



**COLORADO**

Department of Health Care  
Policy & Financing

September 1, 2015

The Honorable Kent Lambert, Chair  
Joint Budget Committee  
200 East 14<sup>th</sup> Avenue, Third Floor  
Denver, CO 80203

Dear Senator Lambert,

Enclosed please find the Department's response to the Joint Budget Committee's (JBC) Request for Information regarding the long-term strategy for reimbursement of eligibility determination services performed by Colorado's counties.

The JBC Request for Information dated June 25, 2015 requested information regarding:

- *The Department's long-term strategy for reimbursing for eligibility determination services, with attention to eligibility determination issues raised by the Community Living Advisory Group (CLAG) and the "no wrong door" principle of the Department.*
- *Why significant variations exist in the Department's reimbursement for different eligibility service providers per application processed*
- *The Department's overall strategy and direction for ensuring efficient, effective, and accessible eligibility determinations*

For further information or questions regarding this Request for Information, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at [Zach.lynkiewicz@state.co.us](mailto:Zach.lynkiewicz@state.co.us) or 720-854-9882.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Susan E. Birch', is written over a light blue circular stamp.

Susan E. Birch, MBA, BSN, RN  
Executive Director

SEB/jm

Enclosure(s): Health Care Policy and Financing Eligibility Determination Reimbursements

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Cc: Representative Millie Hamner, Vice-chair, Joint Budget Committee  
Representative Bob Rankin, Joint Budget Committee  
Representative Dave Young, Joint Budget Committee  
Senator Kevin Grantham, Joint Budget Committee  
Senator Pat Steadman, Joint Budget Committee  
John Ziegler, Staff Director, JBC  
Eric Kurtz, JBC Analyst  
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Jed Ziegenhagen, Community Living Office Director, HCPF  
Tom Massey, Policy, Communications, and Administration Office Director, HCPF  
Rachel Reiter, External Relations Division Director, HCPF  
Zach Lynkiewicz, Legislative Liaison, HCPF



***(Request #1) The Department's long-term strategy for reimbursing for eligibility determination services, with attention to eligibility determination issues raised by the Community Living Advisory Group (CLAG) and the "no wrong door" principle of the Department.***

***Summary:***

*The Department's long-term strategy for reimbursing eligibility determination services touches on several different aspects of the Medicaid program, from improving the processes for general eligibility determinations to restructuring the Department's long-term support services (LTSS) delivery model. The information in response to question one touches briefly on the Department's current and long-term strategy for general eligibility determinations, but primarily focuses on the restructuring of the LTSS delivery model.*

**General Eligibility Determinations:**

Currently, the Department's strategy for reimbursement of general eligibility determination services is based on expenditures for county administration as reported through the County Financial Management System (CFMS). Each year, the Department grants each eligibility determination provider an allotment to cover administrative expenditures incurred by each provider. These providers, which mostly comprise Colorado's 64 counties, utilize the allotment to cover the administrative expenditures incurred during the fiscal year. These expenditures allow for maintenance and operation of local county department of social services' (CDSS), which has a direct impact on program administration, including timeliness of new applications and redeterminations, quality of case processing, training of local staff, and responsiveness of counties to client inquiries. Due to the changes enacted to the Medicaid program since the implementation of the Affordable Care Act (ACA) that resulted in the increased State caseload, the Department expects to continue to reimburse eligibility determination providers based on actual cost. The benefits of this, and the reasons for variations in cost between the different providers, is discussed in questions two and three.

**LTSS Eligibility Determinations:**

Presently, individuals seeking LTSS through Medicaid must be determined financially and functionally eligible. LTSS includes home and community-based services, nursing facilities, and regional centers. Section 25.5-1-118(1), C.R.S. requires that the CDSS in each county determine the financial eligibility for Medicaid LTSS. The financial eligibility determination requires a complex review of income and assets that are beyond the typical Medicaid application. The Department contracts with Single Entry Point Agencies (SEP) and Community-Centered Boards (CCB) to complete a functional assessment to determine functional eligibility for Medicaid LTSS. Clients must work with the SEP or CCB assigned to their region based upon their county of residence and are not allowed choice in agencies. CCBs determine eligibility for individuals with intellectual and developmental disabilities while SEPs determine eligibility for all other populations seeking LTSS. These two eligibility processes are managed separately and must be closely coordinated, though communication and coordination issues can arise between counties and the SEPs and CCBs. Because the CDSS conducts the financial eligibility determination and SEPs and CCBs conduct the functional eligibility determination, clients must contact these agencies separately to start the eligibility process in most cases. Some CDSS receive SEP contracts for multiple counties.



