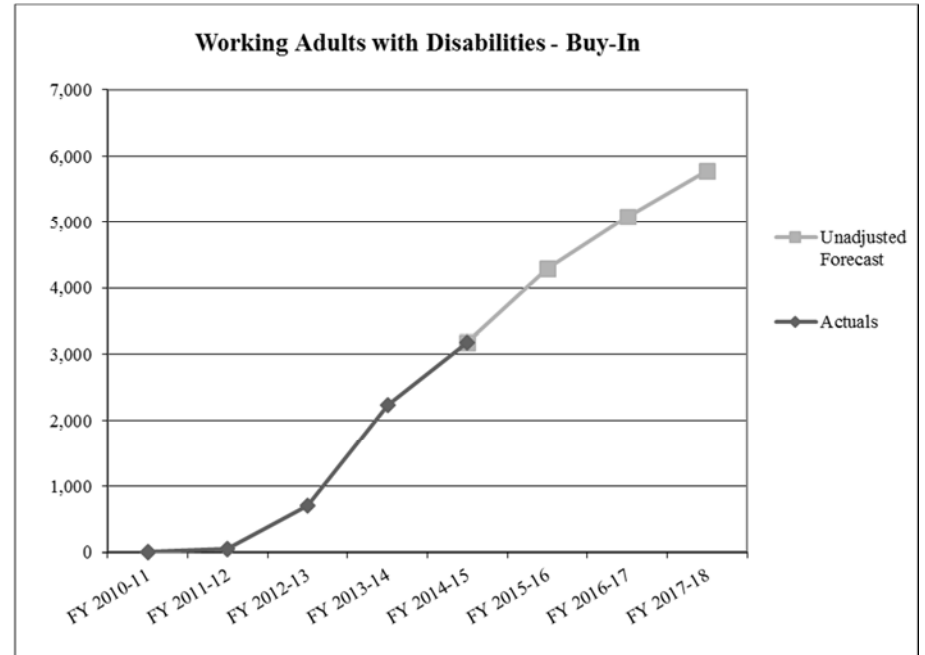
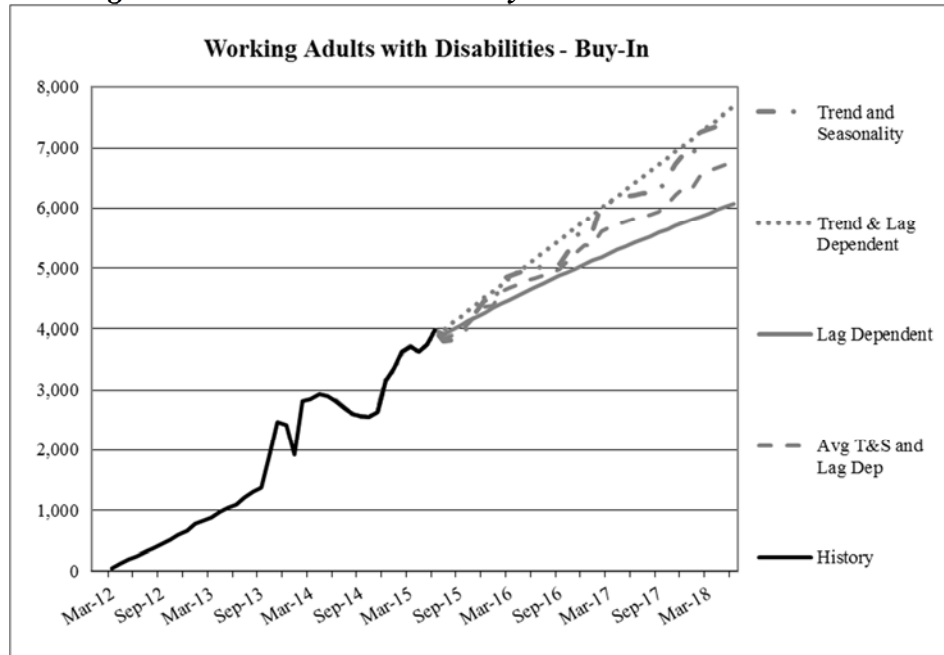
Actuals		
	Monthly Change	% Change
6-month average	159	4.09%
12-month average	110	3.09%
18-month average	101	3.49%
24-month average	131	5.74%

Monthly Average Growth Comparisons		
February 2015 Forecast	62	1.88%
FY 2014-15 Actuals	110	2.88%
FY 2014-15 1st Half	62	2.09%
FY 2014-15 2nd Half	159	3.83%
FY 2015-16 Forecast	64	1.33%
February 2015 Forecast	62	1.45%
FY 2016-17 Forecast	68	1.20%

February 2015 Forecast	
Forecasted June 2015 Level	3,926

Base trend from June 2015 level			
FY 2015-16	4,509	24.32%	882

Working Adults with Disabilities – Buy-In: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend and Seasonality	DBI-Adults	Constant, trend, seasonal dummy variables	10.97	10.40	0.9005
Trend & Lag Dependent	DBI-Adults	Constant, trend, 1 lag on the dependent variable	8.56	8.43	0.9802
Lag Dependent	DBI-Adults	Constant, 1 lag on the dependent variable	8.61	8.52	0.9777
Avg T&S and Lag Dep	DBI-Adults	NA	NA	NA	NA

Working Adults with Disabilities - Buy-In: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	2,243	3,189	39.17%	4,438	1,249	85
Trend & Lag Dependent	2,243	3,189	43.15%	4,565	1,376	98
Lag Dependent	2,243	3,189	34.78%	4,298	1,109	59
Avg T&S and Lag Dep	2,243	3,189	36.97%	4,368	1,179	72

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	3,189	4,438	27.47%	5,657	1,219	102
Trend & Lag Dependent	3,189	4,565	27.73%	5,831	1,266	105
Lag Dependent	3,189	4,298	18.31%	5,085	787	62
Avg T&S and Lag Dep	3,189	4,368	22.96%	5,371	1,003	82

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	4,438	5,657	21.57%	6,877	1,220	102
Trend & Lag Dependent	4,565	5,831	21.64%	7,093	1,262	105
Lag Dependent	4,298	5,085	13.59%	5,776	691	54
Avg T&S and Lag Dep	4,368	5,371	17.78%	6,326	955	78

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Working Adults with Disabilities – Buy-In: Trend Selections

FY 2015-16: 34.78%

FY 2016-17: 18.31%

FY 2017-18: 13.59%

Working Adults with Disabilities – Buy-In: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these categories at that time.

Working Adults with Disabilities - Buy-In: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	1,087	-	-
Jul-13	1,204	117	10.76%
Aug-13	1,306	102	8.47%
Sep-13	1,372	66	5.05%
Oct-13	1,905	533	38.85%
Nov-13	2,476	571	29.97%
Dec-13	2,413	(63)	-2.54%
Jan-14	1,917	(496)	-20.56%
Feb-14	2,815	898	46.84%
Mar-14	2,848	33	1.17%
Apr-14	2,936	88	3.09%
May-14	2,904	(32)	-1.09%
Jun-14	2,823	(81)	-2.79%
Jul-14	2,708	(115)	-4.07%
Aug-14	2,607	(101)	-3.73%
Sep-14	2,566	(41)	-1.57%
Oct-14	2,558	(8)	-0.31%
Nov-14	2,640	82	3.21%
Dec-14	3,155	515	19.51%
Jan-15	3,342	187	5.93%
Feb-15	3,623	281	8.41%
Mar-15	3,718	95	2.62%
Apr-15	3,630	(88)	-2.37%
May-15	3,755	125	3.44%
Jun-15	3,973	218	5.81%

	Caseload	% Change	Level Change
FY 2002-03	-	-	-
FY 2003-04	-	-	-
FY 2004-05	-	-	-
FY 2005-06	-	-	-
FY 2006-07	-	-	-
FY 2007-08	-	-	-
FY 2008-09	-	-	-
FY 2009-10	-	-	-
FY 2010-11	-	-	-
FY 2011-12	52	100.00%	52
FY 2012-13	707	1259.62%	655
FY 2013-14	2,243	217.26%	1,536
FY 2014-15	3,189	42.18%	946
FY 2015-16	4,298	34.78%	1,109
FY 2016-17	5,085	18.31%	787
FY 2017-18	5,776	13.59%	691

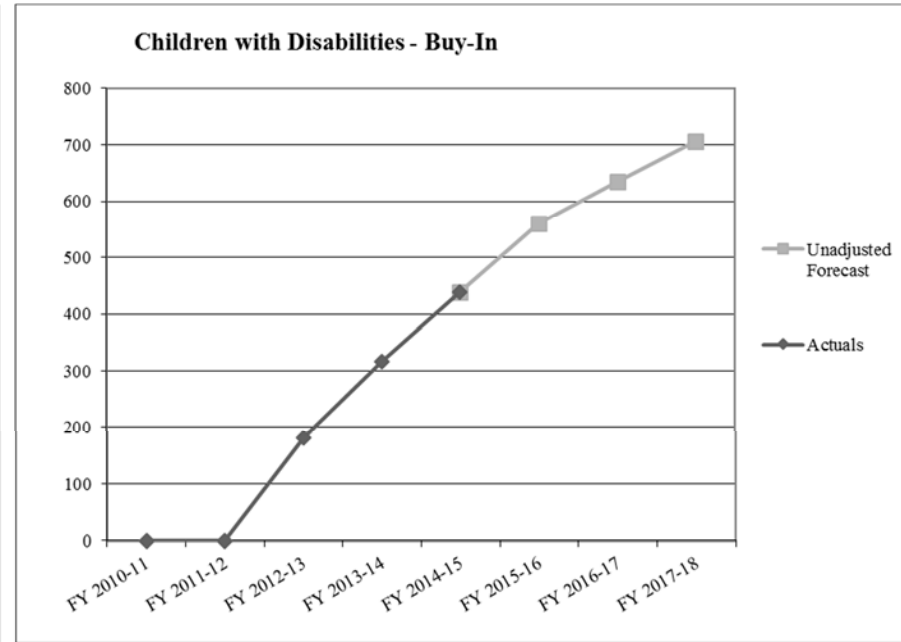
Actuals		
	Monthly Change	% Change
6-month average	136	3.97%
12-month average	96	3.07%
18-month average	87	3.53%
24-month average	120	6.42%

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	96	2.82%
FY 2014-15 1st Half	55	2.17%
FY 2014-15 2nd Half	136	3.61%
FY 2015-16 Forecast	59	1.37%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	62	1.23%

February 2015 Forecast	
Forecasted June 2015 Level	N/A

Base trend from June 2015 level			
FY 2015-16	3,973	24.58%	784

Children with Disabilities – Buy-In: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend and Seasonality	DBI-Children	Constant, trend, seasonal dummy variables	10.97	10.40	0.9005
Trend & Lag Dependent	DBI-Children	Constant, trend, 1 lag on the dependent variable	8.56	8.43	0.9802
Lag Dependent	DBI-Children	Constant, 1 lag on the dependent variable	8.61	8.52	0.9777
Avg T&S and Lag Dep	DBI-Children	NA	NA	NA	NA

Children with Disabilities - Buy-In: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	317	438	31.74%	577	139	10
Trend & Lag Dependent	317	438	29.45%	567	129	6
Lag Dependent	317	438	24.43%	545	107	2
Avg T&S and Lag Dep	317	438	28.08%	561	123	6

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	438	577	22.18%	705	128	11
Trend & Lag Dependent	438	567	18.34%	671	104	9
Lag Dependent	438	545	4.04%	567	22	1
Avg T&S and Lag Dep	438	561	13.37%	636	75	6

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend and Seasonality	577	705	18.01%	832	127	11
Trend & Lag Dependent	567	671	16.54%	782	111	9
Lag Dependent	545	567	2.12%	579	12	1
Avg T&S and Lag Dep	561	636	11.01%	706	70	6

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Children with Disabilities – Buy-In: Trend Selections

FY 2015-16: 28.08%

FY 2016-17: 13.37%

FY 2017-18: 11.01%

Children with Disabilities – Buy-In: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these categories at that time.

Children with Disabilities - Buy-In: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	281	-	-
Jul-13	290	9	3.20%
Aug-13	310	20	6.90%
Sep-13	320	10	3.23%
Oct-13	295	(25)	-7.81%
Nov-13	273	(22)	-7.46%
Dec-13	277	4	1.47%
Jan-14	300	23	8.30%
Feb-14	331	31	10.33%
Mar-14	340	9	2.72%
Apr-14	352	12	3.53%
May-14	353	1	0.28%
Jun-14	363	10	2.83%
Jul-14	357	(6)	-1.65%
Aug-14	364	7	1.96%
Sep-14	359	(5)	-1.37%
Oct-14	369	10	2.79%
Nov-14	383	14	3.79%
Dec-14	401	18	4.70%
Jan-15	430	29	7.23%
Feb-15	489	59	13.72%
Mar-15	508	19	3.89%
Apr-15	531	23	4.53%
May-15	524	(7)	-1.32%
Jun-15	536	12	2.29%

	Caseload	% Change	Level Change
FY 2002-03	-	-	-
FY 2003-04	-	-	-
FY 2004-05	-	-	-
FY 2005-06	-	-	-
FY 2006-07	-	-	-
FY 2007-08	-	-	-
FY 2008-09	-	-	-
FY 2009-10	-	-	-
FY 2010-11	-	-	-
FY 2011-12	-	-	-
FY 2012-13	181	100.00%	181
FY 2013-14	317	75.14%	136
FY 2014-15	438	38.17%	121
FY 2015-16	561	28.08%	123
FY 2016-17	636	13.37%	75
FY 2017-18	706	11.01%	70

Actuals		
	Monthly Change	% Change
6-month average	23	5.06%
12-month average	14	3.38%
18-month average	14	3.81%
24-month average	11	2.84%

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	14	3.48%
FY 2014-15 1st Half	6	1.70%
FY 2014-15 2nd Half	23	5.61%
FY 2015-16 Forecast	6	1.03%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	6	0.95%

February 2015 Forecast	
Forecasted June 2015 Level	N/A

Base trend from June 2015 level			
FY 2015-16	536	22.37%	98

MAGI Parents/Caretakers to 68% FPL

One of the primary ways that adults qualify for Medicaid is through Section 1931 of the federal Medicaid statute. Under Section 1931, families who were eligible for cash welfare assistance under the Aid to Families with Dependent Children program are still eligible for Medicaid even after the Aid to Families with Dependent Children program was discontinued. Aid to Families with Dependent Children was replaced by the Temporary Assistance for Needy Families program (referred to as Colorado Works) on July 16, 1996. Clients enrolled in the Temporary Assistance for Needy Families program are no longer automatically eligible for Medicaid. Therefore, the MAGI Parents/Caretakers to 68% FPL category includes adults who receive Medicaid under Section 1931 and those families who receive Temporary Aid to Needy Families financial assistance coupled with Medicaid. Also included in this category are adults receiving Transitional Medicaid. Transitional Medicaid is available to adults in families who have received 1931 Medicaid in three of the past six months and become ineligible due to an increase in earned income. Adults may receive Transitional Medicaid benefits for one year. In FY 2011-12, there were an average of 11,171 adults in this program. Although this program has been set to expire many times, it has been renewed regularly, though most recently it was made permanent.

Before 1999, caseload in this category was falling. Decreases in caseload can be attributed to economic expansion and effects of the Personal Responsibility Work and Opportunity Reconciliation Act, known as welfare reform. When welfare reform was instituted in Colorado in 1997, the link between cash assistance for welfare and Medicaid was broken. When the Department implemented this change into the Client Oriented Information Network eligibility data system, it was estimated that 46,006¹² clients had their cases closed in error. In reaction, the Tatum lawsuit was brought against the State. Starting in May 2001, the Department began to reinstate clients who inadvertently lost their Medicaid eligibility. This may help to explain why from 1997 to 1999 caseload fell, and may have contributed to a spike in caseload in FY 2001-02. For a complete explanation of the Tatum lawsuit, see the November 1, 2001 Budget Request, pages A-37 to A-38.

HB 05-1262 (Tobacco Tax bill) allows for expanding Medicaid eligibility to parents of children enrolled in either Medicaid or the Children's Basic Health Plan up to 60% of the federal poverty level (FPL). The increase in the percentage of allowable federal poverty level was implemented on July 1, 2006.

¹² Source: November 1, 2001 Budget Request, page A-37
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25.5-5-101 (1), C.R.S.

- (a) Individuals who meet the eligibility criteria for the aid to families with dependent children program pursuant to rules that were in effect on July 16, 1996;*
- (b) Families who meet the eligibility criteria for the aid to families with dependent children program established in rules that were in effect on July 16, 1996, and who subsequently would have become ineligible under such eligibility criteria because of increased earnings or increased hours of employment whose eligibility is specified for a period of time by the federal government;*
- (c) Qualified pregnant women . . . who meet the income resource requirements of the state's aid to families with dependent children program pursuant to rules that were in effect on July 16, 1996;*

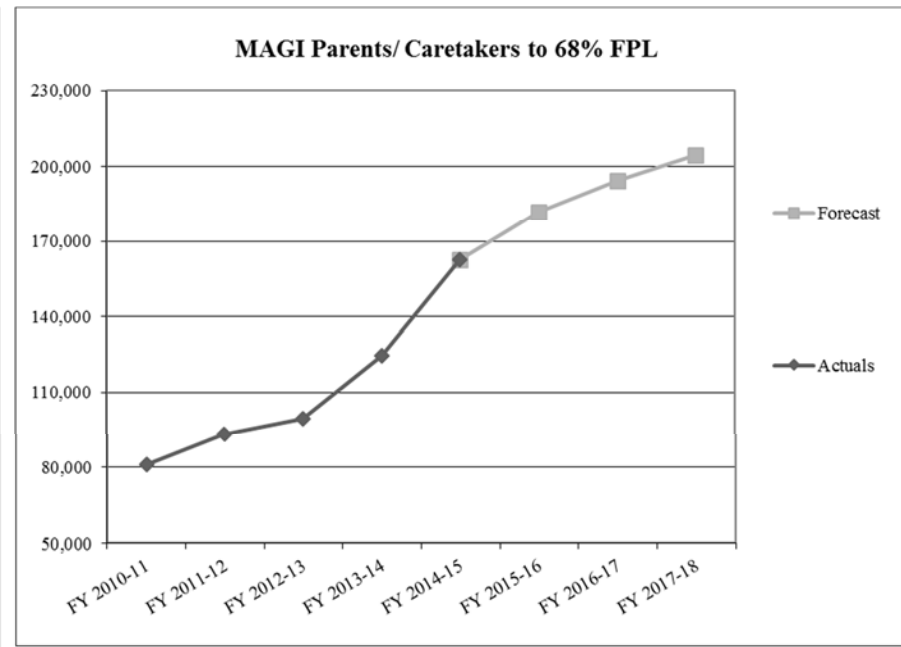
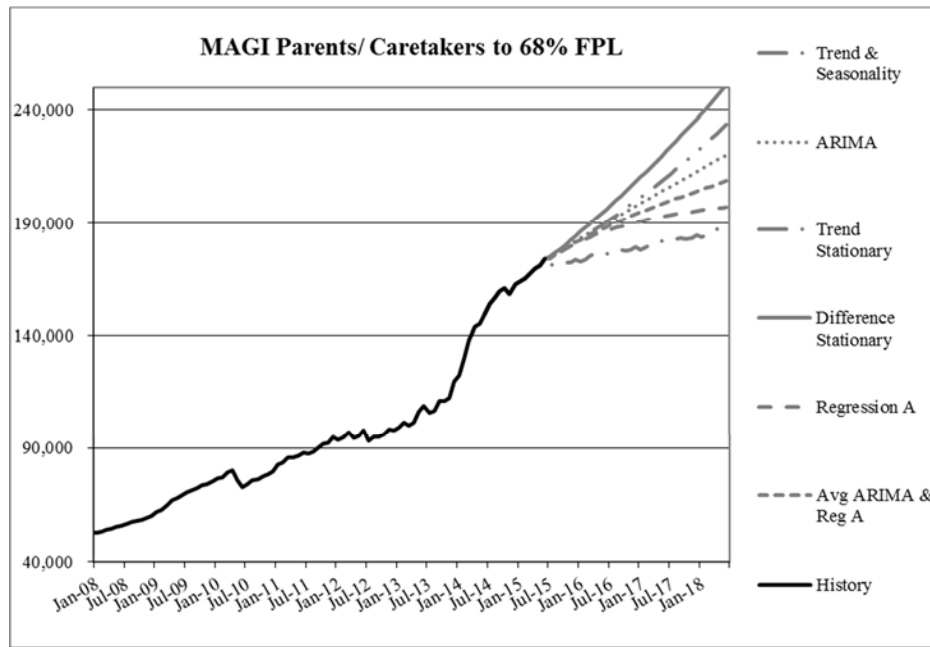
25.5-5-201 (1), C.R.S.

- (a) Individuals who would be eligible for but are not receiving cash assistance;*
- (d) Individuals who would be eligible for aid to families with dependent children if child care were paid from earnings;*
- (h) Persons who are eligible for cash assistance under the works program pursuant to section 26-2-706;*

25.5-5-201 (1), C.R.S.

- (m) (I)(A) Parents of children who are eligible for the medical assistance program or the children's basic health plan, article 8 of this title, whose family income does not exceed a specified percent of the federal poverty level, adjusted for family size, as set by the state board by rule, which percentage shall be not less than one hundred percent;*

MAGI Parents/Caretakers to 68% FPL: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	Caretakers	Constant, trend, Oct 2013 dummy, Jan 2014 dummy, seasonal dummy variables	20.83	20.58	0.9639
ARIMA	d(Caretakers)	Constant, Oct 2013 dummy, AR(3) MA(2)	18.13	17.94	0.2151
Trend Stationary	log(Caretakers)	Constant, trend, 4 lags on the dependent variable	-4.85	-4.95	0.9986
Difference Stationary	dlog(Caretakers)	Constant, 3 lags on the dependent variable	-4.90	-4.96	0.0761
Regression A	Caretakers	Constant, Oct 2013 dummy, unemployment, interaction between Oct 2013 dummy and unemployment, 1 lag on the dependent variable	17.50	17.42	0.9984
Avg ARIMA & Reg A	NA	NA	NA	NA	NA

MAGI Parents/ Caretakers to 68% FPL: Model Results¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	124,680	162,698	6.74%	173,664	10,966	195
ARIMA	124,680	162,698	12.13%	182,433	19,735	1,325
Trend Stationary	124,680	162,698	11.92%	182,092	19,394	1,353
Difference Stationary	124,680	162,698	13.83%	185,199	22,501	1,828
Regression A	124,680	162,698	11.17%	180,871	18,173	1,030
Avg ARIMA & Reg A	124,680	162,698	11.65%	181,652	18,954	1,177

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	162,698	173,664	3.12%	179,082	5,418	452
ARIMA	162,698	182,433	8.68%	198,268	15,835	1,282
Trend Stationary	162,698	182,092	10.33%	200,902	18,810	1,680
Difference Stationary	162,698	185,199	13.24%	209,719	24,520	2,161
Regression A	162,698	180,871	5.26%	190,385	9,514	569
Avg ARIMA & Reg A	162,698	181,652	6.98%	194,331	12,679	925

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	173,664	179,082	3.03%	184,508	5,426	452
ARIMA	182,433	198,268	7.70%	213,535	15,267	1,268
Trend Stationary	182,092	200,902	10.90%	222,800	21,898	1,951
Difference Stationary	185,199	209,719	13.24%	237,486	27,767	2,447
Regression A	180,871	190,385	2.71%	195,544	5,159	335
Avg ARIMA & Reg A	181,652	194,331	5.25%	204,533	10,202	801

¹ Bold denotes trend selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Parents/Caretakers to 68% FPL: Trend Selections

FY 2015-16: 11.65%
FY 2016-17: 6.98%
FY 2017-18: 5.25%

MAGI Parents/Caretakers to 68% FPL: Justifications

- Average monthly caseload in FY 2014-15 for MAGI Parents/Caretakers to 68% FPL was 162,698, which was 987 clients, or 0.60%, under what was forecasted in February 2015. The current trend has been dampened slightly from the February 2015 levels.
- Recent data indicate that economic conditions began improving towards the end of 2012 and current forecasts indicate that this trend should continue. This economic recovery, however, is not projected to have a negative impact on caseload. SB 13-200 Medicaid Expansion was implemented January 2014 and the MAGI conversion was implemented in October 2013. These two factors have changed the population considerably. The Department believes it will see moderate growth continue in FY 2015-16, which will dampen but remain relatively high in the out-years.
- The Department believes that economic conditions are largely responsible for the growth from FY 2008-09 to FY 2011-12, as the seasonally adjusted unemployment rate increased from a low of 3.5% in March 2007 to a high of 9.3% in February 2011 (source: Bureau of Labor Statistics). The unemployment rate has largely exceeded 8.0% since April 2009, and has only recently fallen below that level, in October 2012. Unemployment is projected to continue falling for the next three fiscal years, but a declining caseload is not expected to accompany the improving economy as Medicaid is undergoing an expansionary period.

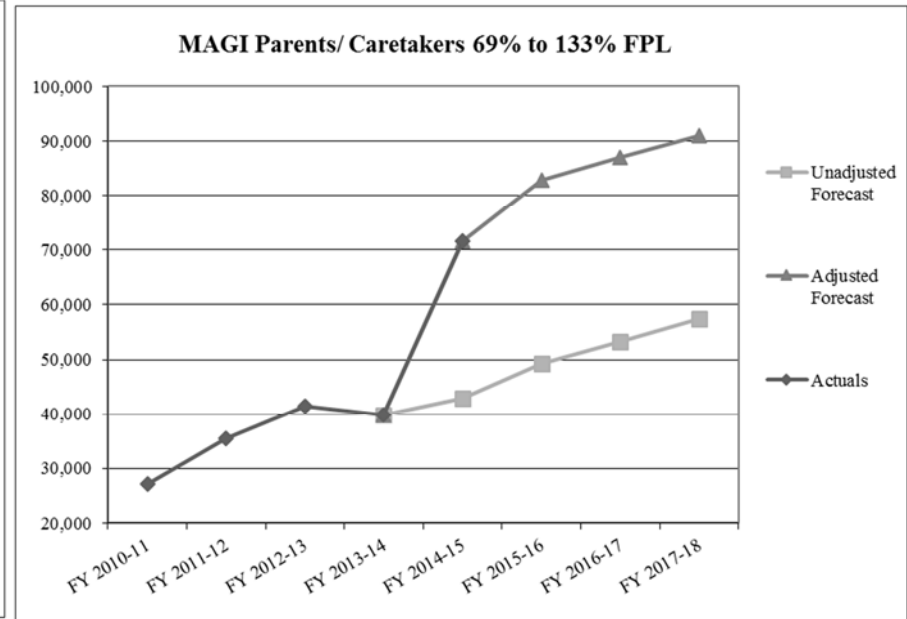
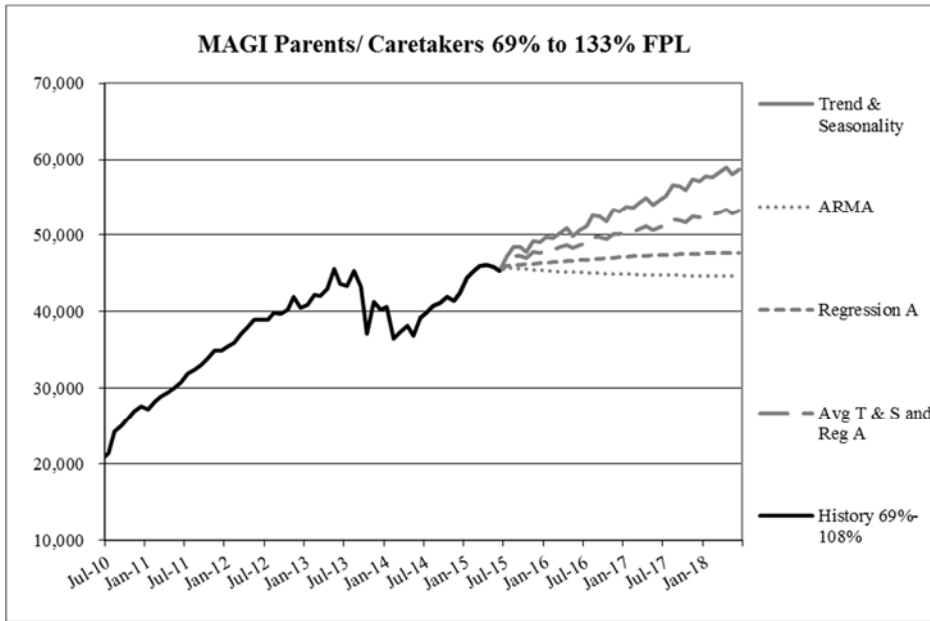
MAGI Parents/Caretakers 69% to 133% FPL

HB 09-1293 (Colorado Health Care Affordability Act) allows for expanding Medicaid eligibility to parents of children enrolled in either Medicaid or the Children's Basic Health Plan up to 100% of the federal poverty level (FPL). The increase in the percentage of allowable federal poverty level was implemented on May 1, 2010. Medicaid Expansion SB 13-200 further expanded this population to 133% and the Department has changed the category Expansion Adults to 100% FPL to MAGI Parents/Caretakers 69% to 133% FPL to track these clients.

25.5-5-201 (1), C.R.S.

(m) Parents and caretaker relatives of children who are eligible for the medical assistance program whose family income does not exceed one hundred thirty-three percent of the federal poverty line, adjusted for family size;

MAGI Parents/Caretakers 69% to 133% FPL: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	Caretakers	Constant, trend, seasonal dummy variables	20.01	19.56	0.6875
ARMA	Caretakers	Constant, AR(1) MA(1)	17.48	17.38	0.9548
Regression A	Caretakers	Constant, unemployment, 1 lag on the dependent variable	17.52	17.42	0.9529
Avg T & S and Reg A	NA	NA	NA	NA	NA

FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	39,938	42,991	14.59%	49,263	6,272	1,404
ARMA	39,938	42,991	5.58%	45,390	2,399	945
Regression A	39,938	42,991	7.82%	46,353	3,362	1,079
Avg T & S and Reg A	39,938	42,991	11.20%	47,806	4,815	1,242

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	42,991	49,263	8.22%	53,312	4,049	337
ARMA	42,991	45,390	-1.03%	44,922	(468)	(27)
Regression A	42,991	46,353	1.64%	47,113	760	54
Avg T & S and Reg A	42,991	47,806	5.03%	50,211	2,405	196

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	49,263	53,312	7.60%	57,364	4,052	337
ARMA	45,390	44,922	-0.51%	44,693	(229)	(13)
Regression A	46,353	47,113	0.98%	47,575	462	28
Avg T & S and Reg A	47,806	50,211	4.49%	52,465	2,254	183

¹ Bold denotes trend selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Parents/Caretakers 69% to 133% FPL: Trend Selections

FY 2015-16: 15.76%

FY 2016-17: 4.89%

FY 2017-18: 4.66%

MAGI Parents/Caretakers 69% to 133% FPL: Justifications and Monthly Projections

- Average monthly caseload in FY 2014-15 for MAGI Parents/Caretakers 69% to 133% FPL was 71,609, which was 709 clients, or 1.00% over what was forecasted in February 2015.

There is one bottom line adjustment for this eligibility, the expansion from 100% FPL to 133% FPL under SB 13-200 Medicaid Expansion. In February 2015, the Department had estimated an average monthly caseload of 32,007 in FY 2014-15 to be attributable to this expansion. The average monthly caseload in FY 2014-15 for clients in this expansion group was 28,618. This bottom-line adjustment has been altered accordingly.

SB 13-200 Medicaid Expansion Actuals	
Jul-14	21,051
Aug-14	22,011
Sep-14	22,748
Oct-14	23,570
Nov-14	25,346
Dec-14	27,899
Jan-15	32,386
Feb-15	33,639
Mar-15	34,114
Apr-15	33,334
May-15	33,540
Jun-15	33,774

MAGI Parents/ Caretakers 69% to 133% FPL: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	43,600	-	-
Jul-13	43,321	(279)	-0.64%
Aug-13	45,336	2,015	4.65%
Sep-13	43,247	(2,089)	-4.61%
Oct-13	37,094	(6,153)	-14.23%
Nov-13	41,332	4,238	11.43%
Dec-13	40,228	(1,104)	-2.67%
Jan-14	40,659	431	1.07%
Feb-14	51,272	10,613	26.10%
Mar-14	53,923	2,651	5.17%
Apr-14	55,524	1,601	2.97%
May-14	54,497	(1,027)	-1.85%
Jun-14	58,549	4,052	7.44%
Jul-14	60,981	2,432	4.15%
Aug-14	62,711	1,730	2.84%
Sep-14	63,847	1,136	1.81%
Oct-14	65,552	1,705	2.67%
Nov-14	66,811	1,259	1.92%
Dec-14	70,288	3,477	5.20%
Jan-15	76,807	6,519	9.27%
Feb-15	78,910	2,103	2.74%
Mar-15	80,068	1,158	1.47%
Apr-15	79,437	(631)	-0.79%
May-15	79,417	(20)	-0.03%
Jun-15	79,036	(381)	-0.48%

February 2015 Forecast		
Forecasted June 2015 Level		81,397

Base trend from June 2015 level			
FY 2015-16	79,036	10.37%	7,427

	Caseload	% Change	Level Change
FY 2002-03	-	-	-
FY 2003-04	-	-	-
FY 2004-05	-	-	-
FY 2005-06	-	-	-
FY 2006-07	-	-	-
FY 2007-08	-	-	-
FY 2008-09	-	-	-
FY 2009-10	3,238	100.00%	3,238
FY 2010-11	27,167	739.01%	23,929
FY 2011-12	35,461	30.53%	8,294
FY 2012-13	41,545	17.16%	6,084
FY 2013-14	39,938	-3.87%	(1,607)
FY 2014-15	42,991	7.64%	3,053
FY 2015-16	49,263	14.59%	6,272
FY 2016-17	53,312	8.22%	4,049
FY 2017-18	57,364	7.60%	4,052

SB 13-200 Expansion Adjustment - Over 108% FPL		
FY 2014-15		28,618
FY 2015-16		33,634
FY 2016-17		33,636
FY 2017-18		33,636

November 2015 Projections After Adjustments			
FY 2014-15	71,609	52.09%	24,527
FY 2015-16	82,897	15.76%	11,288
FY 2016-17	86,948	4.89%	4,051
FY 2017-18	91,000	4.66%	4,052

Actuals		
	Monthly Change	% Change
6-month average	1,458	2.03%
12-month average	1,707	2.57%
18-month average	2,156	3.98%
24-month average	1,477	2.73%

February 2015 Projection Before Adjustments			
FY 2013-14	39,938	-3.87%	(1,606)
FY 2014-15	43,665	9.33%	3,726
FY 2015-16	53,304	22.07%	9,639
FY 2016-17	58,607	9.95%	5,303

SB 13-200 Expansion Adjustment - Over 108% FPL	
FY 2013-14	7,144
FY 2014-15	27,235
FY 2015-16	32,007
FY 2016-17	33,150

February 2015 Projection After Adjustments			
FY 2013-14	47,082	13.33%	5,537
FY 2014-15	70,900	50.59%	23,818
FY 2015-16	85,311	20.33%	14,411
FY 2016-17	91,757	7.56%	6,446

Monthly Average Growth Comparisons		
February 2015 Forecast	1,904	2.79%
FY 2014-15 Actuals	1,707	2.84%
FY 2014-15 1st Half	1,957	3.10%
FY 2014-15 2nd Half	1,458	2.53%
FY 2015-16 Forecast	594	0.72%
February 2015 Forecast	602	0.71%
FY 2016-17 Forecast	121	0.14%

MAGI Adults

HB 09-1293 (Colorado Health Care Affordability Act) authorizes the Department to expand Medicaid eligibility to Adults without Dependent Children (AwDC), now referred to as MAGI Adults, age 19 to 65 who are not eligible for Medicaid or Medicare with income up to 133% of the federal poverty level (FPL). The Department implemented the first stage of this expansion in May 2012, in which enrollment is initially opened to individuals with income up to 10% FPL and enrollment was limited to 10,000.

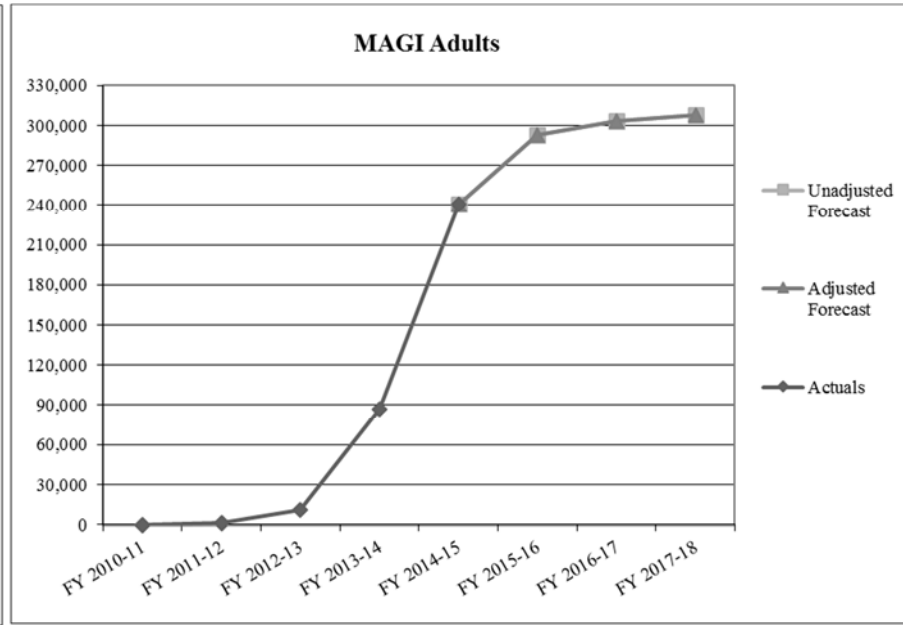
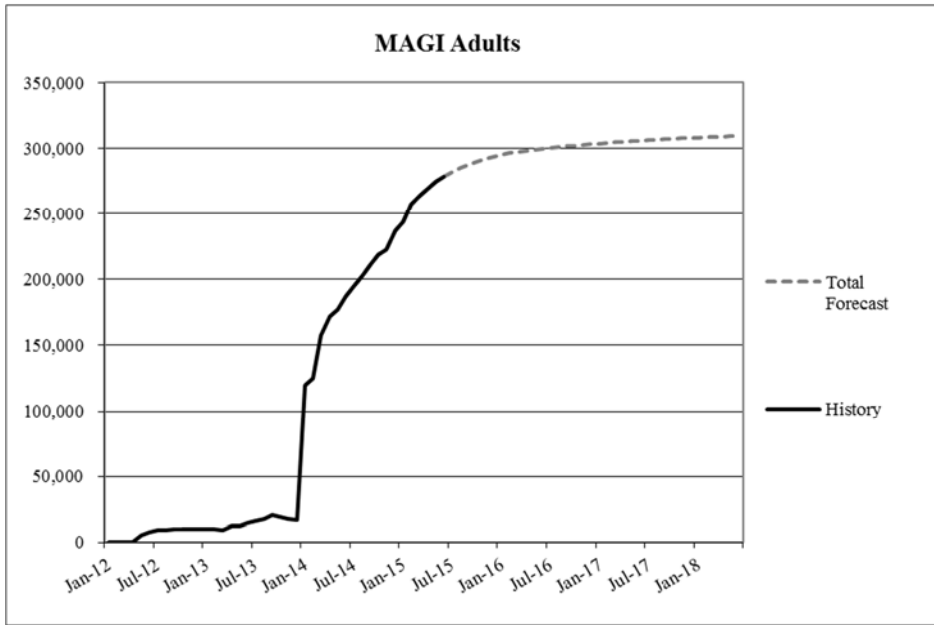
Due to the availability of funding in the FFY 2012-13 Hospital Provider Fee model, the Department is planned to gradually increase the number of MAGI Adults served under 10% FPL in FY 2012-13 and FY 2013-14. The Department intended to enroll an additional 3,000 individuals from the wait list in April 2013, followed by 1,250 additional individuals per month from May through September 2013, setting the enrollment cap at 19,250 clients.

Beginning in January 2014, this enrollment cap was lifted. Aggressive growth has been seen for this eligibility since the implementation of Medicaid expansion.

25.5-5-201 (1), C.R.S.

(p) Subject to federal approval, adults who are childless or without a dependent child in the home, as described in section 1902 (a) (10) (A) (i) (VIII) of the social security act, 42 U.S.C. sec. 1396a, who have attained nineteen years of age but have not attained sixty-five years of age, and whose family income does not exceed one hundred thirty-three percent of the federal poverty line, adjusted for family size;

MAGI Adults: Model Results



MAGI Adults: Model Results¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change²
Combined Forecast	87,243	240,758	21.74%	293,091	52,333	24,956

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change²
Combined Forecast	240,758	293,091	3.50%	303,341	10,250	521

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change²
Combined Forecast	293,091	303,341	1.52%	307,941	4,600	287

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Adults: Trend Selections

FY 2015-16: 21.74%
 FY 2016-17: 3.50%
 FY 2017-18: 1.52%

MAGI Adults: Justifications and Monthly Projections

- Average monthly caseload in FY 2014-15 for MAGI Adults was 240,758, which was 396 clients, or 0.16% above what was forecasted in February 2015. The Department has increased the caseload estimate in FY 2015-16 slightly to account for this, but does believe these growth trends will begin to slow down in FY 2016-17 and FY 2017-18.
- Beginning with the November 2015 forecast, the Department has selected models separately for the age group 19-44 and the age group 45-64. See below for more details.

MAGI Adults: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	14,772	-	-
Jul-13	16,073	1,301	8.81%
Aug-13	17,388	1,315	8.18%
Sep-13	20,951	3,563	20.49%
Oct-13	19,168	(1,783)	-8.51%
Nov-13	17,976	(1,192)	-6.22%
Dec-13	17,092	(884)	-4.92%
Jan-14	120,068	102,976	602.48%
Feb-14	125,369	5,301	4.41%
Mar-14	157,246	31,877	25.43%
Apr-14	171,950	14,704	9.35%
May-14	176,827	4,877	2.84%
Jun-14	186,802	9,975	5.64%
Jul-14	194,454	7,652	4.10%
Aug-14	202,825	8,371	4.30%
Sep-14	210,970	8,145	4.02%
Oct-14	218,403	7,433	3.52%
Nov-14	222,465	4,062	1.86%
Dec-14	237,045	14,580	6.55%
Jan-15	243,528	6,483	2.73%
Feb-15	257,514	13,986	5.74%
Mar-15	264,071	6,557	2.55%
Apr-15	269,243	5,172	1.96%
May-15	274,752	5,509	2.05%
Jun-15	278,815	4,063	1.48%

	Caseload	% Change	Level Change
FY 2002-03	-	-	-
FY 2003-04	-	-	-
FY 2004-05	-	-	-
FY 2005-06	-	-	-
FY 2006-07	-	-	-
FY 2007-08	-	-	-
FY 2008-09	-	-	-
FY 2009-10	-	-	-
FY 2010-11	-	-	-
FY 2011-12	1,134	100.00%	1,134
FY 2012-13	10,634	837.74%	9,500
FY 2013-14	87,243	720.42%	76,609
FY 2014-15	240,758	175.96%	153,515
FY 2015-16	293,091	21.74%	52,333
FY 2016-17	303,341	3.50%	10,250
FY 2017-18	307,941	1.52%	4,600

Actuals		
	Monthly Change	% Change
6-month average	6,962	2.75%
12-month average	7,668	3.41%
18-month average	14,540	38.39%
24-month average	11,002	29.54%

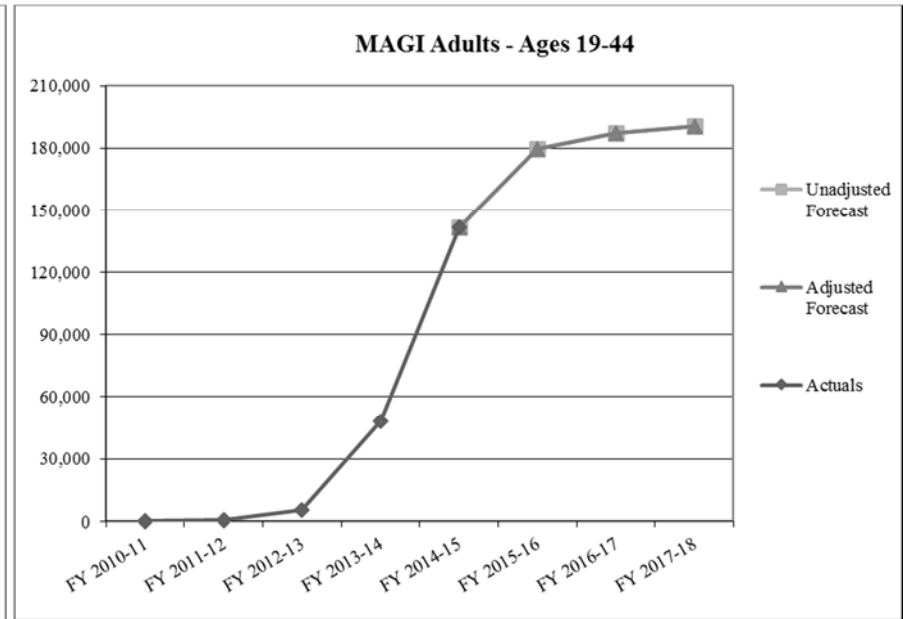
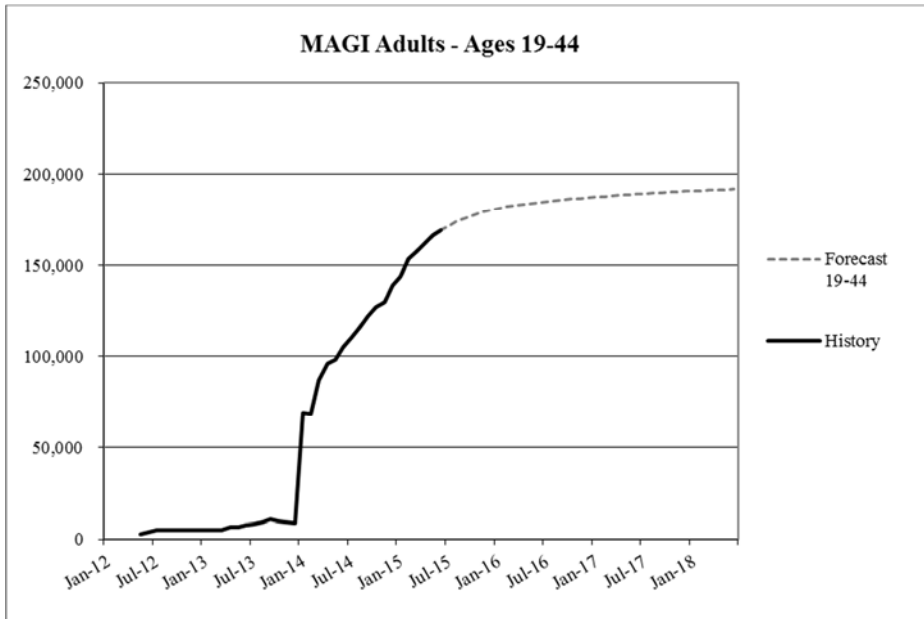
February 2015 Projection			
FY 2013-14	87,243	720.42%	76,609
FY 2014-15	240,362	175.51%	153,119
FY 2015-16	287,239	19.50%	46,877
FY 2016-17	299,107	4.13%	11,868

Monthly Average Growth Comparisons		
February 2015 Forecast	7,437	3.32%
FY 2014-15 Actuals	7,668	3.58%
FY 2014-15 1st Half	8,374	4.06%
FY 2014-15 2nd Half	6,962	3.01%
FY 2015-16 Forecast	1,737	0.60%
February 2015 Forecast	1,464	0.52%
FY 2016-17 Forecast	521	0.17%

February 2015 Forecast	
Forecasted June 2015 Level	276,049

Base trend from June 2015 level			
FY 2015-16	278,815	15.81%	38,057

MAGI Adults, Age 19 to 44: Model Results



MAGI Adults Ages 19-44: Model Results¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change²
Forecast 1	48,325	141,419	27.08%	179,715	38,296	1,285

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change²
Forecast 1	141,419	179,715	4.24%	187,335	7,620	388

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change²
Forecast 1	179,715	187,335	1.83%	190,763	3,428	214

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Adults, Age 19 to 44: Trend Selections

FY 2015-16: 27.08%
 FY 2016-17: 4.24%
 FY 2017-18: 1.83%

MAGI Adults, Age 19 to 44: Justifications and Monthly Projections

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with two age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

MAGI Adults Ages 19-44: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	7,691	-	-
Jul-13	8,331	640	8.32%
Aug-13	8,984	653	7.84%
Sep-13	10,952	1,968	21.91%
Oct-13	9,763	(1,189)	-10.86%
Nov-13	9,087	(676)	-6.92%
Dec-13	8,621	(466)	-5.13%
Jan-14	69,252	60,631	703.29%
Feb-14	68,449	(803)	-1.16%
Mar-14	86,798	18,349	26.81%
Apr-14	95,932	9,134	10.52%
May-14	98,522	2,590	2.70%
Jun-14	105,210	6,688	6.79%
Jul-14	110,448	5,238	4.98%
Aug-14	116,330	5,882	5.33%
Sep-14	122,109	5,779	4.97%
Oct-14	127,210	5,101	4.18%
Nov-14	129,717	2,507	1.97%
Dec-14	138,826	9,109	7.02%
Jan-15	143,662	4,836	3.48%
Feb-15	153,309	9,647	6.72%
Mar-15	158,024	4,715	3.08%
Apr-15	162,053	4,029	2.55%
May-15	166,175	4,122	2.54%
Jun-15	169,162	2,987	1.80%

	Caseload	% Change	Level Change
FY 2002-03	-	-	-
FY 2003-04	-	-	-
FY 2004-05	-	-	-
FY 2005-06	-	-	-
FY 2006-07	-	-	-
FY 2007-08	-	-	-
FY 2008-09	-	-	-
FY 2009-10	-	-	-
FY 2010-11	-	-	-
FY 2011-12	539	100.00%	539
FY 2012-13	5,261	876.07%	4,722
FY 2013-14	48,325	818.55%	43,064
FY 2014-15	141,419	192.64%	93,094
FY 2015-16	179,715	27.08%	38,296
FY 2016-17	187,335	4.24%	7,620
FY 2017-18	190,763	1.83%	3,428