These CDSS can conduct the financial eligibility determination for their own county. However, they cannot conduct the determination in the other counties served by the SEP, leaving the other CDSS in the SEP region to conduct the financial eligibility determination.

The Department will address its long-term strategy for reimbursing eligibility determination services and the eligibility determination issues raised by the Community Living Advisory Group (CLAG) and the Department's No Wrong Door (NWD) initiative during the three-year NWD implementation period, beginning in October 2015 and ending in September 2018.

The CLAG was created by executive order in 2012 and was charged with recommending strategies for improving the state's LTSS system. The CLAG issued their final recommendations in September 2014 with the intent of creating an LTSS system that responds to the needs of all people, regardless of where they fall on the age/disability continuum. As a result of the CLAG's recommendations, the Department and partnering agencies are working together to create a NWD system. Colorado's current LTSS system operates with little communication between organizations. Individuals seeking LTSS often have to navigate a very complex path and frequently must retell their stories to multiple agencies to access the services they need. NWD creates a seamless entry point system so that all individuals seeking LTSS can access them at any entry point organization, regardless of their age, disability, or pay source.

The Department recently applied for a NWD implementation grant from the Administration for Community Living (ACL). The application included a three-year implementation plan outlining the Department's plans to work with LTSS entry point agencies and other relevant stakeholders to create three to five community organizational pilot sites throughout the state. The proposed process involves testing, refining, and evaluating the pilots on their ability to provide positive experiences and outcomes for consumers seeking LTSS, with the help of contractors, to determine the best practices for creating a regional model to replicate the NWD system statewide. At the conclusion of the pilot period, the Department will work with the partners at the Department of Human Services' Aging and Adult Services Division and Office of Behavioral Health to pursue statutory changes and federal approval needed to create and finance a yet-to-be-determined number of NWD regional networks based on the model developed through the pilots.

The relevant eligibility issues and framework for NWD are based off of four recommendations in the CLAG report. The NWD grant will address three of the recommendations. The recommendations from the CLAG report are addressed in the following paragraphs.

### **Conduct a pilot study of presumptive eligibility for LTSS**

The NWD grant would address three of the four recommendations and the Department does not plan to address the CLAG recommendation to conduct a pilot study of presumptive eligibility for LTSS. Under presumptive eligibility, the state assumes the applicant is eligible for Medicaid LTSS and covers an individual's costs for services during the eligibility determination process. If the individual is determined to be ineligible for LTSS, the state will not receive the federal match from the Centers for Medicare and Medicaid Services (CMS) for the incurred costs. States that do have presumptive eligibility for LTSS have quick determination processes, leaving them at minimal risk for covering costs over an extended period of time. Because the length of time it takes to determine financial eligibility varies from county to county, Colorado could be at risk for covering all service costs for ineligible clients who have received services for several months if this policy



was in place. Additionally, the General Assembly has not appropriated state-only funds to cover these costs in the event the Department did not receive federal matching funds and therefore the Department is unable to implement this recommendation.

### **Create comprehensive access points for all LTSS**

The recommendation to create comprehensive access points for all LTSS is the essence of the NWD principle. Comprehensive access points will make all LTSS accessible wherever individuals, regardless of disability, age or payer source, enter the LTSS system. Access points currently include SEPs, CCBs, Centers for Independent Living (CLIs), Area Agencies on Aging (AAAs), Adult and Disability Resources for Colorado (ADRCs), the Veterans Administration, and Behavioral Health Organizations (BHOs). These access points will assess level of need and provide options counseling to help individuals choose the best services delivery model. Additionally, the Department plans to create a toll-free phone number, a call center, and a website to increase consumer access to the NWD system. However, these components will not be completed in their entirety by the end of the pilot period. Through the pilots, entry point organizations in a given region will be expected to work together to ensure that individuals in need of LTSS can access the NWD system at any entry point. Each pilot must include a lead agency that ensures the six criteria of a fully-functioning NWD system, as identified by the ACL, are carried out. The pilots will have the option of carrying out the six functions either through their own organization or by sub-contracting with other LTSS entry point agencies in their respective regions. The six criteria are:

#### **1. Information, Referral, and Awareness**

Under this function, the LTSS entry point system must serve as a highly visible and trusted place where people of all ages, disabilities and income levels turn for unbiased information on LTSS options. The entry point system must promote awareness of options available in the community and be able to link people with needed services and supports — both public and private.

#### **2. Person-centered Counseling**

The ability of the entry point system to provide one-on-one assistance and decision support to people and their family members, guardians, and/or caregivers. The main purpose of person-centered counseling is to help people understand and assess their situation and assist them in making informed decisions about their LTSS choices. The state will work with the pilots to hire and train person-centered counselors. They will be one of the most visible positions in the NWD system.

#### **3. Person-Centered Transition Support**

To effectively deliver person-centered transition support, the entry point system must be able to create formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program to another. These transitions include from nursing home placement to the home, and hospital discharges to community-based LTSS in the home. The entry point system can play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meets their needs and preferences.

#### **4. Consumer Populations, Partnerships, and Stakeholder Involvement**

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Entry point systems must serve persons with all types of disabilities regardless of age and income. To achieve this outcome, a wide variety of stakeholders, including consumers, LTSS programs and providers and state agencies must actively participate in not only designing and refining the entry point system but also in providing the services.

**5. Quality Assurance and Continuous Improvement**

Quality assurance and continuous improvement must be a part of every entry point system to ensure services are available, are of high quality and meet the needs of individuals and are sustained statewide. Entry point systems should use integrated information technology (IT) systems to track customers, services, performance, costs and to continuously evaluate and improve on the results.

**6. Streamlined Eligibility Determination for Public Programs**

LTSS are funded by a variety of government programs administered by an array of federal, state and local agencies, each with its own eligibility rules, procedures, and paperwork requirements. An entry point system must offer a NWD to all publicly funded LTSS, including Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. Entry point organizations should facilitate a streamlined intake and screening and eligibility determination process for consumers accessing publicly funded LTSS.

In consideration of the criteria, Colorado currently lacks a coordinated, standardized intake and screening process for public programs. Intake and screening is often disconnected from the information, assistance, and referral networks, meaning consumers are left to navigate the system on their own. Several entry point organizations serve only Medicaid-eligible consumers while several others have no formal interaction with the Medicaid system and cannot track the Medicaid eligibility of their clients. At the same time, public programs lack a streamlined process for eligibility determination. County departments of social and human services determine an individual's financial eligibility independent of organizations that assess the individual's functional eligibility for Medicaid LTSS, in many cases. Even within the Medicaid program, different organizations determine functional eligibility depending on a consumer's type of disability. For example, a CCB determines functional eligibility for people with intellectual or developmental disabilities while a SEP determines eligibility for consumers with other types of disabilities. This bifurcated eligibility process contributes to perceptions of the difficulty in accessing LTSS.

Additionally, there is no data system that connects demographic, eligibility, and assessment data for most individuals seeking LTSS. Currently, the data system used in determining financial eligibility for Medicaid does not interface with the systems used for functional eligibility determination. This lack of data system integration means SEPs, CCBs and CDSS agencies are not automatically notified when a client receives an eligibility determination. This obstacle, in turn, can result in enrollment delays. Additionally, the state is maintaining different data systems financed through different federal and state funding streams. These data systems do not communicate with each other and collect and retain duplicative data regarding individuals seeking and accessing LTSS. The Department is currently has federal and state funding to implement new data systems and build communication pathways with existing systems used to manage Medicaid data. These systems include:

- Colorado Benefits Management System (CBMS) used by CDSS agencies;





- Benefits Utilization System (BUS) used by the CCBs and SEPs;
- Community Contract Management System (CCMS) used by the CCBs

To fully implement the NWD vision, data Systems deployed locally by CCBs, Area Agencies on Aging and Centers for Independent Living and other systems operated by other state agencies collecting LTSS data will need to be integrated with the Medicaid data systems.

The state understands the importance of these issues and will address them during the pilot period. The pilots will be evaluated over the course of three years based on how successfully they carry out the six functions and the adjustments they make. One of the expected criteria for evaluating the success of the pilots is the timeframe for completing eligibility determinations. The pilots are critical for clarifying roles and responsibilities of agencies, developing operational protocols to standardize entry point activities across agencies, including the functional and financial eligibility determinations, establishing staff qualifications and training and drafting requirements for an information technology platform. All of these items will be developed with recommendations for full implementation through the pilot sites.