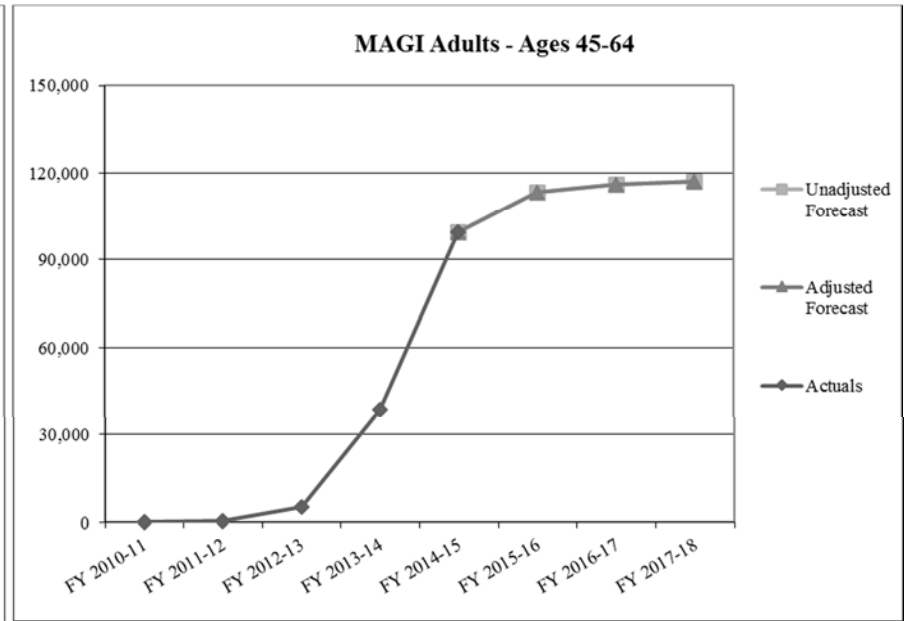
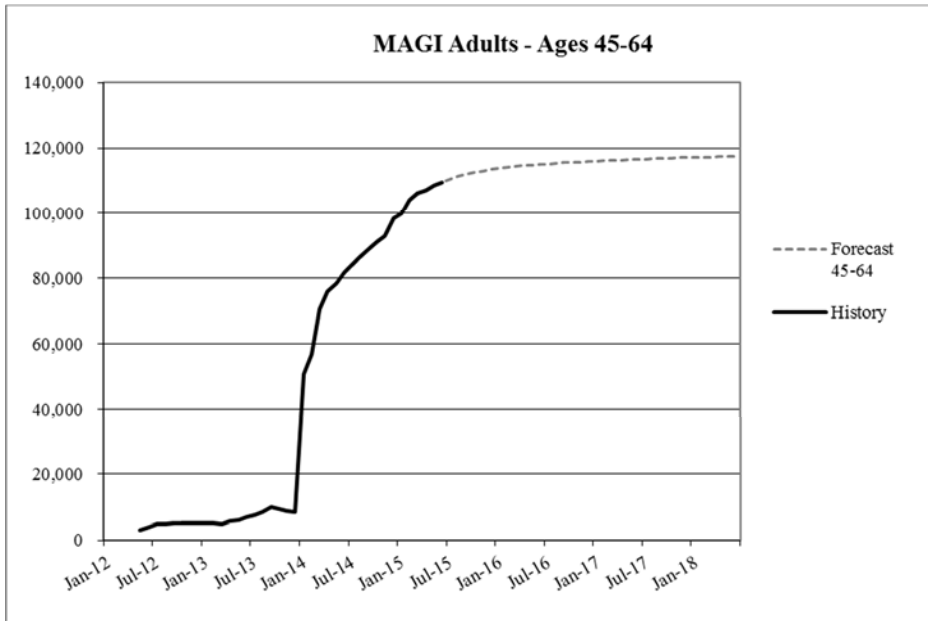
Actuals		
	Monthly Change	% Change
6-month average	5,056	3.36%
12-month average	5,329	4.05%
18-month average	8,919	44.31%
24-month average	6,728	33.86%

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	5,329	4.26%
FY 2014-15 1st Half	5,603	4.74%
FY 2014-15 2nd Half	5,056	3.67%
FY 2015-16 Forecast	1,285	0.73%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	388	0.21%

February 2015 Forecast	
Forecasted June 2015 Level	N/A

Base trend from June 2015 level			
FY 2015-16	169,162	19.62%	27,743

MAGI Adults, Age 45 to 64: Model Results



MAGI Adults Ages 45-64: Model Results¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Forecast 1	38,918	99,339	14.13%	113,376	14,037	(9,138)

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Forecast 1	99,339	113,376	2.32%	116,006	2,630	0

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Forecast 1	113,376	116,006	1.01%	117,178	1,172	0

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Adults, Age 45-64: Trend Selections

FY 2015-16: 14.13%

FY 2016-17: 2.32%

FY 2017-18: 1.01%

MAGI Adults, Age 45-64: Justifications and Monthly Projections

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with two age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

MAGI Adults Ages 45-64: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	7,081	-	-
Jul-13	7,742	661	9.33%
Aug-13	8,404	662	8.55%
Sep-13	9,999	1,595	18.98%
Oct-13	9,405	(594)	-5.94%
Nov-13	8,889	(516)	-5.49%
Dec-13	8,471	(418)	-4.70%
Jan-14	50,816	42,345	499.88%
Feb-14	56,921	6,105	12.01%
Mar-14	70,451	13,530	23.77%
Apr-14	76,021	5,570	7.91%
May-14	78,311	2,290	3.01%
Jun-14	81,603	3,292	4.20%
Jul-14	84,021	2,418	2.96%
Aug-14	86,514	2,493	2.97%
Sep-14	88,861	2,347	2.71%
Oct-14	91,193	2,332	2.62%
Nov-14	92,748	1,555	1.71%
Dec-14	98,219	5,471	5.90%
Jan-15	99,866	1,647	1.68%
Feb-15	104,205	4,339	4.34%
Mar-15	106,047	1,842	1.77%
Apr-15	107,190	1,143	1.08%
May-15	108,577	1,387	1.29%
Jun-15	109,653	1,076	0.99%

	Caseload	% Change	Level Change
FY 2002-03	-	-	-
FY 2003-04	-	-	-
FY 2004-05	-	-	-
FY 2005-06	-	-	-
FY 2006-07	-	-	-
FY 2007-08	-	-	-
FY 2008-09	-	-	-
FY 2009-10	-	-	-
FY 2010-11	-	-	-
FY 2011-12	595	100.00%	595
FY 2012-13	5,373	803.03%	4,778
FY 2013-14	38,918	624.33%	33,545
FY 2014-15	99,339	155.25%	60,421
FY 2015-16	113,376	14.13%	14,037
FY 2016-17	116,006	2.32%	2,630
FY 2017-18	117,178	1.01%	1,172

Actuals		
	Monthly Change	% Change
6-month average	1,906	1.86%
12-month average	2,338	2.50%
18-month average	5,621	32.27%
24-month average	4,274	25.06%

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	2,338	2.64%
FY 2014-15 1st Half	2,769	3.15%
FY 2014-15 2nd Half	1,906	2.03%
FY 2015-16 Forecast	451	0.40%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	133	0.11%

February 2015 Forecast	
Forecasted June 2015 Level	N/A

Base trend from June 2015 level			
FY 2015-16	109,653	10.38%	10,314

Breast and Cervical Cancer Program

The Breast and Cervical Cancer Treatment Program (BCCP) was authorized under SB 01S2-012 and began enrolling eligible women in July 2002. Women under this optional coverage group were screened using the Centers for Disease Control's national breast and cervical cancer early detection and prevention guidelines, and found to have breast or cervical cancer. These women are between the ages of 40 and 64, uninsured, and otherwise not eligible for Medicaid. The Colorado Department of Public Health and Environment administers the screening program as a grantee of the Centers of Disease Control. Regulations for the nationwide screening program indicate that the program is for low-income women, which the Department of Public Health and Environment has interpreted to be less than 250% of the federal poverty level. To date, all 50 states have approved the option of covering these women under Medicaid.

25.5-5-308 (1), C.R.S.

The general assembly hereby finds and declares that breast and cervical cancer are significant health problems for women in this state. The general assembly further finds and declares that these cancers can and should be prevented and treated whenever possible. It is therefore the intent of the general assembly to enact this section to provide for the prevention and treatment of breast and cervical cancer to women where it is not otherwise available for reasons of cost.

25.5-5-308 (2), C.R.S.

As used in this section, unless the context otherwise requires:

(a) "Eligible person" means a person who:

(I)(A) Has been screened for breast or cervical cancer under the centers for disease control and prevention's national breast and cervical cancer early detection program established under Title XV of the federal "Public Health Service Act", 42 U.S.C. sec. 300k et seq., in accordance with the requirements of section 1504 of such act, 42 U.S.C. sec. 300n, on or after July 1, 2002, unless the centers for Medicare and Medicaid services approves the state department's amendment to the medical assistance plan and the state department is able to implement the breast and cervical cancer prevention and treatment program before such date, then the person must be screened on or after the implementation date of such program; or

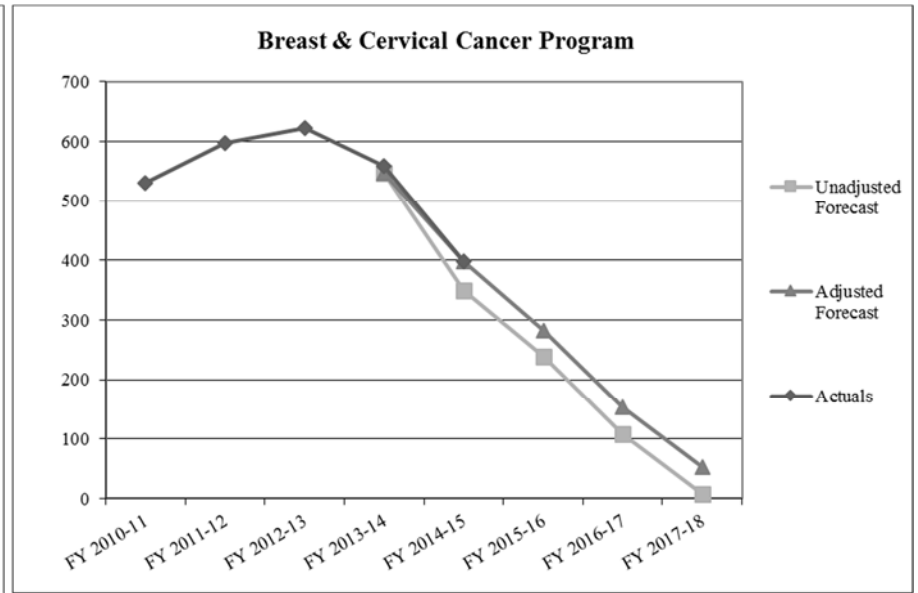
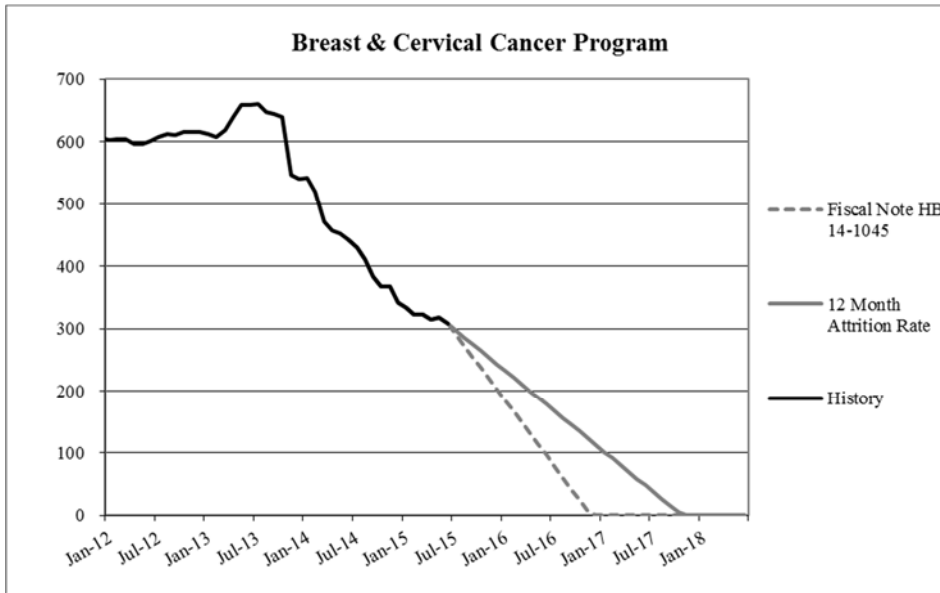
(B) Has been screened for breast or cervical cancer by a provider who does not receive funds through the centers for disease control and prevention's national breast and cervical cancer early detection program but whose screening activities are recognized by the department of public health and environment as part of screening activities under the centers for disease control and prevention's national breast and cervical cancer early detection program. This sub-subparagraph (B) shall apply only if the state department receives authority to receive federal financial participation for such persons. The state department shall request authority for federal financial participation when the state department determines that the amount of moneys accumulated in the eligibility expansion account created in paragraph (c) of subsection (8) of this section, including any amounts pledged or promised through a gift, grant, or donation, is sufficient to sustain the projected number of additional persons who would be eligible for the program under this sub-subparagraph (B).

(II) Has been diagnosed with breast or cervical cancer and is in need of breast or cervical cancer treatment;

(III) Has not yet attained sixty-five years of age; and

(IV) Does not have any creditable coverage as defined under federal law pursuant to 42 U.S.C. sec. 300gg (c).

Breast and Cervical Cancer Program: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Fiscal Note HB 14-1045			NA	NA	NA
12 Month Attrition Rate			NA	NA	NA
ARMA			7.71	7.62	0.9972

Breast and Cervical Cancer Program: Model Results¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change²
Fiscal Note HB 14-1045	559	349	-44.70%	193	(156)	(7)
12 Month Attrition Rate	559	349	-31.81%	238	(111)	(1)
ARMA	559	349	-87.11%	45	(304)	21

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change²
Fiscal Note HB 14-1045	349	193	-90.67%	18	(175)	(8)
12 Month Attrition Rate	349	238	-54.62%	108	(130)	(11)
ARMA	349	45	0.00%	45	0	3

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change²
Fiscal Note HB 14-1045	193	18	-100.00%	0	(18)	0
12 Month Attrition Rate	238	108	-93.52%	7	(101)	(4)
ARMA	45	45	0.00%	45	0	0

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Breast and Cervical Cancer Program: Attrition Rate for Population Below 133% FPL

FY 2015-16: -31.81%
FY 2016-17: -54.62%
FY 2017-18: -93.52%

Breast and Cervical Cancer Program: Trend Selections for Population Above 133% FPL

FY 2015-16: -8.16%
FY 2016-17: 0.00%
FY 2017-18: 0.00%

Breast and Cervical Cancer Program: Justifications

- Average monthly caseload in FY 2014-15 for BCCP was 398, which was 19 clients, or 5.01%, over what was forecasted in February 2015. The forecast has been adjusted accordingly.
- The expansion in MAGI Adults has resulted in many new clients that would have formerly been placed in BCCP now being placed in MAGI Adults. The Department expects declines to continue for clients with FPL below 133%.
- There is one adjustment for this population, which refers to the site expansion that allows women to be screened by providers other than those under the centers for disease control and prevention's national breast and cervical cancer early detection program (CRS 25.5-5-308 (a) (I) (B)). This was calculated in accordance with analyses provided by Women's Wellness Connection (WWC) for the February 2014 forecast. These calculations have been adjusted by the projected proportion of women that will be above 133% FPL.
- This program receives ongoing Tobacco Tax funding to subcontract with clinics that provide screenings.
- Beginning January 2005, the reported caseload decreased dramatically because of an issue within the Medicaid Management Information System (MMIS) that was used to report the data. Because of this issue within the MMIS, the Department obtained a caseload report directly from raw data in the Colorado Benefits Management System. This report was used from July 2005 through March 2006. All subsequent monthly caseload data are obtained from the MMIS report that is used to report all other categories of Medicaid caseload. The caseload counts for the six months from January through June 2005 were left as originally reported, which explains the decrease seen in FY 2004-05.

Breast and Cervical Cancer Program: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	659	-	-
Jul-13	660	1	0.15%
Aug-13	648	(12)	-1.82%
Sep-13	645	(3)	-0.46%
Oct-13	639	(6)	-0.93%
Nov-13	547	(92)	-14.40%
Dec-13	540	(7)	-1.28%
Jan-14	543	3	0.56%
Feb-14	527	(16)	-2.95%
Mar-14	498	(29)	-5.50%
Apr-14	492	(6)	-1.20%
May-14	488	(4)	-0.81%
Jun-14	477	(11)	-2.25%
Jul-14	472	(5)	-1.05%
Aug-14	463	(9)	-1.91%
Sep-14	439	(24)	-5.18%
Oct-14	424	(15)	-3.42%
Nov-14	425	1	0.24%
Dec-14	396	(29)	-6.82%
Jan-15	379	(17)	-4.29%
Feb-15	368	(11)	-2.90%
Mar-15	368	0	0.00%
Apr-15	359	(9)	-2.45%
May-15	358	(1)	-0.28%
Jun-15	350	(8)	-2.23%

February 2015 Forecast		
Forecasted June 2015 Level		268

Base trend from June 2015 level			
FY 2015-16	350	0.29%	1

	Caseload	% Change	Level Change
FY 2002-03	47	-	-
FY 2003-04	105	123.40%	58
FY 2004-05	87	-17.14%	(18)
FY 2005-06	188	116.09%	101
FY 2006-07	228	21.28%	40
FY 2007-08	270	18.42%	42
FY 2008-09	317	17.41%	47
FY 2009-10	425	34.07%	108
FY 2010-11	531	24.94%	106
FY 2011-12	597	12.43%	66
FY 2012-13	623	4.36%	26
FY 2013-14	559	-10.27%	(64)
FY 2014-15	349	-37.57%	(210)
FY 2015-16	238	-31.81%	(111)
FY 2016-17	108	-54.62%	(130)
FY 2017-18	7	-93.52%	(101)

Clients over 133% FPL		
FY 2014-15		49
FY 2015-16		45
FY 2016-17		45
FY 2017-18		45

November 2015 Projections After Adjustments			
FY 2014-15	398	-28.80%	(161)
FY 2015-16	283	-28.89%	(115)
FY 2016-17	153	-45.94%	(130)
FY 2017-18	52	-66.01%	(101)

Actuals		
	Monthly Change	% Change
6-month average	(8)	-2.03%
12-month average	(11)	-2.52%
18-month average	(11)	-2.36%
24-month average	(13)	-2.55%

February 2015 Projection Before Adjustments			
FY 2013-14	547	-12.20%	(76)
FY 2014-15	322	-41.16%	(225)
FY 2015-16	113	-65.02%	(209)
FY 2016-17	0	-100.00%	(113)

Clients over 133% FPL	
FY 2013-14	12
FY 2014-15	57
FY 2015-16	66
FY 2016-17	72

February 2015 Projection After Adjustments			
FY 2013-14	559	-10.27%	(64)
FY 2014-15	379	-32.20%	(180)
FY 2015-16	179	-52.77%	(200)
FY 2016-17	72	-59.78%	(107)

Monthly Average Growth Comparisons		
February 2015 Forecast	(17)	-4.65%
FY 2014-15 Actuals	(11)	-2.55%
FY 2014-15 1st Half	(14)	-3.02%
FY 2014-15 2nd Half	(8)	-1.98%
FY 2015-16 Forecast	(11)	-3.68%
February 2015 Forecast	(14)	-7.61%
FY 2016-17 Forecast	(11)	-7.01%

MAGI Eligible Children

One of the primary ways that children qualify for Medicaid is through Section 1931 of the federal Medicaid statute. Under Section 1931, families who were eligible for cash welfare assistance under the Aid to Families with Dependent Children program are still eligible for Medicaid even after the Aid to Families with Dependent Children program was discontinued. Aid to Families with Dependent Children was replaced by the Temporary Assistance for Needy Families welfare program (referred to as Colorado Works) on July 16, 1996, and clients under the Temporary Assistance for Needy Families program were no longer automatically eligible for Medicaid. Per HB 09-1293 children enrolled in Medicaid will receive continuous eligibility for twelve months.

This category also includes children on Transitional Medicaid. Transitional Medicaid is available to children in families who have received 1931 Medicaid three of the past six months and become ineligible due to an increase in earned income. Children receive Transitional Medicaid benefits for one year. In FY 2013-14, there were an average of 16,335 children on Transitional Medicaid. Although this program has been set to expire many times, it was most recently made permanent.

Children who are born to women enrolled in the Baby and Kid Care program (MAGI Eligible Pregnant Adults) are also included in this category. Between 1986 and 1991, Congress extended Medicaid to new groups of pregnant women and children. Referred to as Baby and Kid Care in Colorado, this program was authorized through the Medicare Catastrophic Coverage Act of 1988. The program enrolls Baby Care women (see the MAGI Eligible Pregnant Adults section of this document for information on these women) and Kid Care children. Kid Care children are born to women with incomes up to 142% of the federal poverty level. The Baby and Kid Care Program serves a much higher income level than the 1931 Families program, and pregnant mothers are not subject to resource or asset limitations to qualify for the program. Moreover, the Baby and Kid Care Program has never had a cash-assistance component and was unaffected by welfare reform in 1996.

In previous years, this caseload was adjusted to include Ribicoff children. Ribicoff children were children aged six to 19, with incomes up to 100% of the federal poverty level with resources limited to \$1,000 who were born after September 30, 1983. Beginning with age six, a new age cohort was phased-in each year. Caseload was adjusted upwards to include these children. However, the final cohort of children was phased-in during FY 2002-03, so no further caseload adjustments are needed. Therefore, the MAGI Eligible Children category includes: children in families who receive Medicaid under Section 1931, children in families who receive Temporary Aid to Needy Families financial assistance coupled with Medicaid, children who are eligible for Kid Care, Ribicoff children, and children who receive Transitional Medicaid.

SB 11-008 expanded Medicaid eligibility to children of all ages with incomes up to 133% FPL (142% FPL after October 2013 due to income disregards for MAGI) in January 2013. Children ages 6 and up with incomes from 108% FPL to 142% FPL with no other insurance are considered SB 11-008 eligible children and receive the enhanced CHP+ federal match, since these children would have otherwise been eligible for CHP+. There are, however, children that do not receive the enhanced CHP+ federal match that are over age 6 with incomes from 108% FPL to 142% FPL, these are the children with other insurance that would not have otherwise qualified for CHP+.

25.5-5-101 (1), C.R.S.

- (a) *Individuals who meet the eligibility criteria for the aid to families with dependent children program pursuant to rules that were in effect on July 16, 1996;*
- (b) *Families who meet the eligibility criteria for the aid to families with dependent children program established in rules that were in effect on July 16, 1996, and who subsequently would have become ineligible under such eligibility criteria because of increased earnings or increased hours of employment whose eligibility is specified for a period of time by the federal government;*
- (c) *Qualified pregnant women, and children under the age of seven, who meet the income resource requirements of the state's aid to families with dependent children program pursuant to rules that were in effect on July 16, 1996;*
- (d) *A newborn child born of a woman who is categorically needy. Such child is deemed Medicaid-eligible on the date of birth and remains eligible for one year so long as the woman remains categorically needy and the child is a member of her household;*
- (m) *Low-income pregnant women, and children through the age of six, whose income is at or below a certain percentage of the federal poverty level as determined by the federal government;*

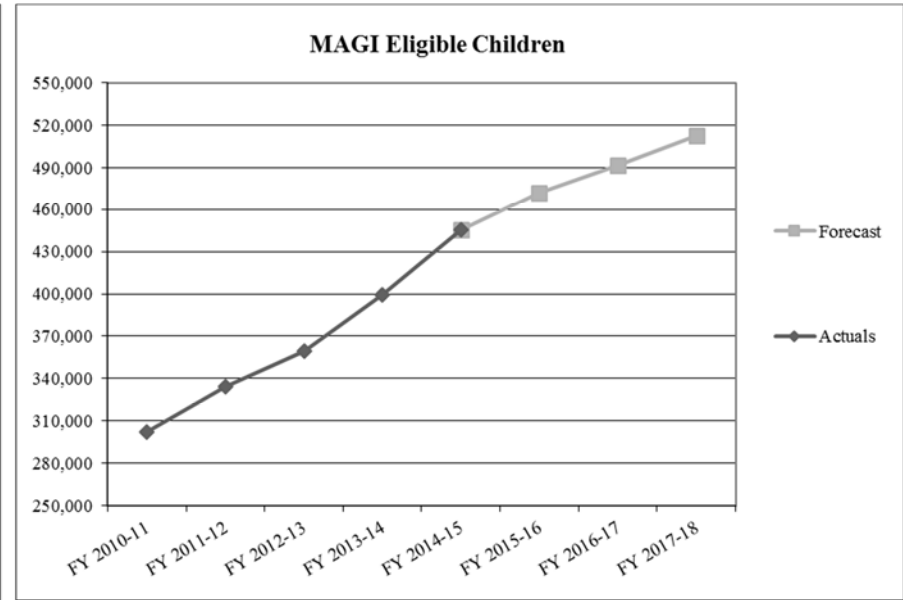
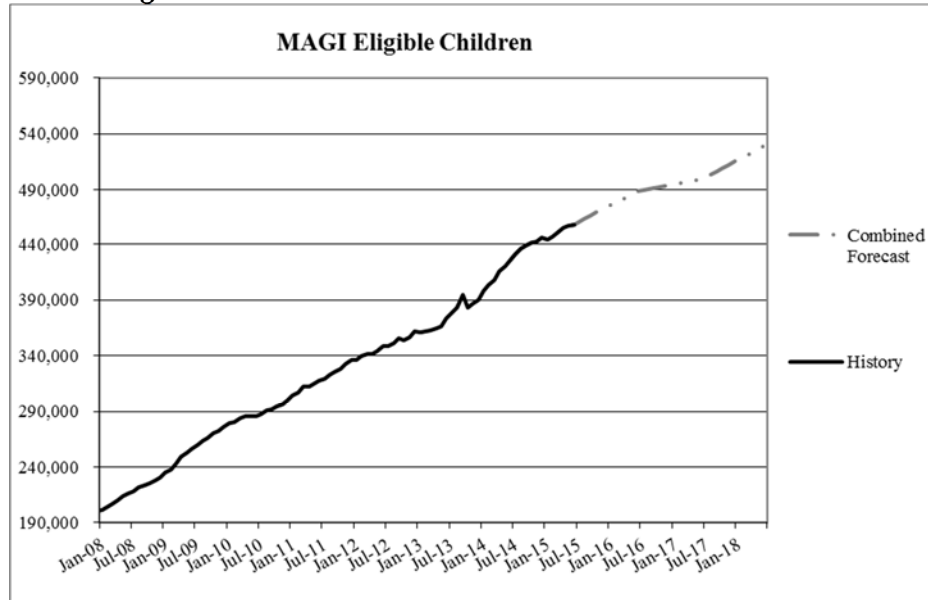
25.5-5-201 (1), C.R.S.

- (a) *Individuals who would be eligible for but are not receiving cash assistance;*
- (d) *Individuals who would be eligible for aid to families with dependent children if child care were paid from earnings;*
- (e) *Individuals under the age of twenty-one who would be eligible for aid to families with dependent children but do not qualify as dependent children;*
- (h) *Persons who are eligible for cash assistance under the works program pursuant to section 26-2-706, C.R.S.;*

25.5-5-205 (3), C.R.S.

- (a) *On and after April 1, 1990, children under the age of six years and pregnant women shall be eligible for benefits under the baby and kid care program...*
- (b) *The percentage level of the federal poverty line, as defined pursuant to 42 U.S.C. sec. 9902 (2), used to determine eligibility under this subsection (3) shall be one hundred thirty-three percent...;*
- (c) (I) *On and after September 1, 2011, children born after September 30, 1983, who have attained six years of age but have not attained nineteen years of age shall be eligible for benefits under the baby and kid care program. For the purpose of eligibility under this paragraph (c) only, such individual's family income shall exceed the eligibility threshold used in determining eligibility for aid to families with dependent children assistance pursuant to rules in effect on July 16, 1996, and the method adopted by the state board pursuant to sections 25.5-5-101 (4) (c) and 25.5-5-201 (5) (c), but shall not exceed the equivalent of the percentage level of the federal poverty line that is specified pursuant to subparagraph (II) of this paragraph (c).*
- (II) *The percentage level of the federal poverty line, as defined pursuant to 42 U.S.C. sec. 9902 (2), used to determine eligibility under this paragraph (c) shall be equivalent to the family income eligibility threshold applied to children under six years of age pursuant to paragraph (b) of this subsection (3).*

MAGI Eligible Children: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Combined Forecast			19.07	18.71	0.4741

MAGI Eligible Children: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Combined Forecast	399,032	445,722	6.30%	473,802	28,080	4,524
FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Combined Forecast	445,722	473,802	4.30%	494,175	20,373	1,058
FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Combined Forecast	473,802	494,175	4.30%	515,425	21,250	2,374

¹Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Eligible Children: Trend Selections

FY 2015-16: 6.30%
 FY 2016-17: 4.30%
 FY 2017-18: 4.30%

MAGI Eligible Children: Justifications

- Average monthly caseload in FY 2014-15 for MAGI Eligible Children was 445,722, which was 2,604 clients, or 5.81%, under what was forecasted in February 2015. The forecasts have been altered accordingly; beginning with the November 2015 forecast, the Department has selected models separately for the age group 0-1, the age group 2-5, and the age group 6-18, based on the age groups for CHP+ rates. See below for more details.
- Continuous eligibility was implemented March 2014 for this population. Rather than accounting for continuous eligibility as a bottom line adjustment, the Department has selected aggressive trends to account for the additional member months. The Department believes that the reduction in clients leaving Medicaid is having a significant effect on most of the models seen above, and assumes the trend selected will be able predict the changes in enrollment due to continuous eligibility. The Department will continue to research the effect that continuous eligibility has on this population.
- Two adjustments are included in this November 2015 forecast. The first is the removal of the 5 year bar on legal immigrant children (HB 09-1353). The Department originally predicted implementation in FY 2014-15, but after further analysis has determined implementation would be in FY 2015-16. The second is the sunset of the Department of Public Health and Environment’s long-acting reversible contraceptives (LARC) funding in FY 2015-16, which is expected to increase the number of children ages 0-1 on Medicaid.

- This population is affected by economic conditions in similar ways as the MAGI Parents/Caretakers, as children on Medicaid have eligibility granted as a function of a parent or guardian in most cases. Caseload trends in this category are highly affected by economic conditions, and tend to be positively correlated with the population of children aged 0 to 18. Growth in the 0 to 18 population dropped from around 2.3% per year from FY 1995-96 to FY 2001-02 to about 0.9% per year from FY 2002-03 to FY 2011-12. The economy is expected to continue improving (see page MC-14)¹³, but the Department does not expect this to be accompanied by a declining Medicaid caseload due to expansionary policy changes.
- Caseload declines occurred from 1993 to 1999 due to economic expansion and effects from the Tatum lawsuit (see MAGI Parents/Caretakers to 68% FPL section for more information on the lawsuit). When the Children's Basic Health Plan program was enacted in 1998, it required that children be screened for Medicaid before conferring Children's Basic Health Plan eligibility. As more children applied, many were found to be Medicaid eligible and were enrolled in Medicaid. Between FY 2002-03 and FY 2004-05, caseload in this category grew by 31.4%, which the Department believes is largely due to the state of the economy. The rate of growth fell drastically in FY 2005-06, and the caseload actually contracted by 3.74%. There were large and consistent declines between July 2006 and December 2007, which seems to indicate that the improved economy was having the expected effect on caseload. Similarly, large and consistent increases since January 2008 indicate that the weakening economic conditions are impacting caseload in this eligibility type.
- Changes to the rules regarding the citizenship requirements of the Deficit Reduction Act of 2005 may affect this population and result in higher growth. Children who cannot provide proper proof of citizenship will no longer automatically remain eligible for the Children's Basic Health Plan. This may increase growth in Medicaid as families find documents to ensure coverage of children.

¹³ Source: Office of State Planning and Budgeting, June 2014 Economic and Fiscal Review, page 56
Page MC-87

MAGI Eligible Children: Historical Caseload and Projections			
	Actuals	Monthly Change	% Change
Jun-13	373,604	-	-
Jul-13	379,057	5,453	1.46%
Aug-13	382,925	3,868	1.02%
Sep-13	394,462	11,537	3.01%
Oct-13	382,709	(11,753)	-2.98%
Nov-13	386,326	3,617	0.95%
Dec-13	389,900	3,574	0.93%
Jan-14	398,421	8,521	2.19%
Feb-14	403,896	5,475	1.37%
Mar-14	408,289	4,393	1.09%
Apr-14	415,665	7,376	1.81%
May-14	420,784	5,119	1.23%
Jun-14	425,951	5,167	1.23%
Jul-14	431,202	5,251	1.23%
Aug-14	436,076	4,874	1.13%
Sep-14	438,991	2,915	0.67%
Oct-14	442,075	3,084	0.70%
Nov-14	442,141	66	0.01%
Dec-14	446,352	4,211	0.95%
Jan-15	444,667	(1,685)	-0.38%
Feb-15	446,885	2,218	0.50%
Mar-15	450,777	3,892	0.87%
Apr-15	455,222	4,445	0.99%
May-15	456,425	1,203	0.26%
Jun-15	457,854	1,429	0.31%

February 2015 Forecast	
Forecasted June 2015 Level	464,913

Base trend from June 2015 level			
FY 2015-16	457,854	2.72%	12,132

FY 2002-03 to FY 2017-18			
	Caseload	% Change	Level Change
FY 2002-03	169,311	-	-
FY 2003-04	195,279	15.34%	25,968
FY 2004-05	222,472	13.93%	27,193
FY 2005-06	214,158	-3.74%	(8,314)
FY 2006-07	205,390	-4.09%	(8,768)
FY 2007-08	204,022	-0.67%	(1,368)
FY 2008-09	235,129	15.25%	31,107
FY 2009-10	275,672	17.24%	40,543
FY 2010-11	302,410	9.70%	26,738
FY 2011-12	334,633	10.66%	32,223
FY 2012-13	359,843	7.53%	25,210
FY 2013-14	399,032	10.89%	39,189
FY 2014-15	445,722	11.70%	46,690
FY 2015-16	472,284	5.96%	26,562
FY 2016-17	491,855	4.14%	19,571
FY 2017-18	512,954	4.29%	21,099

HB 09-1353 Removing Bar on Legal Immigrants Adjustment		
FY 2014-15		0
FY 2015-16		1,518
FY 2016-17		2,320
FY 2017-18		2,471

Sunset of LARC Funding		
FY 2014-15		0
FY 2015-16		627
FY 2016-17		0
FY 2017-18		0

November 2015 Projections After Adjustments			
FY 2014-15	445,722	11.70%	46,690
FY 2015-16	474,429	6.44%	28,707
FY 2016-17	494,175	4.16%	19,746
FY 2017-18	515,425	4.30%	21,250

Actuals		
	Monthly Change	% Change
6-month average	1,917	0.43%
12-month average	2,659	0.60%
18-month average	3,775	0.90%
24-month average	3,510	0.86%

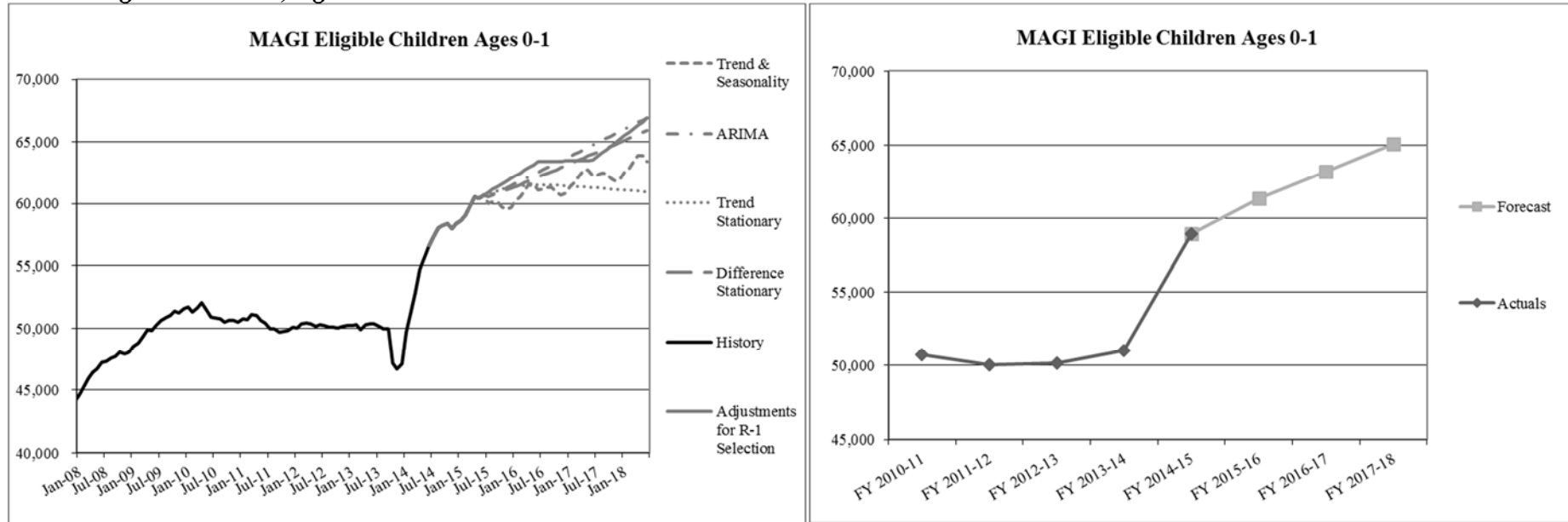
February 2015 Projection Before Adjustments			
FY 2013-14	399,032	10.89%	39,189
FY 2014-15	448,326	12.35%	49,294
FY 2015-16	478,804	6.80%	30,478
FY 2016-17	506,317	5.75%	27,513

HB 09-1353 Removing Bar on Legal Immigrants Adjustment		
FY 2013-14		0
FY 2014-15		0
FY 2015-16		1,518
FY 2016-17		2,320

February 2015 Projection After Adjustments			
FY 2013-14	399,032	10.89%	39,189
FY 2014-15	448,326	12.35%	49,294
FY 2015-16	480,322	7.14%	31,996
FY 2016-17	508,637	5.90%	28,315

Monthly Average Growth Comparisons		
February 2015 Forecast	3,247	0.73%
FY 2014-15 Actuals	2,659	0.63%
FY 2014-15 1st Half	3,400	0.78%
FY 2014-15 2nd Half	1,917	0.45%
FY 2015-16 Forecast	2,550	0.54%
February 2015 Forecast	2,371	0.50%
FY 2016-17 Forecast	880	0.18%

MAGI Eligible Children, Age 0-1: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	Children Ages 0-1	Constant, trend, seasonal dummy variables	19.07	18.71	0.4741
ARIMA	d(Children Ages 0-1)	Constant, AR(1) MA(1)	15.41	15.33	0.2622
Trend Stationary	log(Children Ages 0-1)	Constant, Jan 2014 dummy variable, trend, 2 lags on the dependent variable	-6.53	-6.67	0.9844
Difference Stationary	dlog(Children Ages 0-1)	Constant, Jan 2014 dummy variable, 1 lag on the dependent variable	-6.49	-6.58	0.4316
Avg T & S and Diff Stat					
Adjustments for R-1 Selection					

MAGI Eligible Children Ages 0-1: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	51,005	58,968	2.51%	60,448	1,480	36
ARIMA	51,005	58,968	4.38%	61,551	2,583	154
Trend Stationary	51,005	58,968	3.89%	61,262	2,294	67
Difference Stationary	51,005	58,968	4.01%	61,333	2,365	122
Avg T & S and Diff Stat	51,005	58,968	3.26%	60,890	1,922	79
Adjustments for R-1 Selection	51,005	58,968	4.01%	61,333	2,365	225

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	58,968	60,448	1.92%	61,609	1,161	97
ARIMA	58,968	61,551	3.56%	63,742	2,191	184
Trend Stationary	58,968	61,262	0.28%	61,434	172	(16)
Difference Stationary	58,968	61,333	2.99%	63,167	1,834	155
Avg T & S and Diff Stat	58,968	60,890	2.46%	62,388	1,498	126
Adjustments for R-1 Selection	58,968	61,333	2.99%	63,167	1,834	11

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	60,448	61,609	1.89%	62,773	1,164	97
ARIMA	61,551	63,742	3.47%	65,954	2,212	184
Trend Stationary	61,262	61,434	-0.50%	61,127	(307)	(30)
Difference Stationary	61,333	63,167	3.00%	65,062	1,895	160
Avg T & S and Diff Stat	60,890	62,388	2.45%	63,917	1,529	129
Adjustments for R-1 Selection	61,333	63,167	3.00%	65,062	1,895	283

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Eligible Children, Age 0-1: Trend Selections

FY 2015-16: 4.01%

FY 2016-17: 2.99%

FY 2017-18: 3.00%

MAGI Eligible Children, Age 0-1: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with three age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

MAGI Eligible Children Ages 0-1: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	50,350	-	-
Jul-13	50,130	(220)	-0.44%
Aug-13	49,946	(184)	-0.37%
Sep-13	49,938	(8)	-0.02%
Oct-13	47,189	(2,749)	-5.50%
Nov-13	46,696	(493)	-1.04%
Dec-13	47,085	389	0.83%
Jan-14	49,653	2,568	5.45%
Feb-14	51,443	1,790	3.61%
Mar-14	52,948	1,505	2.93%
Apr-14	54,693	1,745	3.30%
May-14	55,728	1,035	1.89%
Jun-14	56,613	885	1.59%
Jul-14	57,329	716	1.26%
Aug-14	58,043	714	1.25%
Sep-14	58,259	216	0.37%
Oct-14	58,405	146	0.25%
Nov-14	57,986	(419)	-0.72%
Dec-14	58,363	377	0.65%
Jan-15	58,692	329	0.56%
Feb-15	59,089	397	0.68%
Mar-15	59,776	687	1.16%
Apr-15	60,540	764	1.28%
May-15	60,437	(103)	-0.17%
Jun-15	60,697	260	0.43%

	Caseload	% Change	Level Change
FY 2007-08	45,505	-	-
FY 2008-09	48,599	6.80%	3,094
FY 2009-10	51,325	5.61%	2,726
FY 2010-11	50,713	-1.19%	(612)
FY 2011-12	50,069	-1.27%	(644)
FY 2012-13	50,186	0.23%	117
FY 2013-14	51,005	1.63%	819
FY 2014-15	58,968	15.61%	7,963
FY 2015-16	61,333	4.01%	2,365
FY 2016-17	63,167	2.99%	1,834
FY 2017-18	65,062	3.00%	1,895

HB 09-1353 Removing Bar on Legal Immigrants Adjustment		
FY 2014-15		0
FY 2015-16		197
FY 2016-17		298
FY 2017-18		304

Sunset of LARC Funding		
FY 2014-15		0
FY 2015-16		627
FY 2016-17		0
FY 2017-18		0

November 2015 Projections After Adjustments			
FY 2014-15	58,968	15.61%	7,963
FY 2015-16	62,157	5.41%	3,189
FY 2016-17	63,465	2.10%	1,308
FY 2017-18	65,366	3.00%	1,901

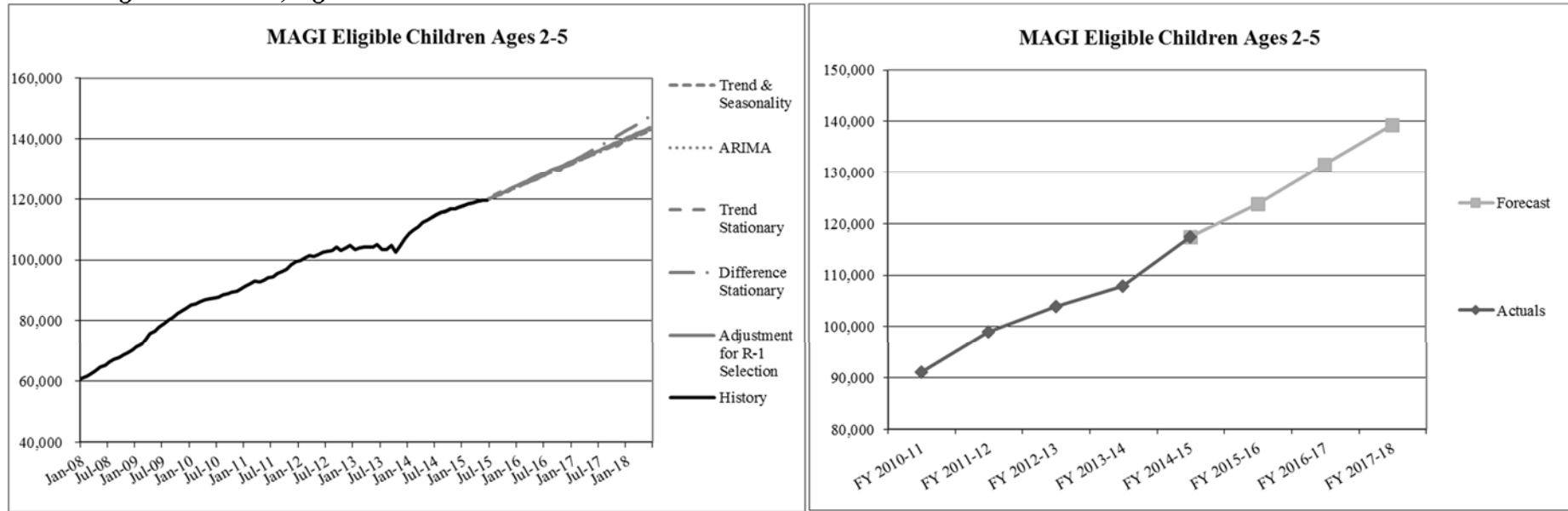
Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	340	0.60%
FY 2014-15 1st Half	292	0.51%
FY 2014-15 2nd Half	389	0.70%
FY 2015-16 Forecast	225	0.36%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	11	0.02%

February 2015 Forecast		
Forecasted June 2015 Level		N/A

Base trend from June 2015 level			
FY 2015-16	60,697	2.93%	1,729

Actuals		
	Monthly Change	% Change
6-month average	389	0.66%
12-month average	340	0.58%
18-month average	756	1.43%
24-month average	431	0.80%

MAGI Eligible Children, Age 2-5: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	Children Ages 2-5	Constant, trend, seasonal dummy variables	19.46	19.11	0.9653
ARIMA	d(Children Ages 2-5)	Constant, AR(2) MA(3)	15.86	15.69	0.2365
Trend Stationary	log(Children Ages 2-5)	Constant, Jan 2014 dummy variable, trend, 4 lags on the dependent variable	-7.13	-7.33	0.9989
Difference Stationary	dlog(Children Ages 2-5)	Constant, Jan 2014 dummy variable, 3 lags on the dependent variable	-7.24	-7.39	0.4028
Adjustment for R-1 Selection					

MAGI Eligible Children Ages 2-5: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	107,876	117,520	5.66%	124,172	6,652	716
ARIMA	107,876	117,520	5.30%	123,749	6,229	645
Trend Stationary	107,876	117,520	5.41%	123,878	6,358	653
Difference Stationary	107,876	117,520	5.27%	123,713	6,193	648
Adjustment for R-1 Selection	107,876	117,520	5.40%	123,866	6,346	720

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	117,520	124,172	6.11%	131,759	7,587	632
ARIMA	117,520	123,749	6.33%	131,582	7,833	655
Trend Stationary	117,520	123,878	6.29%	131,670	7,792	652
Difference Stationary	117,520	123,713	6.99%	132,361	8,648	790
Adjustment for R-1 Selection	117,520	123,866	6.30%	131,670	7,804	626

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	124,172	131,759	5.76%	139,348	7,589	632
ARIMA	123,749	131,582	5.97%	139,437	7,855	655
Trend Stationary	123,878	131,670	5.90%	139,439	7,769	647
Difference Stationary	123,713	132,361	7.69%	142,540	10,179	890
Adjustment for R-1 Selection	123,866	131,670	5.88%	139,412	7,742	667

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Eligible Children, Age 2-5: Trend Selections

FY 2015-16: 5.74%

FY 2016-17: 6.46%

FY 2017-18: 5.88%

MAGI Eligible Children, Age 2-5: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with three age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

MAGI Eligible Children Ages 2-5: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	104,977	-	-
Jul-13	103,381	(1,596)	-1.52%
Aug-13	103,336	(45)	-0.04%
Sep-13	104,776	1,440	1.39%
Oct-13	102,623	(2,153)	-2.05%
Nov-13	104,474	1,851	1.80%
Dec-13	107,098	2,624	2.51%
Jan-14	108,564	1,466	1.37%
Feb-14	109,810	1,246	1.15%
Mar-14	110,994	1,184	1.08%
Apr-14	112,261	1,267	1.14%
May-14	113,154	893	0.80%
Jun-14	114,045	891	0.79%
Jul-14	114,811	766	0.67%
Aug-14	115,656	845	0.74%
Sep-14	115,820	164	0.14%
Oct-14	116,692	872	0.75%
Nov-14	116,772	80	0.07%
Dec-14	117,381	609	0.52%
Jan-15	117,753	372	0.32%
Feb-15	118,299	546	0.46%
Mar-15	118,818	519	0.44%
Apr-15	119,235	417	0.35%
May-15	119,418	183	0.15%
Jun-15	119,587	169	0.14%

	Caseload	% Change	Level Change
FY 2007-08	62,156	-	-
FY 2008-09	71,452	14.96%	9,296
FY 2009-10	84,091	17.69%	12,639
FY 2010-11	91,035	8.26%	6,944
FY 2011-12	99,043	8.80%	8,008
FY 2012-13	103,886	4.89%	4,843
FY 2013-14	107,876	3.84%	3,990
FY 2014-15	117,520	8.94%	9,644
FY 2015-16	123,866	5.40%	6,346
FY 2016-17	131,670	6.30%	7,804
FY 2017-18	139,412	5.88%	7,742

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FY 2014-15	0
FY 2015-16	398
FY 2016-17	621
FY 2017-18	657

November 2015 Projections After Adjustments

FY 2014-15	117,520	8.94%	9,644
FY 2015-16	124,264	5.74%	6,744
FY 2016-17	132,291	6.46%	8,027
FY 2017-18	140,069	5.88%	7,778

Actuals

	Monthly Change	% Change
6-month average	368	0.31%
12-month average	462	0.40%
18-month average	694	0.62%
24-month average	609	0.55%

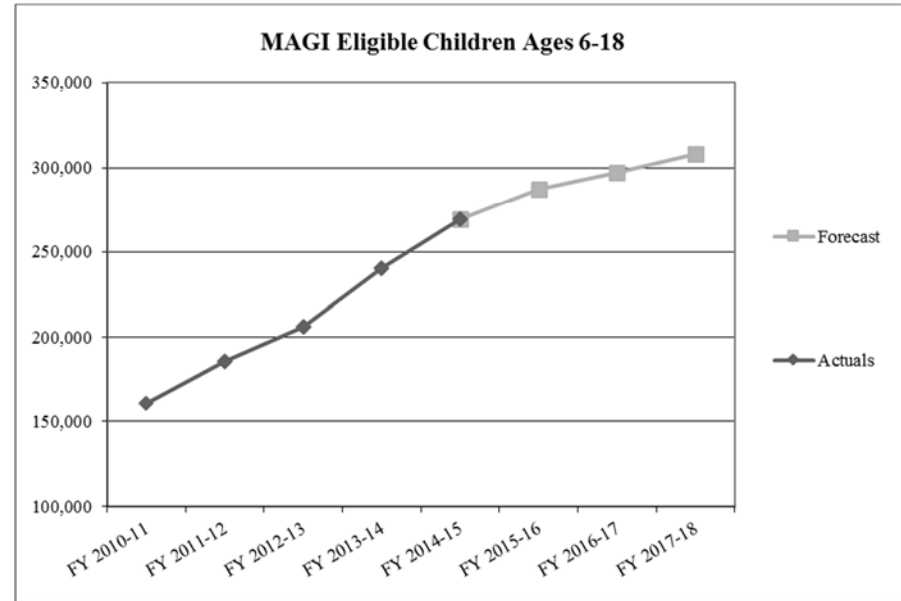
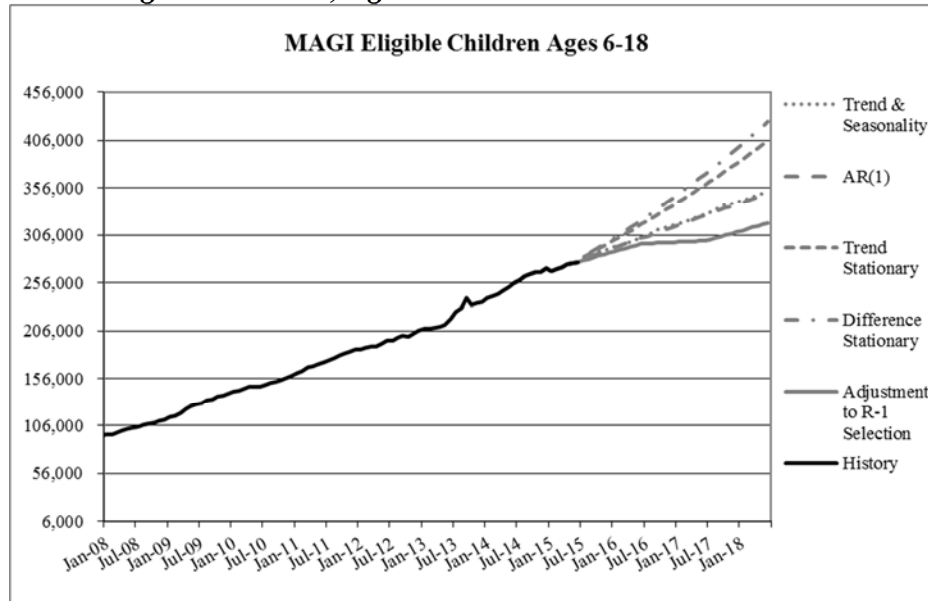
February 2015 Forecast	
Forecasted June 2015 Level	N/A