### **Create and fund a system of LTSS that supports individuals of all ages with all types of insurance**

The expectation for the NWD system is that it will serve all individuals seeking LTSS, regardless of age, disability, or insurance. The anticipated process for coordinating both Medicaid financial and eligibility determinations together can help achieve this outcome. After an individual contacts the NWD system, the person-centered counselor will likely be the main contact for individuals as they fill out applications. The financial eligibility worker and the person-centered counselor will be expected to establish a formal working relationship in determining eligibility, financially and functionally. If the individual is determined to be eligible for a Medicaid LTSS Program, the person-centered counselor will make a warm handoff to the appropriate agency that will develop a service plan and set up services for the individual. If the individual is not eligible and wants services, the person-centered counselor will work with the individual to access other options if available. The eligibility process for other public programs, including Older Americans Act programs, veterans' benefits and State Funded Senior Services is expected to be similarly streamlined. The person-centered counselor will be expected to help the individual apply for those services when applicable. By working across funding streams to help connect individuals to other programs, the NWD system can divert people from Medicaid LTSS or arrange a package of LTSS benefits covered across multiple funding streams, diminishing the impact on Medicaid.

While Medicaid will likely play a significant role in financing the NWD system, it has yet to be determined how much Medicaid funding is needed, as opposed to funding from other sources. The Department will utilize a consultant to conduct a time study assessing how much time staff from pilot sites spend on intake and screening for LTSS options and determining Medicaid eligibility. This study should indicate how much funding needs to come from Medicaid and how much funding needs to come from other sources. It is also unclear how the NWD system can access and leverage private pay sources. The Department, through the pilots, will examine the private pay market opportunities to inform future financial modeling for the NWD system.



## **Develop training modules for individuals working in entry point agencies and financial eligibility agencies**

The Department will develop a toolkit of NWD operations for the statewide system, which will include standard training modules for NWD employees, including person-centered counselors, transition coordinators and financial eligibility workers.

The toolkit is also expected to include decision support tools, operational protocols, such as the coordination of the functional and financial eligibility determinations, and a template for state contracts for NWD regional agencies. The toolkit will be informed by the community organizational pilots and completed by the end of the pilot period in September 2018.

### ***(Request #2) Why significant variations exist in the Department's reimbursement for different eligibility service providers per application processed***

#### *Summary:*

*Variation exists amongst Colorado's various eligibility determination providers due to a multitude of reasons; many of these reasons are explained further in proceeding paragraphs. Counties, which are the primary providers in Colorado, are not solely responsible for eligibility determinations for Medicaid; they are also responsible for administration of other public assistance programs. Differences between counties in areas such as ongoing caseloads, types of Medicaid enrollment across counties, individual business processes, including manual versus automated data entry, and variations in cost-of-living for county eligibility technicians produce variance in costs and expenditures amongst the Department's eligibility determination service providers. The following paragraphs provide further explanations of these variations.*

#### **Variations based on Type of Application, Caseload, and Program**

In supervising Colorado's Medical Assistance program, the Department works with many different entities to ensure clients are enrolled into Medicaid and Children's Health Plan *Plus* (CHP+) in the most efficient and effective way while accommodating clients at multiple entry points. In addition to counties, the Department supervises the following: Medical Assistance (MA) Sites, Presumptive Eligibility (PE) Sites, and Certified Application Assistance Sites (CAAS).

As the table below describes, the work performed by the various types of assistance sites drives much of the variation between the expenditures of counties and other types of sites. For instance, because MA sites are primarily responsible for processing new applications, they bear the cost of this activity. However, once the eligibility determination has been made, the case is then transferred from the MA site to the client's county of residence (COR). Also, PE sites, once they grant a presumptive eligibility determination, are then required to transfer the case to the client's COR for the initial application and ongoing case management to be processed. CAAS sites are only responsible for assisting an applicant in filling out an application, and do not process any eligibility determinations for applicants. These intricacies help explain the variation in cost between the Department's various types of eligibility determination providers; although an MA or PE site can assist an applicant at various points of the eligibility process, the primary responsibility for case management falls on the client's COR.





	County	MA Site	PE Site	CAAS Site
Relationship with Department	Functions written in statute	Must enter into contract with Dept	Must complete an application with Dept for PE designation	Must complete an application with Dept for CAAS designation
Programs Responsible for	Medical and Food Assistance, Colorado Works, Old Age Pension, others	Medical Assistance only	Presumptive eligibility for Medical Assistance only	Can only assist on Medical Assistance applications
Functions performed	New applications and redeterminations; ongoing case management; APTC determinations on mixed cases	New applications and case updates for RRRs; cases transferred to county for ongoing case management. Denver Health (MA Site) retains cases for ongoing case management	Presumptive eligibility only; application forwarded to county for eligibility determination	Assists applicants with filling out Medical Assistance applications; application forwarded to county
CBMS Access	Full update access for all programs	Update access for Medical Assistance only	Update access for PE determination only	No CBMS access
Performance Standards	Held to timeliness and quality standards (QA/QC)	Held to timeliness and quality standards (QA/QC)	Site Recertification process includes case reviews conducted by Dept every 2 years to ensure 90% accuracy rate of PE determinations	No quality checks; county ensures application is correct; applications required to be forwarded within 5 business days

Because counties process the majority of the Department's caseload, much of the focus regarding administrative funding remains on them. However, it is critical to note that in addition to the responsibilities the Department places on the counties, there are other responsibilities that they must fulfill, including those placed on them by CDHS, as well as other, local programs for which they are responsible. Counties do not process eligibility determinations for Medical Assistance without simultaneous enrollment in other public assistance programs, including Supplemental Nutrition Assistance Program (SNAP) and Colorado Works. Because of the Medicaid expansion, as simultaneous "spike" of interest in other programs, specifically those managed by CDHS, may have occurred, resulting in increased workload for the counties. While many of the Department's eligibility partners, such as CAAS and PE Sites, are able to focus solely on Medicaid, the Department is aware that counties have other responsibilities beyond Medical Assistance. Further information regarding cost allocation between HCPF and CDHS can be found in Addendum B.



In previous discussions with the JBC, much of the focus has been on the “cost per application per county.” However, the focus on the “cost per application” can be misleading and does not take into account the intricacies of the eligibility determination process. There are significant variations in the county responsibilities between the types of applications processed (a new application versus a redetermination) and the type of program that is being worked (Modified Adjusted Gross Income (MAGI, an income methodology for determining eligibility, utilized on most Medicaid cases), long term support services, or Advanced Payment Tax Credits (APTC)) (see table 2). Because of automation processes enacted with the implementation of the Affordable Care Act, the processing of new applications for MAGI programs may have lessened the workload for county technicians. However, once the applicant is enrolled, ongoing case management must be performed by the county, where much of the work remains as manual processes. In addition, if the applicant is not applying for a MAGI program, but is applying for LTSS, county technicians must perform a significantly larger amount of work on the case, due to the different program rules, as described in question one.

Another distinction must be made regarding the “door” in which a client chooses to enter the Medicaid system. For instance, an applicant may fill out a paper application and mail it to their county of residence in order to receive an eligibility determination. In this case, the application is received by the county and manually entered into the eligibility determination system, which produces manual data entry for the final eligibility determination. In contrast, if the applicant chooses to apply via the PEAK website, the data entry for the final eligibility determination was actually completed by the applicant. In this scenario, the county may perform (if the case was not determined utilizing Real Time Eligibility) a final check of the data entry before authorizing eligibility. In scenario one, the county is doing much of the manual data entry, while scenario two moves that duty to the applicant, thus eliminating some of the workload.

Thus, it is critical to differentiate between the types of applications and programs, in addition to manual versus automated data entry, that the counties must process in order to understand the variations that exist between the different eligibility service providers. Some counties may have larger ongoing caseloads, where manual processes remain; other counties may have more LTSS clients, which require a larger amount of information from the client than what is required for MAGI cases. Also, it must be noted that Medicaid expenditures listed (found in graph one) also include the local share of the costs expended. The nature of the state-supervised, county-administered system allows for cost-sharing between the State and local entities. Because counties must also share in the cost of providing Medical Assistance, they have an incentive to keep costs as low as possible in order to minimize the local share they must contribute.

County	FY 2011-12		FY 2012-13		FY 2013-14		FY 2014-15	
Type	New Applications	Redetermination (RRR)	New Applications	Redetermination (RRR)	New Applications	Redetermination (RRR)	New Applications	Redetermination (RRR)
El Paso	37,706	88,193	49,875	127,250	49,268	139,607	40,080	183,724