Base trend from June 2015 level			
FY 2015-16	119,587	1.76%	2,067

Monthly Average Growth Comparisons

February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	462	0.42%
FY 2014-15 1st Half	556	0.48%
FY 2014-15 2nd Half	368	0.34%
FY 2015-16 Forecast	720	0.58%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	626	0.48%

MAGI Eligible Children, Age 6-18: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	Children Ages 6-18	Constant, trend, seasonal dummy variables	20.43	20.07	0.9911
AR(1)	d(Children Ages 6-18)	Constant, AR(1)	18.00	17.94	-0.0111
Trend Stationary	log(Children Ages 6-18)	Constant, trend, 1 lag on the dependent variable	-6.40	-6.48	0.9991
Difference Stationary	dlog(Children Ages 6-18)	Constant, 1 lag on the dependent variable	-6.44	-6.5	0.0037
Adjustment to R-1 Selection					

MAGI Eligible Children Ages 6-18: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	240,151	269,234	8.64%	292,496	23,262	2,113
AR(1)	240,151	269,234	8.30%	291,580	22,346	2,084
Trend Stationary	240,151	269,234	11.25%	299,523	30,289	3,292
Difference Stationary	240,151	269,234	12.12%	301,865	32,631	3,674
Adjustment to R-1 Selection	240,151	269,234	6.63%	287,084	17,850	1,606

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	269,234	292,496	8.42%	317,124	24,628	2,053
AR(1)	269,234	291,580	8.23%	315,577	23,997	2,000
Trend Stationary	269,234	299,523	13.32%	339,419	39,896	3,495
Difference Stationary	269,234	301,865	15.07%	347,356	45,491	4,040
Adjustment to R-1 Selection	269,234	287,084	3.46%	297,017	9,933	243

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	292,496	317,124	7.77%	341,765	24,641	2,053
AR(1)	291,580	315,577	7.60%	339,561	23,984	2,000
Trend Stationary	299,523	339,419	13.14%	384,019	44,600	3,913
Difference Stationary	301,865	347,356	15.07%	399,703	52,347	4,649
Adjustment to R-1 Selection	287,084	297,017	3.86%	308,482	11,465	1,575

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Eligible Children, Age 6-18: Trend Selections

FY 2015-16: 6.97%

FY 2016-17: 3.61%

FY 2017-18: 3.88%

MAGI Eligible Children, Age 6-18: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with three age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

MAGI Eligible Children Ages 6-18: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	218,277	-	-
Jul-13	225,546	7,269	3.33%
Aug-13	229,643	4,097	1.82%
Sep-13	239,748	10,105	4.40%
Oct-13	232,897	(6,851)	-2.86%
Nov-13	235,156	2,259	0.97%
Dec-13	235,717	561	0.24%
Jan-14	240,204	4,487	1.90%
Feb-14	242,643	2,439	1.02%
Mar-14	244,347	1,704	0.70%
Apr-14	248,711	4,364	1.79%
May-14	251,902	3,191	1.28%
Jun-14	255,293	3,391	1.35%
Jul-14	259,062	3,769	1.48%
Aug-14	262,377	3,315	1.28%
Sep-14	264,912	2,535	0.97%
Oct-14	266,978	2,066	0.78%
Nov-14	267,383	405	0.15%
Dec-14	270,608	3,225	1.21%
Jan-15	268,222	(2,386)	-0.88%
Feb-15	269,497	1,275	0.48%
Mar-15	272,183	2,686	1.00%
Apr-15	275,447	3,264	1.20%
May-15	276,570	1,123	0.41%
Jun-15	277,570	1,000	0.36%

February 2015 Forecast	
Forecasted June 2015 Level	N/A

Base trend from June 2015 level			
FY 2015-16	277,570	3.10%	8,336

	Caseload	% Change	Level Change
FY 2007-08	96,361	-	-
FY 2008-09	115,078	19.42%	18,717
FY 2009-10	140,256	21.88%	25,178
FY 2010-11	160,662	14.55%	20,406
FY 2011-12	185,521	15.47%	24,859
FY 2012-13	205,771	10.92%	20,250
FY 2013-14	240,151	16.71%	34,380
FY 2014-15	269,234	12.11%	29,083
FY 2015-16	287,084	6.63%	17,850
FY 2016-17	297,017	3.46%	9,933
FY 2017-18	308,482	3.86%	11,465

HB 09-1353 Removing Bar on Legal Immigrants Adjustment	
FY 2014-15	0
FY 2015-16	923
FY 2016-17	1,401
FY 2017-18	1,510

November 2015 Projections After Adjustments			
FY 2014-15	269,234	12.11%	29,083
FY 2015-16	288,007	6.97%	18,773
FY 2016-17	298,418	3.61%	10,411
FY 2017-18	309,992	3.88%	11,574

Actuals		
	Monthly Change	% Change
6-month average	1,160	0.43%
12-month average	1,856	0.70%
18-month average	2,325	0.91%
24-month average	2,471	1.01%

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	1,856	0.73%
FY 2014-15 1st Half	2,553	0.98%
FY 2014-15 2nd Half	1,160	0.44%
FY 2015-16 Forecast	1,606	0.56%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	243	0.08%

SB 11-008 Eligible Children

Prior to the implementation of SB 11-008 in January 2013, children ages 0 to 5 whose family income was under 133% FPL were eligible for Medicaid, and children ages 6 to 18 whose family income was under 100% FPL were eligible for Medicaid. SB 11-008 increased the FPL threshold for children ages 6 to 18 up to 133% FPL, 142% FPL with income disregards applied after October 2013. Services for clients that would have been eligible for CHP+, before the implementation of SB 11-008, receive the enhanced CHP+ federal match. These clients are identified as Medicaid eligible children that are over the age of 6, with incomes above 108% FPL, and have no other insurance.

25.5-5-205 (3), C.R.S.

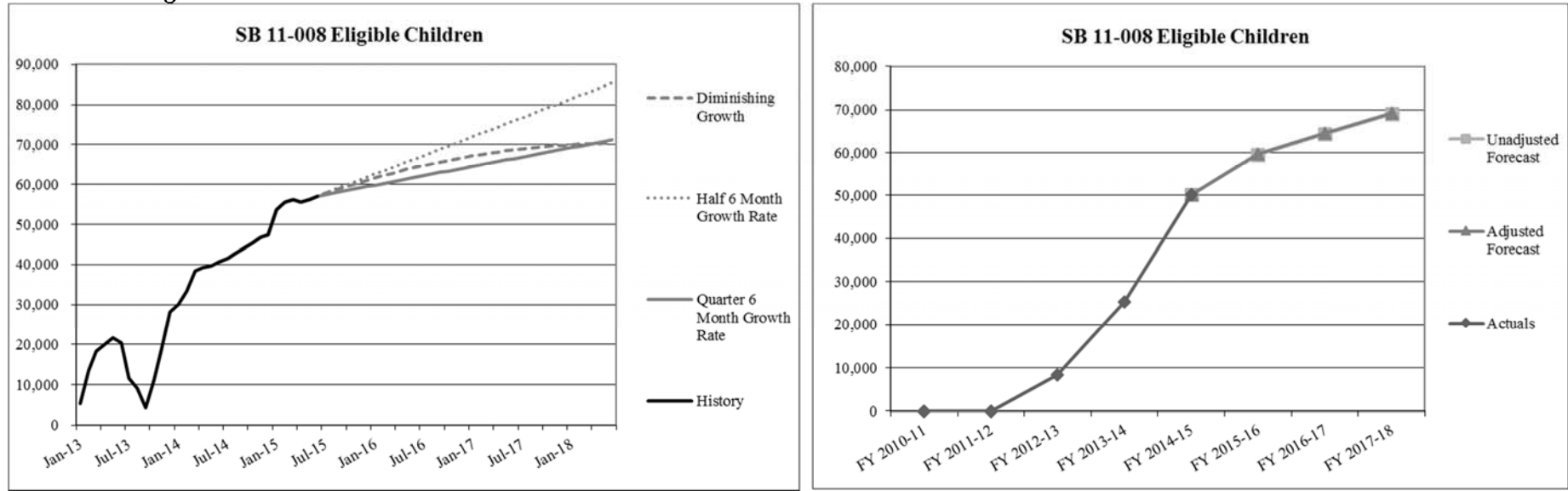
(b) (I) For children under six years of age, the percentage level of the federal poverty line, as defined pursuant to 42 U.S.C. sec. 9902 (2), used to determine eligibility under this subsection (3) shall be one hundred thirty-three percent. If the federal government establishes a new federal minimum percentage level of the federal poverty line used to determine eligibility under this subsection (3) that is different from the level set in this subparagraph (I), the state department is authorized to meet such federal minimum level without requiring additional legislation; however, such minimum federal level shall be established by rule of the state board.

25.5-5-205 (3), C.R.S.

(c) (I) On and after September 1, 2011, children born after September 30, 1983, who have attained six years of age but have not attained nineteen years of age shall be eligible for benefits under the baby and kid care program. For the purpose of eligibility under this paragraph (c) only, such individual's family income shall exceed the eligibility threshold used in determining eligibility for aid to families with dependent children assistance pursuant to rules in effect on July 16, 1996, and the method adopted by the state board pursuant to sections 25.5-5-101 (4) (c) and 25.5-5-201 (5) (c), but shall not exceed the equivalent of the percentage level of the federal poverty line that is specified pursuant to subparagraph (II) of this paragraph (c).

(II) The percentage level of the federal poverty line, as defined pursuant to 42 U.S.C. sec. 9902 (2), used to determine eligibility under this paragraph (c) shall be equivalent to the family income eligibility threshold applied to children under six years of age pursuant to paragraph (b) of this subsection (3).

SB 11-008 Eligible Children: Model Results



SB 11-008 Eligible Children: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ₂
Diminishing Growth	25,345	50,114	22.13%	61,204	11,090	1,279
Half 6 Month Growth Rate	25,345	50,114	24.08%	62,181	12,067	1,466
Quarter 6 Month Growth Rate	25,345	50,114	18.97%	59,621	9,507	1,072

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ₂
Diminishing Growth	50,114	61,204	9.31%	66,902	5,698	368
Half 6 Month Growth Rate	50,114	62,181	15.20%	71,633	9,452	788
Quarter 6 Month Growth Rate	50,114	59,621	7.93%	64,349	4,728	394

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ₂
Diminishing Growth	61,204	66,902	4.36%	69,819	2,917	142
Half 6 Month Growth Rate	62,181	71,633	13.19%	81,081	9,448	788
Quarter 6 Month Growth Rate	59,621	64,349	7.34%	69,072	4,723	394

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

SB 11-008 Eligible Children: Justifications

- Average monthly caseload in FY 2014-15 for SB 11-008 Eligible Children was 50,114, which was 3,007 clients, or 6.38%, over what was forecasted in February 2015. The forecasts have been altered accordingly.
- One adjustment is included in this November 2015 forecast, for the removal of the 5 year bar on legal immigrant children (HB 09-1353). The Department originally predicted implementation in FY 2014-15, but after further analysis has determined implementation would be in FY 2015-16.
- Data issues from July 2013 through November 2013 prevented the Department from identifying these clients, significant drops in caseload can be seen for these months. These data issues left inaccurate data points for the February 2014 forecast. The Department believes that these issues have been resolved and all appropriate clients can now be identified.
- The Department believes that this eligibility is affected by continuous eligibility, and aggressive trends are selected to account for continuous eligibility. The Department is researching the extent of the effects of continuous eligibility on this category.
- These clients are identified as Medicaid eligible children over age 6, incomes above 108% FPL, with no other insurance.

SB 11-008 Eligible Children: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	20,327	-	-
Jul-13	11,487	(8,840)	-43.49%
Aug-13	8,984	(2,503)	-21.79%
Sep-13	4,348	(4,636)	-51.60%
Oct-13	11,153	6,805	156.51%
Nov-13	18,980	7,827	70.18%
Dec-13	28,057	9,077	47.82%
Jan-14	29,967	1,910	6.81%
Feb-14	33,255	3,288	10.97%
Mar-14	38,399	5,144	15.47%
Apr-14	39,129	730	1.90%
May-14	39,626	497	1.27%
Jun-14	40,755	1,129	2.85%
Jul-14	41,551	796	1.95%
Aug-14	42,751	1,200	2.89%
Sep-14	44,001	1,250	2.92%
Oct-14	45,249	1,248	2.84%
Nov-14	46,654	1,405	3.11%
Dec-14	47,277	623	1.34%
Jan-15	53,550	6,273	13.27%
Feb-15	55,446	1,896	3.54%
Mar-15	56,156	710	1.28%
Apr-15	55,566	(590)	-1.05%
May-15	56,105	539	0.97%
Jun-15	57,060	955	1.70%

February 2015 Forecast		
Forecasted June 2015 Level		51,317

Base trend from June 2015 level			
FY 2015-16	57,060	13.86%	6,946

	Caseload	% Change	Level Change
FY 2002-03	-	-	-
FY 2003-04	-	-	-
FY 2004-05	-	-	-
FY 2005-06	-	-	-
FY 2006-07	-	-	-
FY 2007-08	-	-	-
FY 2008-09	-	-	-
FY 2009-10	-	-	-
FY 2010-11	-	-	-
FY 2011-12	-	-	-
FY 2012-13	8,236	100.00%	8,236
FY 2013-14	25,345	207.73%	17,109
FY 2014-15	50,114	97.73%	24,769
FY 2015-16	59,621	18.97%	9,507
FY 2016-17	64,349	7.93%	4,728
FY 2017-18	69,072	7.34%	4,723

HB 09-1353 Removing 5-year Bar on Legal Immigrants		
FY 2014-15		0
FY 2015-16		181
FY 2016-17		280
FY 2017-18		292

November 2015 Projections After Adjustments			
FY 2014-15	50,114	97.73%	24,769
FY 2015-16	59,802	19.33%	9,688
FY 2016-17	64,629	8.07%	4,827
FY 2017-18	69,364	7.33%	4,735

Actuals		
	Monthly Change	% Change
6-month average	1,631	3.29%
12-month average	1,359	2.90%
18-month average	1,611	4.11%
24-month average	1,531	9.65%

February 2015 Projection Before Adjustments			
FY 2013-14	25,345	207.73%	17,109
FY 2014-15	47,107	85.86%	21,762
FY 2015-16	55,937	18.74%	8,830
FY 2016-17	61,493	9.93%	5,556

HB 09-1353 Removing 5-year Bar on Legal Immigrants	
FY 2013-14	0
FY 2014-15	0
FY 2015-16	181
FY 2016-17	280

February 2015 Projection After Adjustments			
FY 2013-14	25,345	207.73%	17,109
FY 2014-15	47,107	85.86%	21,762
FY 2015-16	56,118	19.13%	9,011
FY 2016-17	61,773	10.08%	5,655

Monthly Average Growth Comparisons		
February 2015 Forecast	880	1.94%
FY 2014-15 Actuals	1,359	3.00%
FY 2014-15 1st Half	1,087	2.51%
FY 2014-15 2nd Half	1,631	3.60%
FY 2015-16 Forecast	422	0.71%
February 2015 Forecast	739	1.34%
FY 2016-17 Forecast	386	0.60%

Foster Care

Federal law mandates that states provide Medicaid to individuals under Title IV-E of the Social Security Act (42 U.S.C. 470-479A) for adoption assistance and foster care. Title IV-E is a subpart of Title IV, Child Welfare, of the federal Social Security Act. Title IV-E provides federal reimbursement to states for the room and board costs of children placed in foster homes and other out-of-home placements. This is an entitlement program for children who are eligible and for whom the state can seek reimbursement. Eligibility is determined on family circumstances at the time when the child was removed from the home. Once eligible, the state determines if it can claim reimbursement for maintenance costs for the child. Adoption assistance is available for children with special health care needs who meet the same requirements. States have the option to extend Medicaid to former foster care children aged 18 through 20 years who were eligible for Title IV-E prior to their 18th birthday. During the 2007 legislative session, SB 07-002 was passed extending Medicaid eligibility through age 20 for children for whom adoption assistance or foster care maintenance payments are made under Title IV-E of the Social Security Act, which was implemented in July 2008. Eligibility for children receiving state subsidized adoption or foster care payments (non Title IV-E) was extended through age 20 in the 2008 Legislative Session through SB 08-099, which was implemented in July 2009. Pursuant to the ACA, eligibility for children enrolled in Medicaid that turned 21 while in foster care was increased to age 26 in January 2014. This expansion was mandatory and was not subject to the Supreme Court of the United States ruling which found the Medicaid expansion unconstitutionally coercive of states.

25.5-5-101 (1), C.R.S.

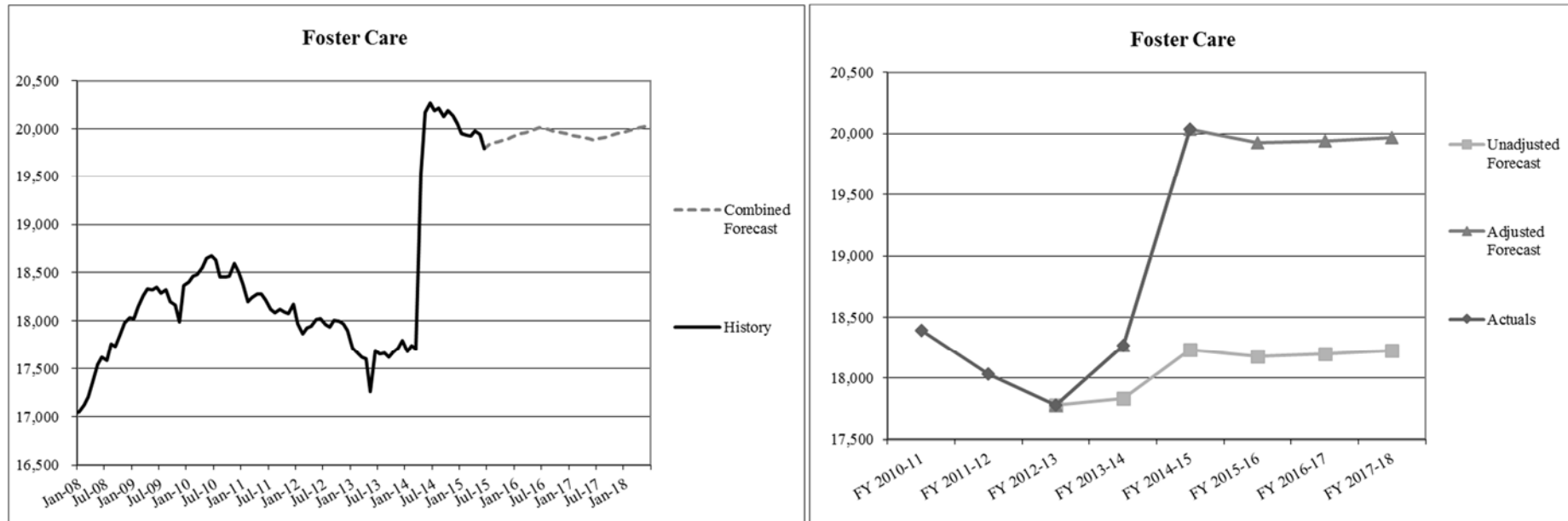
(e) Children for whom adoption assistance or foster care maintenance payments are made under Title IV-E of the “Social Security Act”, as amended;

25.5-5-201 (1), C.R.S.

(l) Children for whom subsidized adoption assistance payments are made by the state pursuant to article 7 of title 26, C.R.S, but who do not meet the requirements of Title IV-E of the “Social Security Act”, as amended;

(n) Individuals under the age of twenty-one years eligible for medical assistance pursuant to paragraph (l) of this subsection (1) or section 25.5-5-101 (1) (e) immediately prior to attaining the age of eighteen years or otherwise becoming emancipated;

Foster Care: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Combined Forecast			11.28	10.93	0.7805

Foster Care: Model Results¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change₂
Combined Forecast	17,835	18,236	9.25%	19,923	1,687	1,525

FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change₂
Combined Forecast	17,835	18,236	9.25%	19,923	1,687	1,525

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change₂
Combined Forecast	19,923	19,943	0.12%	19,966	23	13

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Foster Care: Trend Selections

FY 2015-16: -0.56%
 FY 2016-17: 0.10%
 FY 2017-18: 0.12%

Foster Care: Justifications

- Average monthly caseload in FY 2014-15 for Foster Care was 20,036, which was 93 clients, or 0.46%, under what was forecasted in February 2015. The Department projected an average monthly growth in FY 2014-15 of 1,862 for Foster Care clients and the average monthly growth in FY 2014-15 was 1,769. Actual caseload for clients aged 22 to 26 in FY 2014-15 was 1,800, monthly actuals can be seen in the chart below. This population has been in decline over the last twelve months. The Department has changed this bottom line adjustment accordingly.

SB 13-200 Medicaid Expansion Actuals	
Jul-14	1,889
Aug-14	1,881
Sep-14	1,857
Oct-14	1,831
Nov-14	1,816
Dec-14	1,802
Jan-15	1,794
Feb-15	1,764
Mar-15	1,759
Apr-15	1,751
May-15	1,747
Jun-15	1,709

- Beginning with the November 2015 forecast, the Department has selected models separately for the age group 0-1, the age group 2-5, the age group 6-18, and the age group 19-26, in line with MAGI Eligible Children. See below for more details.
- Caseload in this category is affected by programmatic changes initiated by the Department of Human Services who oversee the Child Welfare system. In January 2001, the Department of Human Services converted to a new data reporting system for children in foster care called Trails. The conversion may be partially responsible for unusually slow growth experienced in this category in FY 2001-02. Legislation in 2003 (HB 03-1004) made the manufacturing of controlled substances in the presence of children a felony, and deemed such actions child abuse. This may positively affect caseload in subsequent years, as more children are placed into state custody.
- Caseload at the end of FY 2007-08 and FY 2008-09 began to increase, which is partially due to the implementation of SB 07-002 and SB 08-099, which expanded eligibility for Foster Care through age 20. The reasons for the decreases in FY 2011-12 and FY 2012-13 is still unknown and the Department will continue to monitor caseload trends in this category.

Foster Care: Historical Caseload and Projections

	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change
Jun-13	17,691	-	-	FY 2002-03	13,967	-	-
Jul-13	17,652	(39)	-0.22%	FY 2003-04	14,914	6.78%	947
Aug-13	17,659	7	0.04%	FY 2004-05	15,795	5.91%	881
Sep-13	17,619	(40)	-0.23%	FY 2005-06	16,460	4.21%	665
Oct-13	17,675	56	0.32%	FY 2006-07	16,724	1.60%	264
Nov-13	17,712	37	0.21%	FY 2007-08	17,141	2.49%	417
Dec-13	17,793	81	0.46%	FY 2008-09	18,033	5.20%	892
Jan-14	17,684	(109)	-0.61%	FY 2009-10	18,381	1.93%	348
Feb-14	17,744	60	0.34%	FY 2010-11	18,393	0.07%	12
Mar-14	17,704	(40)	-0.23%	FY 2011-12	18,034	-1.95%	(359)
Apr-14	19,526	1,822	10.29%	FY 2012-13	17,777	-1.43%	(257)
May-14	20,168	642	3.29%	FY 2013-14	17,835	0.33%	58
Jun-14	20,268	100	0.50%	FY 2014-15	18,236	2.25%	401
Jul-14	20,190	(78)	-0.38%	FY 2015-16	18,179	-0.31%	(57)
Aug-14	20,213	23	0.11%	FY 2016-17	18,200	0.12%	21
Sep-14	20,124	(89)	-0.44%	FY 2017-18	18,224	0.13%	24
Oct-14	20,187	63	0.31%				
Nov-14	20,140	(47)	-0.23%				
Dec-14	20,056	(84)	-0.42%				
Jan-15	19,951	(105)	-0.52%				
Feb-15	19,932	(19)	-0.10%				
Mar-15	19,925	(7)	-0.04%				
Apr-15	19,982	57	0.29%				
May-15	19,945	(37)	-0.19%				
Jun-15	19,791	(154)	-0.77%				

SB 13-200 Medicaid Expansion Adjustment		
FY 2014-15		1,800
FY 2015-16		1,744
FY 2016-17		1,743
FY 2017-18		1,742

November 2015 Projections After Adjustments			
FY 2014-15	20,036	9.68%	1,769
FY 2015-16	19,923	-0.56%	(113)
FY 2016-17	19,943	0.10%	20
FY 2017-18	19,966	0.12%	23

Actuals		
	Monthly Change	% Change
6-month average	(44)	-0.22%
12-month average	(40)	-0.20%
18-month average	111	0.62%
24-month average	88	0.49%

February 2015 Projection Before Adjustments			
FY 2013-14	17,835	0.33%	58
FY 2014-15	18,302	2.62%	467
FY 2015-16	18,401	0.54%	99
FY 2016-17	18,530	0.70%	129

SB 13-200 Medicaid Expansion Adjustment	
FY 2013-14	432
FY 2014-15	1,827
FY 2015-16	1,836
FY 2016-17	1,872

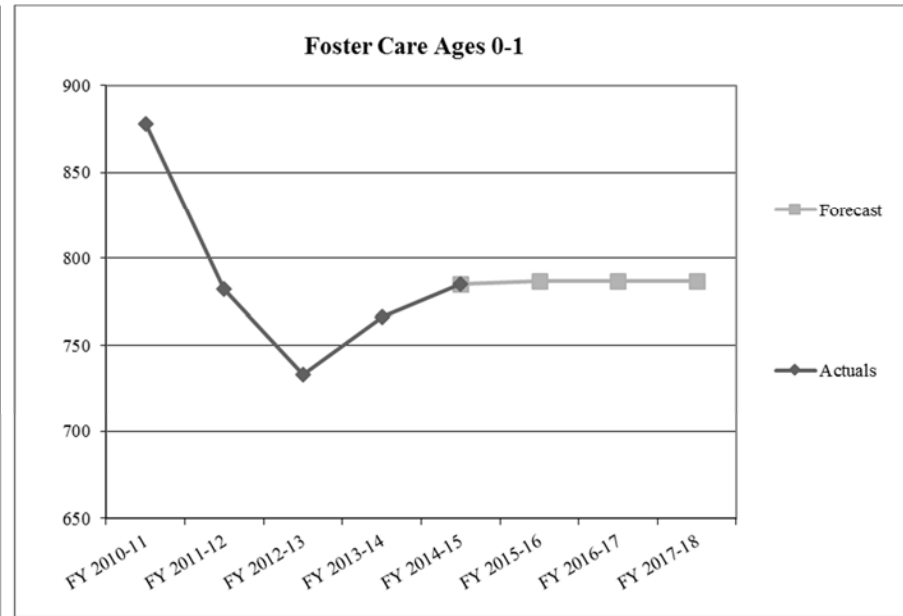
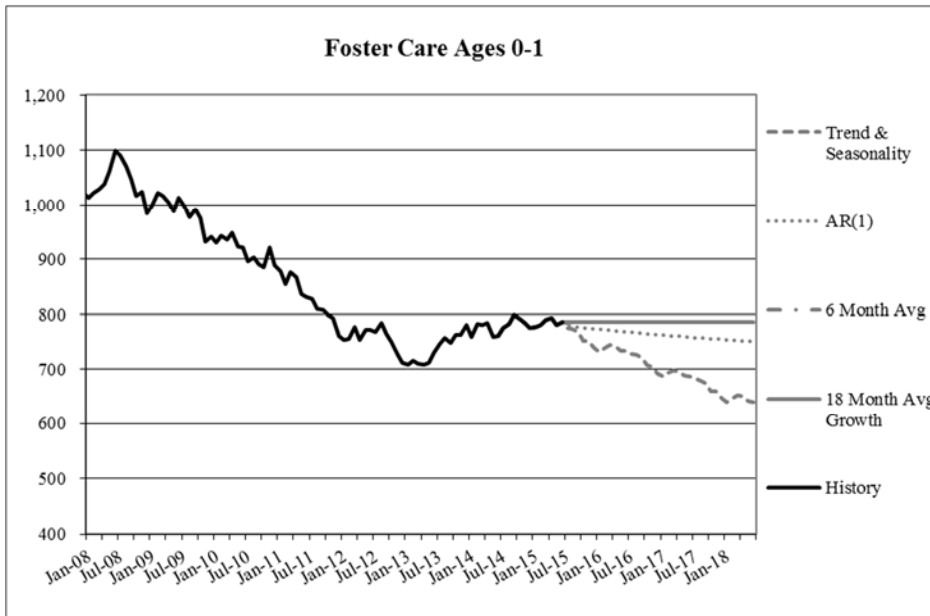
February 2015 Projection After Adjustments			
FY 2013-14	18,267	2.76%	490
FY 2014-15	20,129	10.19%	1,862
FY 2015-16	20,237	0.54%	108
FY 2016-17	20,402	0.82%	165

Monthly Average Growth Comparisons		
February 2015 Forecast	(10)	-0.05%
FY 2014-15 Actuals	(40)	-0.15%
FY 2014-15 1st Half	(35)	-0.17%
FY 2014-15 2nd Half	(44)	-0.11%
FY 2015-16 Forecast	20	0.10%
February 2015 Forecast	15	0.07%
FY 2016-17 Forecast	(14)	-0.07%

February 2015 Forecast	
Forecasted June 2015 Level	20,142

Base trend from June 2015 level			
FY 2015-16	19,791	-1.22%	(245)

Foster Care, Age 0-1: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	FC Ages 0-1	Constant, trend, seasonal dummy variables	11.28	10.93	0.7805
AR(1)	FC Ages 0-1	Constant, AR(1)	8.58	8.52	0.9778
6 Month Avg	NA	NA	NA	NA	NA
18 Month Avg Growth	NA	NA	NA	NA	NA

Foster Care Ages 0-1: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	766	785	-4.59%	749	(36)	(4)
AR(1)	766	785	-1.40%	774	(11)	(2)
6 Month Avg	766	785	0.13%	786	1	0
18 Month Avg Growth	766	785	0.25%	787	2	0

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	785	749	-6.14%	703	(46)	(4)
AR(1)	785	774	-1.42%	763	(11)	(1)
6 Month Avg	785	786	0.00%	786	0	0
18 Month Avg Growth	785	787	0.00%	787	0	0

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	749	703	-6.54%	657	(46)	(4)
AR(1)	774	763	-1.18%	754	(9)	(1)
6 Month Avg	786	786	0.00%	786	0	0
18 Month Avg Growth	787	787	0.00%	787	0	0

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Foster Care, Age 0-1: Trend Selections

FY 2015-16: 0.25%

FY 2016-17: 0.00%

FY 2017-18: 0.00%

Foster Care, Age 0-1: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with four age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

Foster Care Ages 0-1: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	731	-	-
Jul-13	747	16	2.19%
Aug-13	758	11	1.47%
Sep-13	749	(9)	-1.19%
Oct-13	763	14	1.87%
Nov-13	763	0	0.00%
Dec-13	780	17	2.23%
Jan-14	759	(21)	-2.69%
Feb-14	783	24	3.16%
Mar-14	780	(3)	-0.38%
Apr-14	784	4	0.51%
May-14	759	(25)	-3.19%
Jun-14	761	2	0.26%
Jul-14	775	14	1.84%
Aug-14	782	7	0.90%
Sep-14	798	16	2.05%
Oct-14	792	(6)	-0.75%
Nov-14	785	(7)	-0.88%
Dec-14	775	(10)	-1.27%
Jan-15	777	2	0.26%
Feb-15	780	3	0.39%
Mar-15	789	9	1.15%
Apr-15	794	5	0.63%
May-15	781	(13)	-1.64%
Jun-15	787	6	0.77%

	Caseload	% Change	Level Change
FY 2007-08	1,034	-	-
FY 2008-09	1,023	-1.06%	(11)
FY 2009-10	952	-6.94%	(71)
FY 2010-11	878	-7.77%	(74)
FY 2011-12	782	-10.93%	(96)
FY 2012-13	733	-6.27%	(49)
FY 2013-14	766	4.50%	33
FY 2014-15	785	2.48%	19
FY 2015-16	787	0.25%	2
FY 2016-17	787	0.00%	0
FY 2017-18	787	0.00%	0

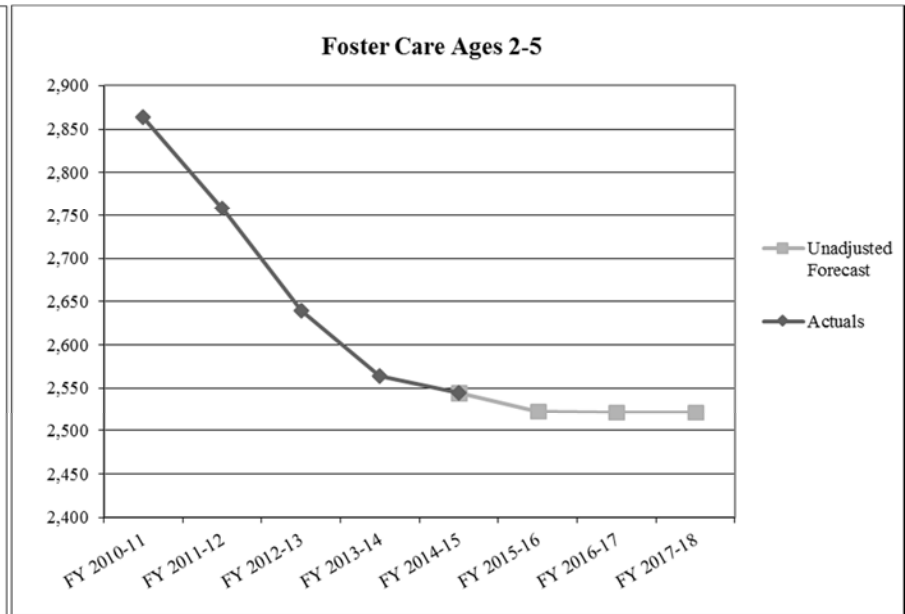
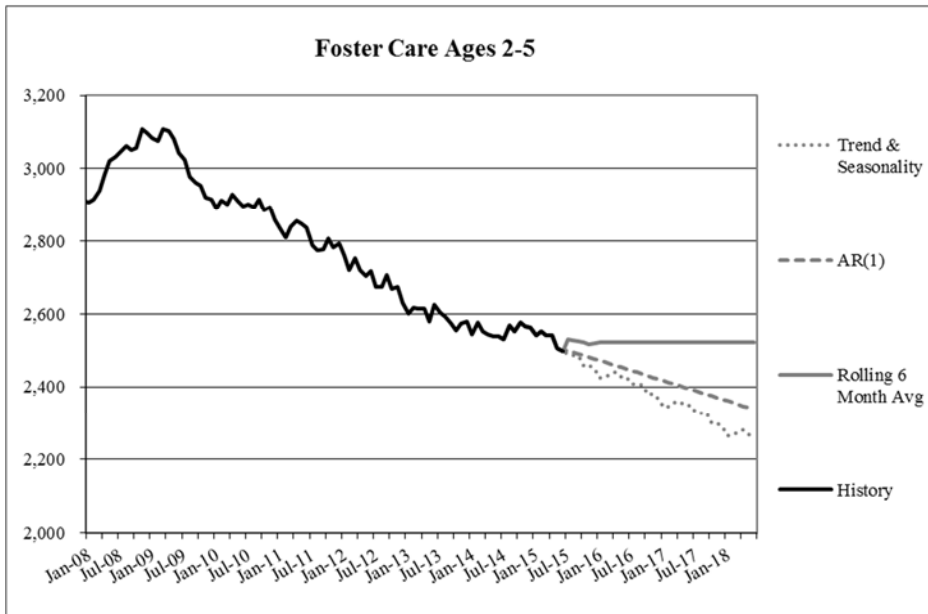
Actuals		
	Monthly Change	% Change
6-month average	2	0.26%
12-month average	2	0.29%
18-month average	0	0.06%
24-month average	2	0.32%

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	2	0.24%
FY 2014-15 1st Half	2	0.31%
FY 2014-15 2nd Half	2	0.16%
FY 2015-16 Forecast	0	0.00%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	0	0.00%

February 2015 Forecast	
Forecasted June 2015 Level	N/A

Base trend from June 2015 level			
FY 2015-16	787	0.25%	2

Foster Care, Age 2-5: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	FC Ages 2-5	Constant, trend, seasonal dummy variables	11.6	11.24	0.8869
AR(1)	FC Ages 2-5	Constant, AR(1)	9.25	9.2	-0.0028
Rolling 6 Month Avg	NA	NA	NA	NA	NA

Foster Care Ages 2-5: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	2,564	2,545	-3.69%	2,451	(94)	(6)
AR(1)	2,564	2,545	-2.75%	2,475	(70)	(4)
Rolling 6 Month Avg	2,564	2,545	-0.86%	2,523	(22)	2

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	2,545	2,451	-3.26%	2,371	(80)	(7)
AR(1)	2,545	2,475	-2.26%	2,419	(56)	(5)
Rolling 6 Month Avg	2,545	2,523	-0.04%	2,522	(1)	0

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	2,451	2,371	-3.33%	2,292	(79)	(7)
AR(1)	2,475	2,419	-2.27%	2,364	(55)	(5)
Rolling 6 Month Avg	2,523	2,522	0.00%	2,522	0	0

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Foster Care, Age 2-5: Trend Selections

FY 2015-16: -0.86%
 FY 2016-17: -0.04%
 FY 2017-18: 0.00%

Foster Care, Age 2-5: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with four age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

Foster Care Ages 2-5: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	2,625	-	-
Jul-13	2,604	(21)	-0.80%
Aug-13	2,592	(12)	-0.46%
Sep-13	2,574	(18)	-0.69%
Oct-13	2,556	(18)	-0.70%
Nov-13	2,573	17	0.67%
Dec-13	2,579	6	0.23%
Jan-14	2,544	(35)	-1.36%
Feb-14	2,577	33	1.30%
Mar-14	2,552	(25)	-0.97%
Apr-14	2,543	(9)	-0.35%
May-14	2,538	(5)	-0.20%
Jun-14	2,539	1	0.04%
Jul-14	2,531	(8)	-0.32%
Aug-14	2,569	38	1.50%
Sep-14	2,551	(18)	-0.70%
Oct-14	2,576	25	0.98%
Nov-14	2,567	(9)	-0.35%
Dec-14	2,562	(5)	-0.19%
Jan-15	2,542	(20)	-0.78%
Feb-15	2,552	10	0.39%
Mar-15	2,541	(11)	-0.43%
Apr-15	2,541	0	0.00%
May-15	2,507	(34)	-1.34%
Jun-15	2,498	(9)	-0.36%

	Caseload	% Change	Level Change
FY 2007-08	2,952	-	-
FY 2008-09	3,077	4.23%	125
FY 2009-10	2,933	-4.68%	(144)
FY 2010-11	2,864	-2.35%	(69)
FY 2011-12	2,759	-3.67%	(105)
FY 2012-13	2,640	-4.31%	(119)
FY 2013-14	2,564	-2.88%	(76)
FY 2014-15	2,545	-0.74%	(19)
FY 2015-16	2,523	-0.86%	(22)
FY 2016-17	2,522	-0.04%	(1)
FY 2017-18	2,522	0.00%	0

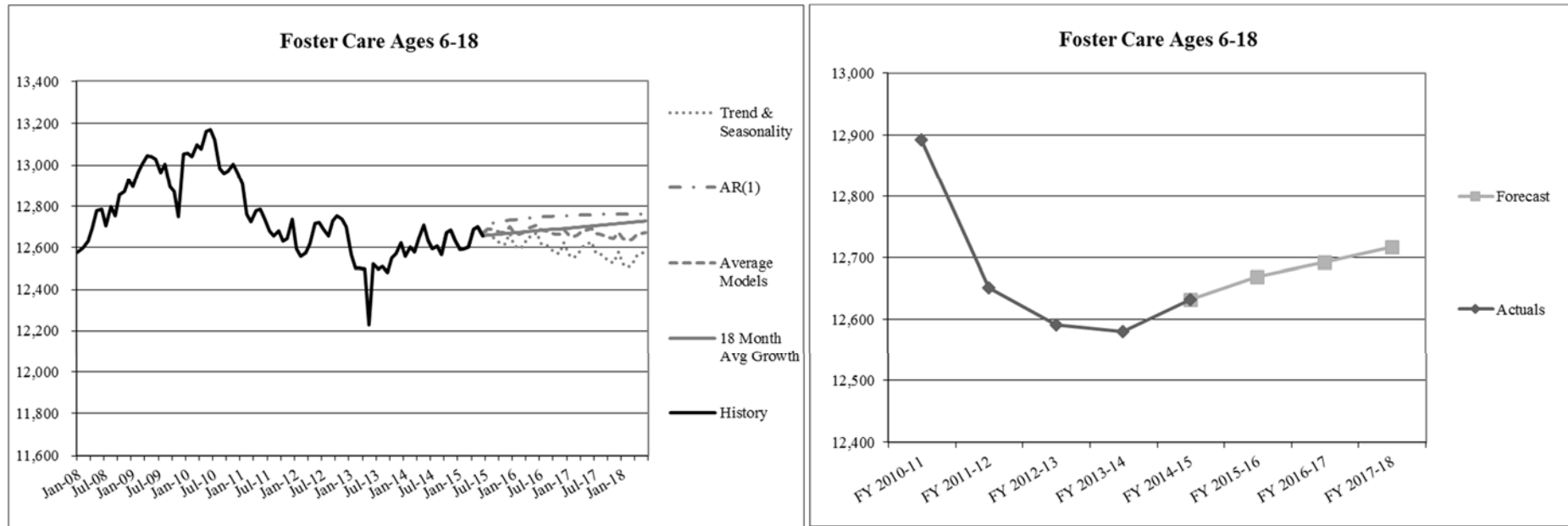
Actuals		
	Monthly Change	% Change
6-month average	(11)	-0.42%
12-month average	(3)	-0.13%
18-month average	(5)	-0.17%
24-month average	(5)	-0.20%

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	(3)	-0.13%
FY 2014-15 1st Half	4	0.15%
FY 2014-15 2nd Half	(11)	-0.42%
FY 2015-16 Forecast	2	0.08%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	(0)	0.00%

February 2015 Forecast	
Forecasted June 2015 Level	N/A

Base trend from June 2015 level			
FY 2015-16	2,498	-1.85%	(47)

Foster Care, Age 6-18: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	FC Ages 6-18	Constant, trend, seasonal dummy variables	13.66	13.3	0.1633
AR(1)	FC Ages 6-18	Constant, AR(1)	11.57	11.51	0.8436
Average Models	NA	NA	NA	NA	NA
18 Month Avg Growth	NA	NA	NA	NA	NA

Foster Care Ages 6-18: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	12,580	12,632	0.04%	12,637	5	1
AR(1)	12,580	12,632	0.78%	12,731	99	7
Average Models	12,580	12,632	0.41%	12,684	52	4
18 Month Avg Growth	12,580	12,632	0.29%	12,669	37	2

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	12,632	12,637	-0.35%	12,593	(44)	(4)
AR(1)	12,632	12,731	0.18%	12,754	23	1
Average Models	12,632	12,684	-0.09%	12,673	(11)	(1)
18 Month Avg Growth	12,632	12,669	0.19%	12,693	24	2

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	12,637	12,593	-0.34%	12,550	(43)	(4)
AR(1)	12,731	12,754	0.05%	12,760	6	0
Average Models	12,684	12,673	-0.14%	12,655	(18)	(2)
18 Month Avg Growth	12,669	12,693	0.19%	12,717	24	2

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Foster Care, Age 6-18: Trend Selections

FY 2015-16: 0.29%

FY 2016-17: 0.19%

FY 2017-18: 0.19%

Foster Care, Age 6-18: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with four age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

Foster Care Ages 6-18: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	12,520	-	-
Jul-13	12,499	(21)	-0.17%
Aug-13	12,508	9	0.07%
Sep-13	12,483	(25)	-0.20%
Oct-13	12,550	67	0.54%
Nov-13	12,571	21	0.17%
Dec-13	12,624	53	0.42%
Jan-14	12,560	(64)	-0.51%
Feb-14	12,601	41	0.33%
Mar-14	12,577	(24)	-0.19%
Apr-14	12,642	65	0.52%
May-14	12,707	65	0.51%
Jun-14	12,636	(71)	-0.56%
Jul-14	12,594	(42)	-0.33%
Aug-14	12,605	11	0.09%
Sep-14	12,568	(37)	-0.29%
Oct-14	12,671	103	0.82%
Nov-14	12,683	12	0.09%
Dec-14	12,634	(49)	-0.39%
Jan-15	12,591	(43)	-0.34%
Feb-15	12,593	2	0.02%
Mar-15	12,602	9	0.07%
Apr-15	12,688	86	0.68%
May-15	12,700	12	0.09%
Jun-15	12,656	(44)	-0.35%

	Caseload	% Change	Level Change
FY 2007-08	12,632	-	-
FY 2008-09	12,908	2.18%	276
FY 2009-10	13,012	0.81%	104
FY 2010-11	12,892	-0.92%	(120)
FY 2011-12	12,651	-1.87%	(241)
FY 2012-13	12,591	-0.47%	(60)
FY 2013-14	12,580	-0.09%	(11)
FY 2014-15	12,632	0.41%	52
FY 2015-16	12,669	0.29%	37
FY 2016-17	12,693	0.19%	24
FY 2017-18	12,717	0.19%	24

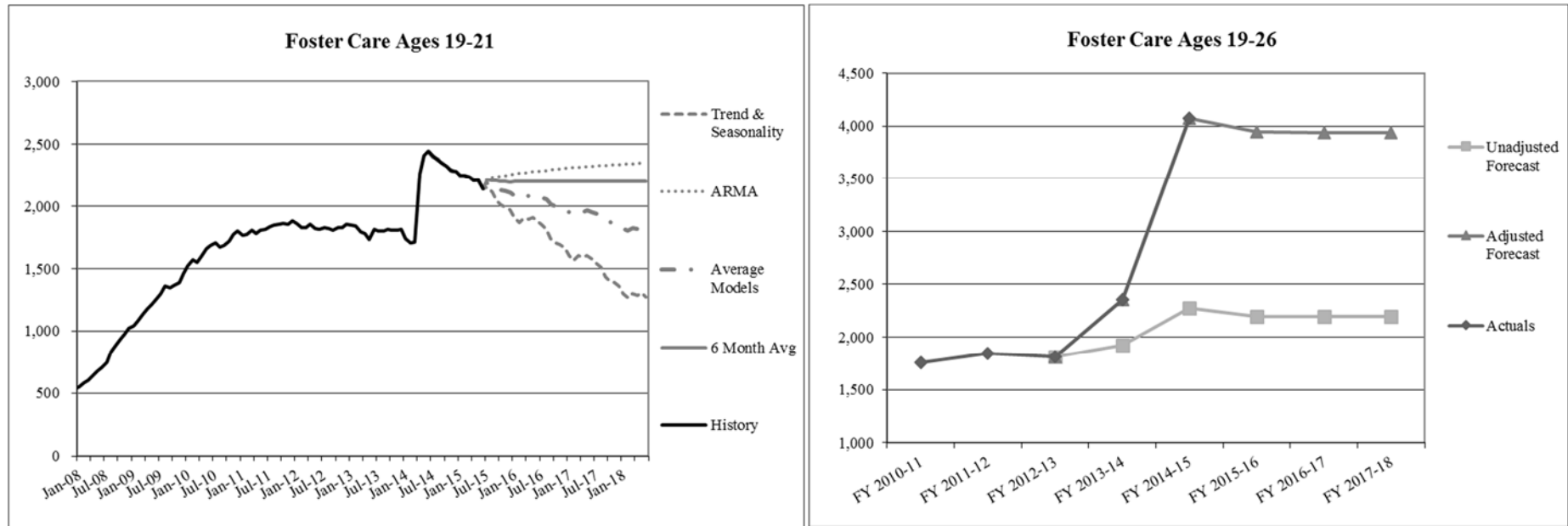
Actuals		
	Monthly Change	% Change
6-month average	4	0.03%
12-month average	2	0.01%
18-month average	2	0.01%
24-month average	6	0.05%

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	2	0.05%
FY 2014-15 1st Half	(0)	0.00%
FY 2014-15 2nd Half	4	0.10%
FY 2015-16 Forecast	2	0.02%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	2	0.02%

February 2015 Forecast	
Forecasted June 2015 Level	N/A

Base trend from June 2015 level			
FY 2015-16	12,656	0.19%	24

Foster Care, Age 19-26: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	FC Ages 19-26	Constant, trend, seasonal dummy variables	19.07	18.71	0.7113
ARMA	FC Ages 19-26	Constant, April 2014 dummy variable, AR(1) MA(1)	15.41	15.33	0.2622
Average Models	NA	NA	NA	NA	NA
6 Month Avg	NA	NA	NA	NA	NA

Foster Care Ages 19-26: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	1,925	2,274	-13.41%	1,969	(305)	14
ARMA	1,925	2,274	-0.88%	2,254	(20)	48
Average Models	1,925	2,274	-7.17%	2,111	(163)	31
6 Month Avg	1,925	2,274	-3.25%	2,200	(74)	41

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	2,274	1,969	-15.39%	1,666	(303)	(25)
ARMA	2,274	2,254	2.26%	2,305	51	3
Average Models	2,274	2,111	-5.92%	1,986	(125)	(11)
6 Month Avg	2,274	2,200	-0.09%	2,198	(2)	0

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	1,969	1,666	-18.13%	1,364	(302)	(25)
ARMA	2,254	2,305	1.39%	2,337	32	2
Average Models	2,111	1,986	-6.80%	1,851	(135)	(11)
6 Month Avg	2,200	2,198	0.00%	2,198	0	0

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Foster Care, Age 19-26: Trend Selections

FY 2015-16: -3.19%

FY 2016-17: -0.08%

FY 2017-18: -0.03%

Foster Care, Age 19-26: Justifications

Beginning with the November 2015 forecast, the Department has begun estimating this eligibility category with four age group sub-categories, to increase forecast accuracy. There are no comparison points with the February 2015 forecast for these sub-categories, as the population was not forecast with these age groups at that time.

Foster Care Ages 19-26: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	1,815	-	-
Jul-13	1,802	(13)	-0.72%
Aug-13	1,801	(1)	-0.06%
Sep-13	1,813	12	0.67%
Oct-13	1,806	(7)	-0.39%
Nov-13	1,805	(1)	-0.06%
Dec-13	1,810	5	0.28%
Jan-14	1,821	11	0.61%
Feb-14	1,783	(38)	-2.09%
Mar-14	1,795	12	0.67%
Apr-14	3,557	1,762	98.16%
May-14	4,164	607	17.06%
Jun-14	4,332	168	4.03%
Jul-14	4,290	(42)	-0.97%
Aug-14	4,257	(33)	-0.77%
Sep-14	4,207	(50)	-1.17%
Oct-14	4,148	(59)	-1.40%
Nov-14	4,105	(43)	-1.04%
Dec-14	4,085	(20)	-0.49%
Jan-15	4,041	(44)	-1.08%
Feb-15	4,007	(34)	-0.84%
Mar-15	3,993	(14)	-0.35%
Apr-15	3,959	(34)	-0.85%
May-15	3,957	(2)	-0.05%
Jun-15	3,850	(107)	-2.70%

February 2015 Forecast		
Forecasted June 2015 Level		N/A

Base trend from June 2015 level			
FY 2015-16	3,850	69.31%	1,576

	Caseload	% Change	Level Change
FY 2007-08	523	-	-
FY 2008-09	1,025	95.98%	502
FY 2009-10	1,484	44.78%	459
FY 2010-11	1,759	18.53%	275
FY 2011-12	1,842	4.72%	83
FY 2012-13	1,813	-1.57%	(29)
FY 2013-14	1,925	6.18%	112
FY 2014-15	2,274	18.13%	349
FY 2015-16	2,200	-3.25%	(74)
FY 2016-17	2,198	-0.09%	(2)
FY 2017-18	2,198	0.00%	0

SB 13-200 Medicaid Expansion Adjustment		
FY 2014-15		1,800
FY 2015-16		1,744
FY 2016-17		1,743
FY 2017-18		1,742

November 2015 Projections After Adjustments			
FY 2014-15	4,074	111.64%	2,149
FY 2015-16	3,944	-3.19%	(130)
FY 2016-17	3,941	-0.08%	(3)
FY 2017-18	3,940	-0.03%	(1)

Actuals		
	Monthly Change	% Change
6-month average	(39)	-0.98%
12-month average	(40)	-0.98%
18-month average	113	5.93%
24-month average	85	4.44%

SB 13-200 Medicaid Expansion Adjustment	
FY 2013-14	432
FY 2014-15	1,827
FY 2015-16	1,836
FY 2016-17	1,872

Monthly Average Growth Comparisons		
February 2015 Forecast	N/A	N/A
FY 2014-15 Actuals	(40)	-0.82%
FY 2014-15 1st Half	(41)	-0.97%
FY 2014-15 2nd Half	(39)	-0.63%
FY 2015-16 Forecast	14	0.37%
February 2015 Forecast	N/A	N/A
FY 2016-17 Forecast	(13)	-0.32%

MAGI Eligible Pregnant Adults

Between 1986 and 1991, Congress extended Medicaid to new groups of pregnant women and children. Referred to as Baby and Kid Care in Colorado, the program was authorized through the Medicare Catastrophic Coverage Act of 1988. The program enrolls Baby Care women and Kid Care children (see the Eligible Children section of this document for information on children). Baby Care-Adults are women with incomes up to 185% FPL beginning January 1, 2013 (195% FPL after income disregards are applied in October 2013). Coverage includes prenatal care and delivery services, plus 60 days of postpartum care. The Baby and Kid Care Program serves a much higher income level than the 1931 families program, and pregnant mothers were never subject to resource/asset limitations to qualify for the program. Moreover, the Baby and Kid Care Program has never had a cash-assistance component and was unaffected by welfare reform.

25.5-5-101 (1), C.R.S.

(m) Low-income pregnant women, and children through the age of six, whose income is at or below a certain percentage of the federal poverty level as determined by the federal government;

25.5-5-201 (2), C.R.S.

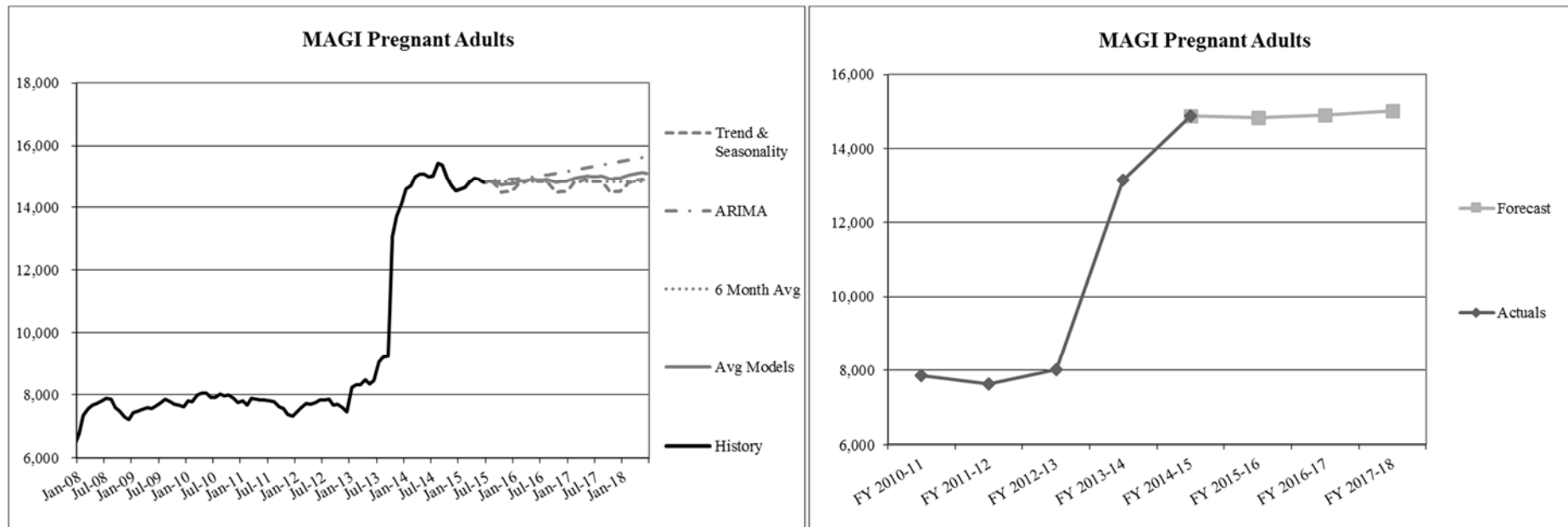
(b) Notwithstanding the five-year waiting period established in paragraph (a) of this subsection (2), but subject to the availability of sufficient appropriations and the receipt of federal financial participation, the state department may provide benefits under this article and articles 4 and 6 of this title to a pregnant woman who is a qualified alien and a child under nineteen years of age who is a qualified alien so long as such woman or child meets eligibility criteria other than citizenship.

25.5-5-205 (3), C.R.S.

(a) On and after April 1, 1990, children under the age of six years and pregnant women shall be eligible for benefits under the baby and kid care program...

(II) For pregnant women, the percentage level of the federal poverty line, as defined pursuant to 42 U.S.C. sec. 9902 (2), used to determine eligibility under this subsection (3) shall be one hundred eighty-five percent. If the federal government establishes a new federal minimum percentage level of the federal poverty line used to determine eligibility under this subsection (3) that is different from the level set in this subparagraph (II), the state department is authorized to meet such federal minimum level without requiring additional legislation; however, such minimum federal level shall be established by rule of the state board.

MAGI Pregnant Adults: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	MAGI Pregnant	Constant, trend, Jan 2013 dummy variable, Oct 2013 dummy variable, seasonal dummy variables	17.37	17.17	0.7113
ARIMA	d(MAGI Pregnant)	Constant, Oct 2013 dummy variable, AR(1) MA(1)	14.50	14.40	0.4404
6 Month Avg	NA	NA	NA	NA	NA
Avg Models	NA	NA	NA	NA	NA

MAGI Pregnant Adults: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	13,160	14,897	-1.15%	14,726	(171)	1
ARIMA	13,160	14,897	0.21%	14,928	31	17
6 Month Avg	13,160	14,897	-0.42%	14,834	(63)	1
Avg Models	13,160	14,897	-0.45%	14,830	(67)	6

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	14,897	14,726	0.01%	14,727	1	0
ARIMA	14,897	14,928	1.69%	15,180	252	25
6 Month Avg	14,897	14,834	0.02%	14,837	3	0
Avg Models	14,897	14,830	0.58%	14,916	86	9

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	14,726	14,727	0.01%	14,728	1	0
ARIMA	14,928	15,180	2.07%	15,494	314	27
6 Month Avg	14,834	14,837	0.00%	14,837	0	0
Avg Models	14,830	14,916	0.70%	15,020	104	9

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

MAGI Pregnant Adults: Trend Selections

FY 2015-16: -0.45%
FY 2016-17: 0.58%
FY 2017-18: 0.70%

MAGI Pregnant Adults: Justifications

- Average monthly caseload in FY 2014-15 for MAGI Pregnant Adults was 14,897, which was only 14 clients, or 0.01%, above what was forecasted in February 2015. The Department has kept similar trends compared to what was forecasted in February 2015.
- In October 2013, over 3,000 clients were moved from MAGI Parents/Caretakers categories into MAGI Pregnant Adults. This was a one-time change in how pregnant adults were categorized by eligibility.
- Presumptive eligibility allows pregnant women who had applied for Medicaid to receive services based on self-declaration until the status of their application has been determined. The State paid for all Medicaid costs during this time regardless of whether or not the woman was eventually found to be Medicaid eligible or not. On September 1, 2004, the Department discontinued this procedure, which explains the drop of nearly 2,500 clients in September and October 2004, as well as the corresponding decline in fiscal year average caseload. Presumptive eligibility was reinstated by HB 05-1262 (Tobacco Tax bill) effective July 1, 2005.
- In FY 2009-10, the Department received approval from the Centers for Medicare and Medicaid Services to grant full Medicaid eligibility to pregnant women who are legal permanent residents that have been in the country for less than 5 years, as authorized by the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA). As a result, the Department has restated the FY 2009-10 monthly caseload for this eligibility type to include clients who had previously been in the State-only Prenatal population. These clients are now included in the base caseload.
- The Colorado Department of Public Health & Environment Family Planning Initiative was awarded a grant for approximately \$3.5 million to address the issue of unintended pregnancy in Colorado for Title X clients, the vast majority of which are under 200% of the federal poverty level. Out-year trends are moderate due to this Family Planning initiative (as well as the Family Planning waiver to be submitted by the Department pursuant to SB 08-003).

MAGI Pregnant Adults: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	8,457	-	-
Jul-13	9,053	596	7.05%
Aug-13	9,219	166	1.83%
Sep-13	9,240	21	0.23%
Oct-13	13,079	3,839	41.55%
Nov-13	13,740	661	5.05%
Dec-13	14,140	400	2.91%
Jan-14	14,582	442	3.13%
Feb-14	14,691	109	0.75%
Mar-14	14,991	300	2.04%
Apr-14	15,093	102	0.68%
May-14	15,086	(7)	-0.05%
Jun-14	15,007	(79)	-0.52%
Jul-14	15,038	31	0.21%
Aug-14	15,436	398	2.65%
Sep-14	15,386	(50)	-0.32%
Oct-14	14,938	(448)	-2.91%
Nov-14	14,691	(247)	-1.65%
Dec-14	14,542	(149)	-1.01%
Jan-15	14,590	48	0.33%
Feb-15	14,643	53	0.36%
Mar-15	14,804	161	1.10%
Apr-15	14,954	150	1.01%
May-15	14,914	(40)	-0.27%
Jun-15	14,822	(92)	-0.62%

	Caseload	% Change	Level Change
FY 2002-03	7,823	-	-
FY 2003-04	8,398	7.35%	575
FY 2004-05	5,984	-28.74%	(2,414)
FY 2005-06	5,119	-14.46%	(865)
FY 2006-07	5,182	1.23%	63
FY 2007-08	6,288	21.34%	1,106
FY 2008-09	6,976	10.94%	688
FY 2009-10	7,830	12.24%	854
FY 2010-11	7,868	0.49%	38
FY 2011-12	7,630	-3.02%	(238)
FY 2012-13	8,024	5.16%	394
FY 2013-14	13,160	64.01%	5,136
FY 2014-15	14,897	13.20%	1,737
FY 2015-16	14,830	-0.45%	(67)
FY 2016-17	14,916	0.58%	86
FY 2017-18	15,020	0.70%	104

February 2015 Projection			
FY 2013-14	13,160	64.01%	5,136
FY 2014-15	14,883	13.09%	1,723
FY 2015-16	14,862	-0.14%	(21)
FY 2016-17	15,034	1.16%	172

Actuals		
	Monthly Change	% Change
6-month average	47	0.32%
12-month average	(15)	-0.09%
18-month average	38	0.27%
24-month average	265	2.65%

Monthly Average Growth Comparisons		
February 2015 Forecast	(15)	-0.09%
FY 2014-15 Actuals	(15)	-0.05%
FY 2014-15 1st Half	(78)	-0.51%
FY 2014-15 2nd Half	47	0.51%
FY 2015-16 Forecast	6	0.04%
February 2015 Forecast	14	0.10%
FY 2016-17 Forecast	9	0.06%

February 2015 Forecast	
Forecasted June 2015 Level	14,823

Base trend from June 2015 level			
FY 2015-16	14,822	-0.50%	(75)

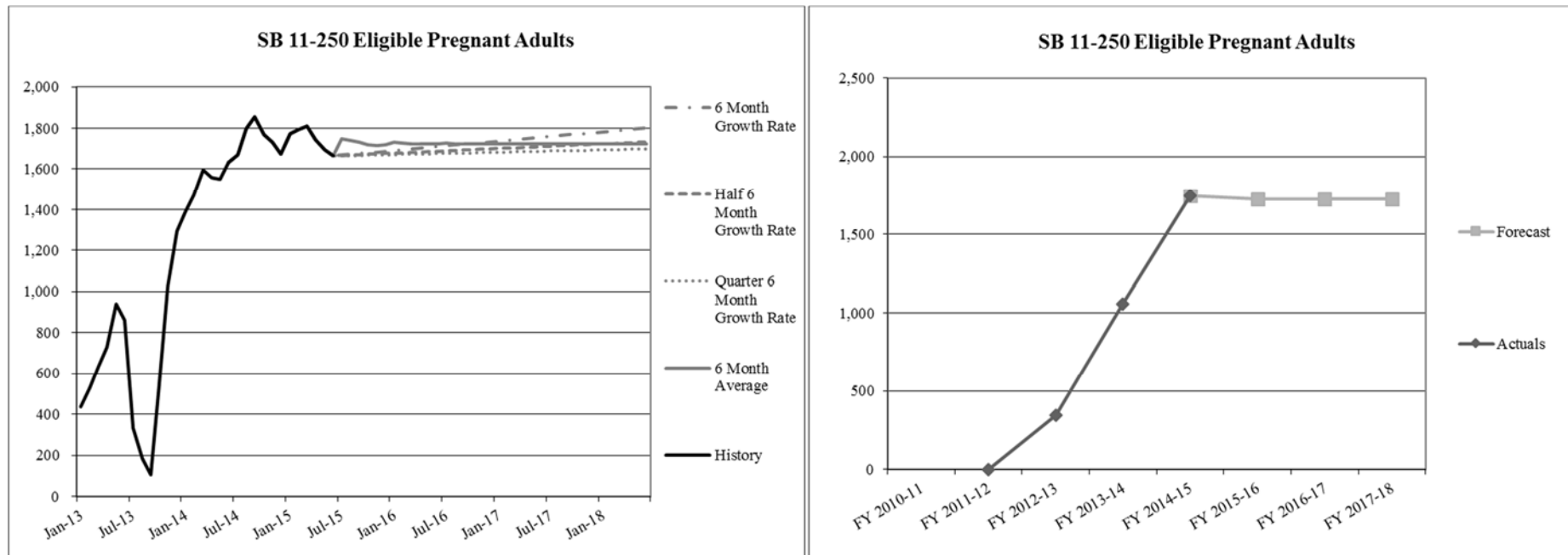
SB 11-250 Eligible Pregnant Adults

Prior to the implementation of SB 11-250 in January 2013, pregnant adults whose family income was under 133% FPL were eligible for Medicaid. SB 11-250 increased the FPL threshold up to 185% FPL, 195% FPL with income disregards applied after October 2013. Services for clients that would have been eligible for CHP+, before the implementation of SB 11-008, receive the enhanced CHP+ federal match. These clients are identified as Medicaid eligible pregnant adults with incomes above 142% FPL and have no other insurance.

25.5-5-205 (3), C.R.S.

(b) (II) For pregnant women, the percentage level of the federal poverty line, as defined pursuant to 42 U.S.C. sec. 9902 (2), used to determine eligibility under this subsection (3) shall be one hundred eighty-five percent. If the federal government establishes a new federal minimum percentage level of the federal poverty line used to determine eligibility under this subsection (3) that is different from the level set in this subparagraph (II), the state department is authorized to meet such federal minimum level without requiring additional legislation; however, such minimum federal level shall be established by rule of the state board.

SB 11-250 Eligible Pregnant Adults: Model Results



SB 11-250 Eligible Pregnant Adults ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
6 Month Growth Rate	1,057	1,749	-3.37%	1,690	(59)	4
Half 6 Month Growth Rate	1,057	1,749	-4.12%	1,677	(72)	2
Quarter 6 Month Growth Rate	1,057	1,749	-4.46%	1,671	(78)	1
6 Month Average	1,057	1,749	-1.20%	1,728	(21)	5

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
6 Month Growth Rate	1,749	1,690	2.66%	1,735	45	4
Half 6 Month Growth Rate	1,749	1,677	1.37%	1,700	23	2
Quarter 6 Month Growth Rate	1,749	1,671	0.72%	1,683	12	1
6 Month Average	1,749	1,728	-0.17%	1,725	(3)	0

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
6 Month Growth Rate	1,690	1,735	2.65%	1,781	46	4
Half 6 Month Growth Rate	1,677	1,700	1.35%	1,723	23	2
Quarter 6 Month Growth Rate	1,671	1,683	0.65%	1,694	11	1
6 Month Average	1,728	1,725	0.00%	1,725	0	0

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

SB 11-250 Eligible Pregnant Adults: Trend Selections

FY 2015-16: -1.20%

FY 2016-17: -0.17%

FY 2017-18: 0.00%

SB 11-250 Eligible Pregnant Adults: Justifications

- Average monthly caseload in FY 2014-15 for SB 11-250 Eligible Pregnant Adults was 1,749, which was 2 clients, or 0.11%, under what was forecasted in February 2015.
- Data issues from July 2013 through November 2013 prevented the Department from identifying these clients, significant drops in caseload can be seen for these months. The Department believes that these issues have been resolved and all appropriate clients can now be identified.
- These clients are identified as Medicaid eligible pregnant adults with incomes above 142% FPL and no other insurance.
- SB 11-250 was implemented in January 2013 and this population only has 18 observations. The Department has used growth trends from the applicable CHP+ population from FY 2011-12 as well as the most recent monthly average growth to analyze the trend for this population.

SB 11-250 Eligible Pregnant Adults: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	863	-	-
Jul-13	334	(529)	-61.30%
Aug-13	186	(148)	-44.31%
Sep-13	105	(81)	-43.55%
Oct-13	549	444	422.86%
Nov-13	1,022	473	86.16%
Dec-13	1,293	271	26.52%
Jan-14	1,390	97	7.50%
Feb-14	1,471	81	5.83%
Mar-14	1,596	125	8.50%
Apr-14	1,559	(37)	-2.32%
May-14	1,549	(10)	-0.64%
Jun-14	1,634	85	5.49%
Jul-14	1,672	38	2.33%
Aug-14	1,800	128	7.66%
Sep-14	1,854	54	3.00%
Oct-14	1,769	(85)	-4.58%
Nov-14	1,733	(36)	-2.04%
Dec-14	1,675	(58)	-3.35%
Jan-15	1,772	97	5.79%
Feb-15	1,795	23	1.30%
Mar-15	1,810	15	0.84%
Apr-15	1,743	(67)	-3.70%
May-15	1,694	(49)	-2.81%
Jun-15	1,665	(29)	-1.71%

	Caseload	% Change	Level Change
FY 2011-12	-		
FY 2012-13	344		
FY 2013-14	1,057	207.27%	713
FY 2014-15	1,749	65.47%	692
FY 2015-16	1,728	-1.20%	(21)
FY 2016-17	1,725	-0.17%	(3)
FY 2017-18	1,725	0.00%	0

Actuals		
	Monthly Change	% Change
6-month average	(2)	-0.05%
12-month average	3	0.23%
18-month average	21	1.50%
24-month average	33	17.23%

February 2015 Projection			
FY 2013-14	1,057	207.27%	713
FY 2014-15	1,751	65.63%	1,751
FY 2015-16	1,923	9.85%	172
FY 2016-17	2,106	9.53%	183

Monthly Average Growth Comparisons		
February 2015 Forecast	14	0.89%
FY 2014-15 Actuals	3	0.40%
FY 2014-15 1st Half	7	0.50%
FY 2014-15 2nd Half	(2)	0.28%
FY 2015-16 Forecast	5	0.31%
February 2015 Forecast	18	0.95%
FY 2016-17 Forecast	(0)	0.00%

February 2015 Forecast	
Forecasted June 2015 Level	1,807

Base trend from June 2015 level			
FY 2015-16	1,665	-4.80%	(84)

Non-Citizens – Emergency Services Only

Section 403 of the Personal Responsibility Work Opportunity Reconciliation Act provides that certain immigrants arriving in the United States after August 22, 1996 are ineligible for full Medicaid benefits for their first five years of residence. The five-year ban only applies to immigrants who arrived in the United States after August 22, 1996. Full Medicaid coverage of individuals for the first five years is optional. Per federal regulations, states must provide mandatory full coverage for:

- Refugees for the first seven years after entry into the United States;
- Asylees for the first seven years after asylum is granted;
- Individuals whose deportation is being withheld for the first seven years after the initial withhold;
- Victims of trafficking;
- Lawful permanent residents who have 40 qualifying quarters of Social Security coverage;
- Cuban or Haitian entrants; and,
- Immigrants who are honorably discharged veterans of the United States military.

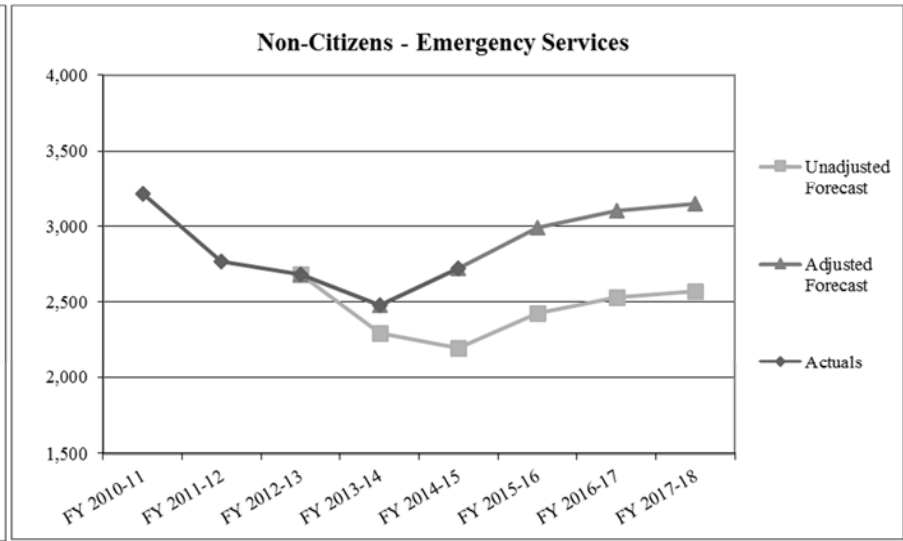
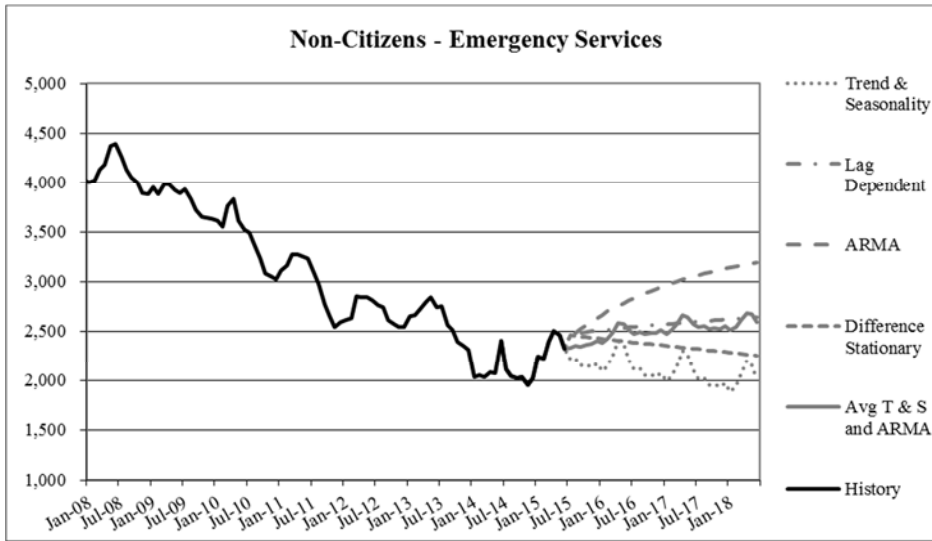
Regardless of whether the individual is an optional or mandatory immigrant, federal law requires all states to provide emergency medical services for individuals who otherwise meet Medicaid eligibility criteria, except for proof of U.S. citizenship.

In April 2001, an eligibility policy change was implemented such that clients are now only counted as eligible in the months they receive emergency medical care. Prior to this policy change, eligibility for this group continued as it would for any other category, although only for emergency medical services. For example, a Non-Citizen with an emergency visit on April 2000 could be eligible in that month, and continue to be eligible for as many months as he/she met other eligibility criteria. The same client would only be eligible for one month, had the emergency service occurred in April 2001. Thus, caseloads presented from April 2001 and forward are much lower than in previous years.

25.5-5-103 (3), C.R.S.

(a) Emergency medical assistance shall be provided to any person who is not a citizen of the United States, including undocumented aliens, aliens who are not qualified aliens, and qualified aliens who entered the United States on or after August 22, 1996, who has an emergency medical condition and meets one of the categorical requirements set forth in section 25.5-5-101; except that such persons shall not be required to meet any residency requirement other than that required by federal law.

Non-Citizens- Emergency Services Only: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	Non-Citizens	Constant, trend, seasonal dummy variables	18.55	18.38	0.0364
Lag Dependent	Non-Citizens	Constant, 1 lag on the dependent variable	13.44	13.41	0.9726
ARMA	Non-Citizens	Constant, AR(1) MA(2)	13.26	13.18	0.9782
Difference Stationary	dlog(Non-Citizens)	Constant, 3 lags on the dependent variable	-3.50	-3.58	0.2566
Avg T & S and Lag Dep	NA	NA	NA	NA	NA
Avg T & S and ARMA	NA	NA	NA	NA	NA

Non-Citizens- Emergency Services: Model Results¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change²
Trend & Seasonality	2,297	2,196	0.73%	2,212	16	137
Lag Dependent	2,297	2,196	14.21%	2,508	312	165
ARMA	2,297	2,196	20.31%	2,642	446	188
Difference Stationary	2,297	2,196	10.52%	2,427	231	153
Avg T & S and Lag Dep	2,297	2,196	7.47%	2,360	164	151
Avg T & S and ARMA	2,297	2,196	10.52%	2,427	231	162

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change²
Trend & Seasonality	2,196	2,212	-4.57%	2,111	(101)	(8)
Lag Dependent	2,196	2,508	2.51%	2,571	63	5
ARMA	2,196	2,642	11.73%	2,952	310	20
Difference Stationary	2,196	2,427	-2.93%	2,356	(71)	(6)
Avg T & S and Lag Dep	2,196	2,360	-0.81%	2,341	(19)	(2)
Avg T & S and ARMA	2,196	2,427	4.33%	2,532	105	6

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change²
Trend & Seasonality	2,212	2,111	-4.78%	2,010	(101)	(8)
Lag Dependent	2,508	2,571	1.91%	2,620	49	4
ARMA	2,642	2,952	6.10%	3,132	180	12
Difference Stationary	2,427	2,356	-2.93%	2,287	(69)	(6)
Avg T & S and Lag Dep	2,360	2,341	-1.11%	2,315	(26)	(2)
Avg T & S and ARMA	2,427	2,532	1.54%	2,571	39	2

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Non-Citizens: Trend Selections

FY 2015-16: 9.92%
 FY 2016-17: 3.74%
 FY 2017-18: 1.29%

Non-Citizens: Justifications

- Average monthly caseload in FY 2014-15 for Non-Citizens was 2,722, which was 149 clients, or 5.79%, over what was forecasted in February 2015. The average monthly growth in FY 2013-14 was 7, compared to the average monthly growth in FY 2014-15 which was 5. The Department believes that the growth in this eligibility would remain relatively flat, except that there is some growth in this eligibility that is attributable to the expansion to 133% FPL, see monthly actuals in chart below.

SB 13-200 Medicaid Expansion Actuals	
Jul-14	433
Aug-14	454
Sep-14	449
Oct-14	500
Nov-14	493
Dec-14	520
Jan-15	564
Feb-15	550
Mar-15	593
Apr-15	592
May-15	608
Jun-15	561

- The caseload declines in FY 2006-07 and FY 2007-08 may indicate that eligibility spans for the Non-Citizens clients are now being ended sooner, caused by eligibility technicians actively working more cases because they are required to collect citizenship information. In addition, it is possible that some undocumented citizens are not applying for Medicaid emergency services out of fear due to the Deficit Reduction Act and HB 06S-1023 identification requirements, even though the Medicaid application clearly states that emergency services are exempt. Although the effects of these state and federal legislations, as well as the 60-day post-partum policy change, are unquantifiable, the Department believes that these large declines are unlikely to continue.
- The Department believes that the caseload volatility in this eligibility type beginning in FY 2008-09 are somewhat related to those experienced in the Baby Care-Adults caseload, as a large portion of the Non-Citizens caseload are pregnant women. Though the cause of this volatility is unknown at this time, the Department does not anticipate that large decreases will continue.

Non-Citizens - Emergency Services: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	2,739	-	-
Jul-13	2,754	15	0.55%
Aug-13	2,562	(192)	-6.97%
Sep-13	2,511	(51)	-1.99%
Oct-13	2,392	(119)	-4.74%
Nov-13	2,352	(40)	-1.67%
Dec-13	2,311	(41)	-1.74%
Jan-14	2,309	(2)	-0.09%
Feb-14	2,374	65	2.82%
Mar-14	2,426	52	2.19%
Apr-14	2,467	41	1.69%
May-14	2,487	20	0.81%
Jun-14	2,821	334	13.43%
Jul-14	2,551	(270)	-9.57%
Aug-14	2,494	(57)	-2.23%
Sep-14	2,474	(20)	-0.80%
Oct-14	2,533	59	2.38%
Nov-14	2,444	(89)	-3.51%
Dec-14	2,541	97	3.97%
Jan-15	2,811	270	10.63%
Feb-15	2,775	(36)	-1.28%
Mar-15	2,984	209	7.53%
Apr-15	3,096	112	3.75%
May-15	3,070	(26)	-0.84%
Jun-15	2,885	(185)	-6.03%

February 2015 Forecast		
Forecasted June 2015 Level		2,710

Base trend from June 2015 level		
FY 2015-16	2,885	5.99% 163

	Caseload	% Change	Level Change
FY 2002-03	4,084	-	-
FY 2003-04	4,793	17.36%	709
FY 2004-05	5,150	7.45%	357
FY 2005-06	6,212	20.62%	1,062
FY 2006-07	5,201	-16.27%	(1,011)
FY 2007-08	4,191	-19.42%	(1,010)
FY 2008-09	3,987	-4.87%	(204)
FY 2009-10	3,693	-7.37%	(294)
FY 2010-11	3,213	-13.00%	(480)
FY 2011-12	2,770	-13.79%	(443)
FY 2012-13	2,684	-3.10%	(86)
FY 2013-14	2,297	-14.42%	(387)
FY 2014-15	2,196	-4.40%	(101)
FY 2015-16	2,427	10.52%	231
FY 2016-17	2,532	4.33%	105
FY 2017-18	2,571	1.54%	39

SB 13-200 Medicaid Expansion Adjustment	
FY 2014-15	526
FY 2015-16	539
FY 2016-17	530
FY 2017-18	530

Changes to Verifying Lawful Presence	
FY 2014-15	0
FY 2015-16	26
FY 2016-17	42
FY 2017-18	43

November 2015 Projections After Adjustments			
FY 2014-15	2,722	9.71%	241
FY 2015-16	2,992	9.92%	270
FY 2016-17	3,104	3.74%	112
FY 2017-18	3,144	1.29%	40

Actuals		
	Monthly Change	% Change
6-month average	57	2.29%
12-month average	5	0.33%
18-month average	32	1.38%
24-month average	6	0.34%

February 2015 Projection Before Adjustments			
FY 2013-14	2,297	-14.42%	(387)
FY 2014-15	2,061	-10.28%	(236)
FY 2015-16	2,040	-1.01%	(21)
FY 2016-17	2,022	-0.90%	(18)

SB 13-200 Medicaid Expansion Adjustment	
FY 2013-14	184
FY 2014-15	512
FY 2015-16	511
FY 2016-17	486

February 2015 Projection After Adjustments			
FY 2013-14	2,481	-7.56%	(203)
FY 2014-15	2,573	3.71%	92
FY 2015-16	2,551	-0.86%	(22)
FY 2016-17	2,508	-1.69%	(43)

Monthly Average Growth Comparisons		
February 2015 Forecast	(9)	-0.27%
FY 2014-15 Actuals	5	0.91%
FY 2014-15 1st Half	(47)	-1.63%
FY 2014-15 2nd Half	57	3.96%
FY 2015-16 Forecast	16	0.55%
February 2015 Forecast	(25)	-0.95%
FY 2016-17 Forecast	3	0.11%

Partial Dual Eligibles

Medicare-eligible beneficiaries who have incomes at a certain federal poverty level and limited resources may qualify to have Medicaid cover some of their out-of-pocket expenses, such as their Medicare Part B premiums and other coinsurance and deductibles. The two groups of clients that qualify for this cost-sharing program are Qualified Medicare Beneficiaries and Special Low Income Medicare Beneficiaries. This group, formerly known as Qualified Medicare Beneficiaries/Special Low Income Medicare Beneficiaries, is now collectively known as Partial Dual Eligibles. Qualified Medicare Beneficiaries have incomes at or below 100% of the federal poverty level, and resources twice the standard allowed under the federal Supplemental Security Income program. These clients receive hospital insurance and supplementary medical insurance premium coverage along with Medicare coinsurance and deductibles. Special Low Income Medicare Beneficiaries have incomes greater than 100% of the federal poverty level, but less than 120%. For Special Low Income Medicare Beneficiaries, Medicaid only pays the supplementary medical insurance premiums.

25.5-5-101 (1), C.R.S.

(1) Individuals with income and resources at a level which qualifies them as Medicare-eligible under section 301 of Title III of the federal "Medicare Catastrophic Coverage Act".

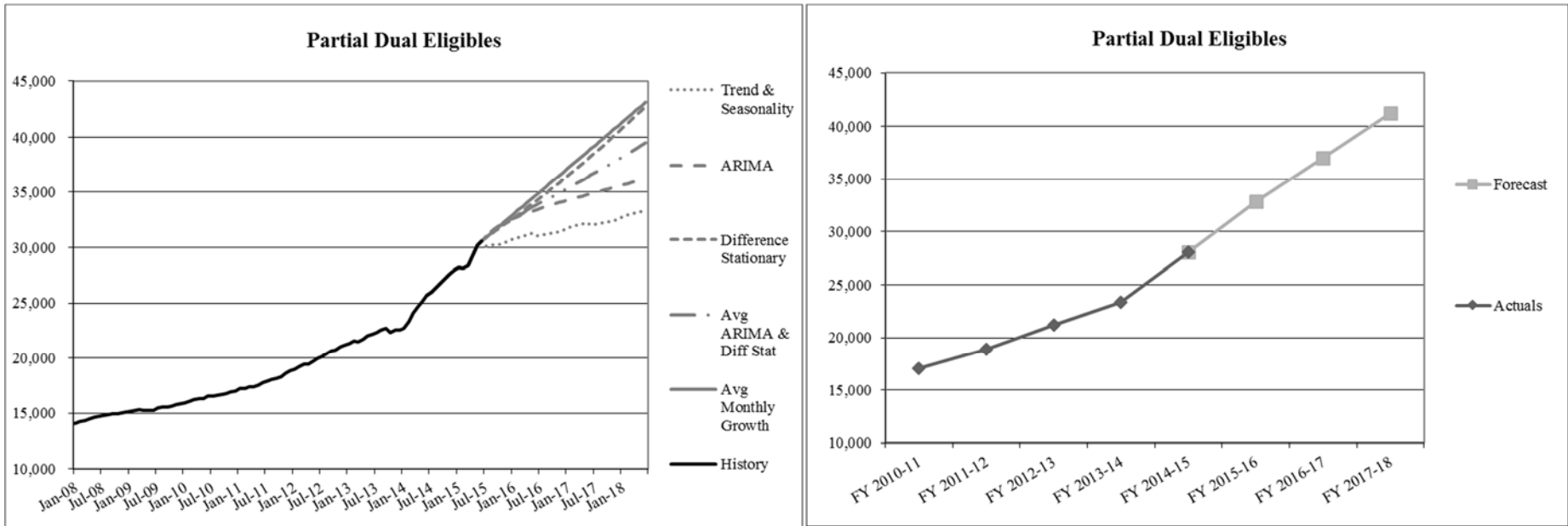
25.5-5-104, C.R.S.

Qualified medicare beneficiaries are medicare-eligible individuals with income and resources at a level which qualifies them as eligible under section 301 of Title III of the federal "Medicare Catastrophic Coverage Act of 1988", as amended, or subsequent amending federal legislation.

25.5-5-105, C.R.S.

Qualified disabled and working individuals are persons with income and resources and disability status, as determined by the social security administration, which qualify them as "qualified disabled and working individuals" under sections 6012 and 6408 of the federal "Omnibus Budget Reconciliation Act of 1989", or subsequent amending federal legislation. The state department is hereby designated as the single state agency to administer benefits available to qualified disabled and working individuals. Such benefits are limited to medicare cost-sharing expenses as determined by the federal government.

Partial Dual Eligibles: Model Results



Model	Dependent Variable	Independent Variables	Schwarz Info Criterion	Akaike Info Criterion	Adjusted R ²
Trend & Seasonality	Partial Duals	Constant, trend, seasonal dummy variables	18.03	17.86	0.9309
ARIMA	d(Partial Duals)	Constant, AR(1) MA(1)	13.4	13.36	0.13
Trend Stationary	log(Partial Duals)	Constant, trend, 2 lags on the dependent variable	-4.46	-4.52	0.9985
Difference Stationary	dlog(Partial Duals)	Constant, 1 lag on the dependent variable	-4.48	-4.51	0.0076
Avg ARIMA & Diff Stat	NA	NA	NA	NA	NA
Avg Monthly Growth	NA	NA	NA	NA	NA

Partial Dual Eligibles: Model Results ¹						
FY 2015-16	FY 2013-14	FY 2014-15	Projected Growth Rate	Projected FY 2015-16 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	23,378	28,045	9.29%	30,650	2,605	36
ARIMA	23,378	28,045	15.65%	32,434	4,389	238
Trend Stationary	23,378	28,045	13.04%	31,702	3,657	186
Difference Stationary	23,378	28,045	15.99%	32,529	4,484	305
Avg ARIMA & Diff Stat	23,378	28,045	15.82%	32,482	4,437	272
Avg Monthly Growth	23,378	28,045	17.08%	32,835	4,790	350

FY 2016-17	FY 2014-15	Projected FY 2015-16 Caseload	Projected Growth Rate	Projected FY 2016-17 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	28,045	30,650	3.30%	31,661	1,011	84
ARIMA	28,045	32,434	5.50%	34,218	1,784	121
Trend Stationary	28,045	31,702	8.08%	34,264	2,562	233
Difference Stationary	28,045	32,529	11.83%	36,377	3,848	337
Avg ARIMA & Diff Stat	28,045	32,482	8.67%	35,298	2,816	229
Avg Monthly Growth	28,045	32,835	12.79%	37,035	4,200	350

FY 2017-18	Projected FY 2015-16 Caseload	Projected FY 2016-17 Caseload	Projected Growth Rate	Projected FY 2017-18 Caseload	Level Change	Average Monthly Change ²
Trend & Seasonality	30,650	31,661	3.20%	32,674	1,013	84
ARIMA	32,434	34,218	4.03%	35,597	1,379	113
Trend Stationary	31,702	34,264	8.91%	37,317	3,053	272
Difference Stationary	32,529	36,377	11.83%	40,680	4,303	377
Avg ARIMA & Diff Stat	32,482	35,298	8.05%	38,139	2,841	245
Avg Monthly Growth	32,835	37,035	11.34%	41,235	4,200	350

¹ Bold denotes Trend Selection

² Average monthly change is calculated as that between June of the respective fiscal year and June of the prior fiscal year. This is not directly comparable to the annual level change, which is calculated as the difference between the annual average caseload.

Partial Dual Eligibles: Trend Selections

FY 2015-16: 17.08%
FY 2016-17: 12.79%
FY 2017-18: 11.34%

Partial Dual Eligibles: Justification

- Average monthly caseload in FY 2014-15 for Partial Dual Eligibles was 28,045, which was 79 clients, or 2.81%, under what was forecasted in February 2015. The Department is using the average monthly growth to predict the caseload growth for FY 2015-16 through FY 2017-18, dampening the forecast from the February 2015 level. The Department is researching reasons for the recent aggressive growth in this eligibility.
- These clients have higher income than Adults 65 and Older or Disabled Adults 60 to 64, and are relatively healthy. Given the increased life expectancy, more people are living healthier longer, which would support strong growth rates in this population. In addition, this population may start to be effected by the “baby boomers”, defined by the U.S. Census Bureau as the generation born between 1946 and 1964, beginning in calendar year 2006.
- Caseload trends are somewhat correlated with age and economic indicators. The assets and annuities provisions in the Deficit Reduction Act of 2005 may also contribute to growth in this category, as some clients who might have qualified for the Adults 65 and Older category now have too much income or assets.
- Caseload growth in this category was positive and steady between FY 1999-00 and FY 2003-04. Caseload experienced an unprecedented contraction on FY 2004-05, due to large monthly declines that occurred as a result of the court order regarding the Colorado Benefits Management System. The relatively strong growth since the beginning of FY 2005-06 may be due to a wood work effect from the Medicare Modernization Act, under which Medicare Part D clients are screened for Medicaid as they apply for the low-income subsidy.

Partial Dual Eligibles: Historical Caseload and Projections

	Actuals	Monthly Change	% Change
Jun-13	22,170	-	-
Jul-13	22,368	198	0.89%
Aug-13	22,539	171	0.76%
Sep-13	22,690	151	0.67%
Oct-13	22,299	(391)	-1.72%
Nov-13	22,539	240	1.08%
Dec-13	22,534	(5)	-0.02%
Jan-14	22,740	206	0.91%
Feb-14	23,302	562	2.47%
Mar-14	24,063	761	3.27%
Apr-14	24,662	599	2.49%
May-14	25,120	458	1.86%
Jun-14	25,676	556	2.21%
Jul-14	25,963	287	1.12%
Aug-14	26,347	384	1.48%
Sep-14	26,787	440	1.67%
Oct-14	27,229	442	1.65%
Nov-14	27,601	372	1.37%
Dec-14	27,944	343	1.24%
Jan-15	28,226	282	1.01%
Feb-15	28,158	(68)	-0.24%
Mar-15	28,332	174	0.62%
Apr-15	29,170	838	2.96%
May-15	30,224	1,054	3.61%
Jun-15	30,560	336	1.11%

	Caseload	% Change	Level Change
FY 2002-03	8,988	-	-
FY 2003-04	9,842	9.50%	854
FY 2004-05	9,605	-2.41%	(237)
FY 2005-06	11,092	15.48%	1,487
FY 2006-07	12,908	16.37%	1,816
FY 2007-08	14,214	10.12%	1,306
FY 2008-09	15,075	6.06%	861
FY 2009-10	15,919	5.60%	844
FY 2010-11	17,090	7.36%	1,171
FY 2011-12	18,871	10.42%	1,781
FY 2012-13	21,206	12.37%	2,335
FY 2013-14	23,378	10.24%	2,172
FY 2014-15	28,045	19.96%	4,667
FY 2015-16	32,835	17.08%	4,790
FY 2016-17	37,035	12.79%	4,200
FY 2017-18	41,235	11.34%	4,200

Actuals		
	Monthly Change	% Change
6-month average	436	1.51%
12-month average	407	1.47%
18-month average	446	1.71%
24-month average	350	1.35%

February 2015 Projection			
FY 2013-14	23,378	10.24%	2,172
FY 2014-15	28,124	20.30%	4,746
FY 2015-16	32,033	13.90%	3,909
FY 2016-17	35,393	10.49%	3,360

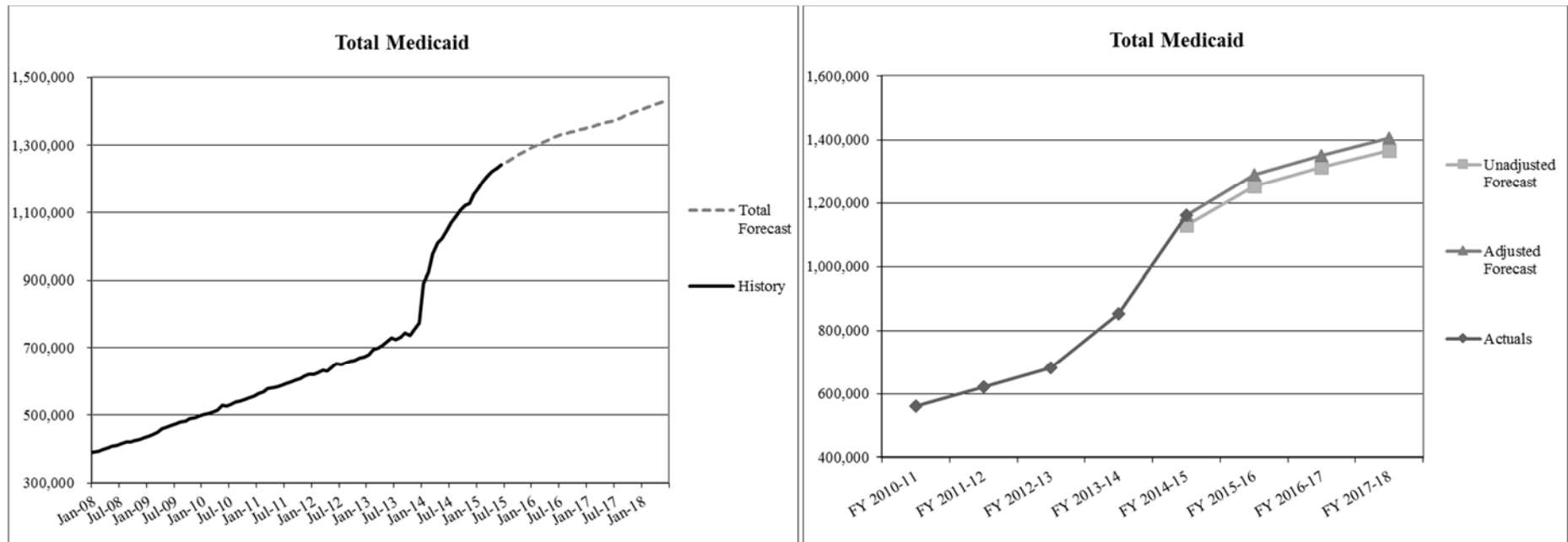
Monthly Average Growth Comparisons		
February 2015 Forecast	378	1.37%
FY 2014-15 Actuals	407	1.50%
FY 2014-15 1st Half	378	1.42%
FY 2014-15 2nd Half	436	1.59%
FY 2015-16 Forecast	350	1.08%
February 2015 Forecast	280	0.88%
FY 2016-17 Forecast	350	0.96%

February 2015 Forecast	
Forecasted June 2015 Level	30,212

Base trend from June 2015 level			
FY 2015-16	30,560	8.97%	2,515

TOTAL MEDICAID SUMMARY

Average monthly caseload for total Medicaid in FY 2014-15 was 1,161,206, which was 73 clients, or 0.01% under what was forecasted in February 2015. All adjustments for expansion populations have been changed to match actual observations through June 2015. The Department is dampening caseload growth in FY 2015-16, in line with the February 2015 forecast, as the Department believes that the aggressive caseload growth associated with the expansionary period will stabilize by FY 2015-16. Average monthly caseload for total Medicaid in FY 2015-16 is projected to grow by 14.21% from FY 2014-15, and then 4.74% from FY 2015-16 to FY 2016-17 and 3.98% from FY 2016-17 to FY 2017-18.



				Total Medicaid: Historical Caseload and Projections			
	Actuals	Monthly Change	% Change		Caseload	% Change	Level Change
Jun-13	729,074	-	-	FY 2002-03	331,800	-	-
Jul-13	724,724	(4,350)	-0.60%	FY 2003-04	367,559	10.78%	35,759
Aug-13	731,093	6,369	0.88%	FY 2004-05	406,024	10.46%	38,465
Sep-13	744,085	12,992	1.78%	FY 2005-06	402,218	-0.94%	(3,806)
Oct-13	735,952	(8,133)	-1.09%	FY 2006-07	392,229	-2.48%	(9,989)
Nov-13	753,807	17,855	2.43%	FY 2007-08	391,962	-0.07%	(267)
Dec-13	772,954	19,147	2.54%	FY 2008-09	436,812	11.44%	44,850
Jan-14	889,665	116,711	15.10%	FY 2009-10	498,797	14.19%	61,985
Feb-14	923,526	33,861	3.81%	FY 2010-11	560,759	12.42%	61,962
Mar-14	976,972	53,446	5.79%	FY 2011-12	619,963	10.56%	59,204
Apr-14	1,009,483	32,511	3.33%	FY 2012-13	682,994	10.17%	63,031
May-14	1,021,745	12,262	1.21%	FY 2013-14	853,197	24.92%	170,203
Jun-14	1,047,466	25,721	2.52%	FY 2014-15	1,130,213	32.47%	277,016
Jul-14	1,068,332	20,866	1.99%	FY 2015-16	1,253,157	10.88%	122,944
Aug-14	1,089,078	20,746	1.94%	FY 2016-17	1,313,409	4.81%	60,252
Sep-14	1,106,597	17,519	1.61%	FY 2017-18	1,367,021	4.08%	53,612
Oct-14	1,120,120	13,523	1.22%				
Nov-14	1,125,105	4,985	0.45%				
Dec-14	1,153,171	28,066	2.49%				
Jan-15	1,172,532	19,361	1.68%				
Feb-15	1,194,129	21,597	1.84%				
Mar-15	1,209,912	15,783	1.32%				
Apr-15	1,221,991	12,079	1.00%				
May-15	1,232,067	10,076	0.82%				
Jun-15	1,241,434	9,367	0.76%				
February 2015 Forecast							
Forecasted June 2015 Level			1,242,343				
Base trend from June 2015 level							
FY 2015-16	1,241,434	6.91%	80,228				
				Total Adjustments			
				FY 2014-15		30,993	
				FY 2015-16		37,687	
				FY 2016-17		38,596	
				FY 2017-18		38,759	
				November 2015 Projections After Adjustments			
				FY 2014-15	1,161,206	36.10%	308,009
				FY 2015-16	1,290,844	14.21%	129,638
				FY 2016-17	1,352,005	4.74%	61,161
				FY 2017-18	1,405,780	3.98%	53,775
				Actuals			
					Monthly Change	% Change	
				6-month average	14,711	1.24%	
				12-month average	16,164	1.43%	
				18-month average	26,027	2.72%	
				24-month average	21,348	2.28%	
				February 2015 Projection Before Adjustments			
				FY 2013-14	853,185	12.32%	84,129
				FY 2014-15	1,114,604	13.85%	106,209
				FY 2015-16	1,221,958	8.26%	72,134
				FY 2016-17	1,317,440	6.71%	63,397
				Total Adjustments			
				FY 2013-14		7,772	
				FY 2014-15		46,529	
				FY 2015-16		67,535	
				FY 2016-17		50,239	
				February 2015 Projection After Adjustments			
				FY 2013-14	860,957	26.06%	177,963
				FY 2014-15	1,161,133	34.87%	300,176
				FY 2015-16	1,289,493	11.05%	128,360
				FY 2016-17	1,367,679	6.06%	78,186
				Monthly Average Growth Comparisons			
				February 2015 Forecast	16,240	1.43%	
				FY 2014-15 Actuals	16,164	1.49%	
				FY 2014-15 1st Half	17,618	1.62%	
				FY 2014-15 2nd Half	14,711	1.33%	
				FY 2015-16 Forecast	7,153	0.56%	
				February 2015 Forecast	7,004	0.55%	
				FY 2016-17 Forecast	3,738	0.28%	