<b>Teller</b>	2,114	2,826	2,366	3,612	2,190	4,274	1,539	5,596
<b>Fremont</b>	4,499	8,498	4,686	11,991	4,767	13,570	3,589	17,334
<b>Arapahoe</b>	56,424	84,171	55,579	120,025	45,850	127,827	32,500	162,547
<b>Pitkin</b>	428	516	528	485	810	577	845	1,368
<b>Gunnison</b>	1,384	1,581	1,220	1,946	1,519	2,165	1,313	3,696
<b>Weld</b>	25,767	54,358	30,597	69,063	25,048	75,687	18,804	98,774
<b>Garfield</b>	7,152	10,293	7,420	11,692	5,824	12,906	4,448	17,115
<b>Denver</b>	46,568	131,574	48,480	181,533	51,660	193,112	40,787	242,108
<b>Rio Blanco</b>	743	1,029	663	1,177	573	1,186	456	1,504

*Table 2 contains caseload data, by selected county, for both new applications and redeterminations. Caseload data for all 64 counties can be found in addendum A.*

The state-supervised county-administered structure in Colorado allows for counties to determine the most effective business processes for their local communities and populations. For instance, some counties train their workers to be “specialists.” In this business model, the eligibility technician is specialized in only certain programs; one worker may be specialized in MAGI, while the other may be specialized in LTSS. Because MAGI programs generally require less work than LTSS, the specialized LTSS worker may be paid more than the specialized MAGI worker. In other counties, many eligibility technicians are classified as “generalists.” This business model allows the counties to train their workers to process all programs, for both HCPF and CDHS. Because generalists will work any program, both medical and financial, their pay grades may vary significantly more than the pay grades of specialists. Understanding the various business models implemented by the counties can help to understand the variation of costs between them.

Another variation that must be taken into account is the cost of doing business throughout the various regions of the State. For instance, because the cost of living is greater in the Denver Metro area than in rural areas, Metro area counties may have higher costs of doing business than those of Colorado’s rural counties. The pay disparity can be seen in the latest County Technical Services, Inc. (CTSI) 2014 County Salary Survey. In this survey, CTSI found that, for the smallest counties (revenue under \$10 million), the average pay for a benefits technician is approximately \$16.32 per hour. Conversely, in large counties, where revenue was in excess of \$100 million, the average pay for the same job category – benefits technician – paid an average of \$25.18 per hour; a nearly \$9 per hour pay difference.

The wide disparity in areas such as county caseload, enrollment figures based on program, business process implementation, and cost of living produces wide variation amongst the Department’s various eligibility determination service providers.

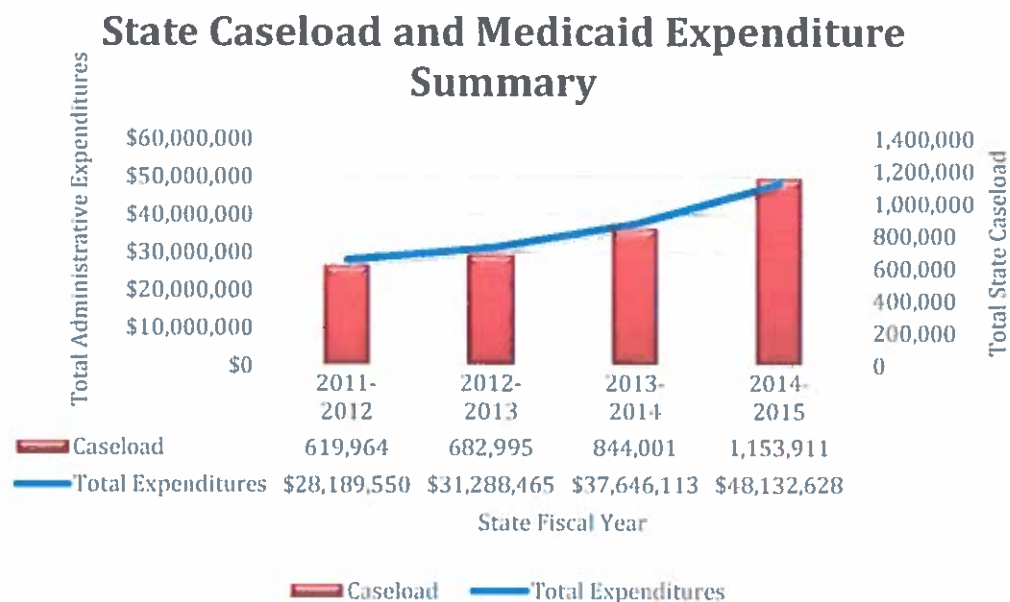


**(Request #3) The Department's overall strategy and direction for ensuring efficient, effective, and accessible eligibility determinations**

**Summary:**

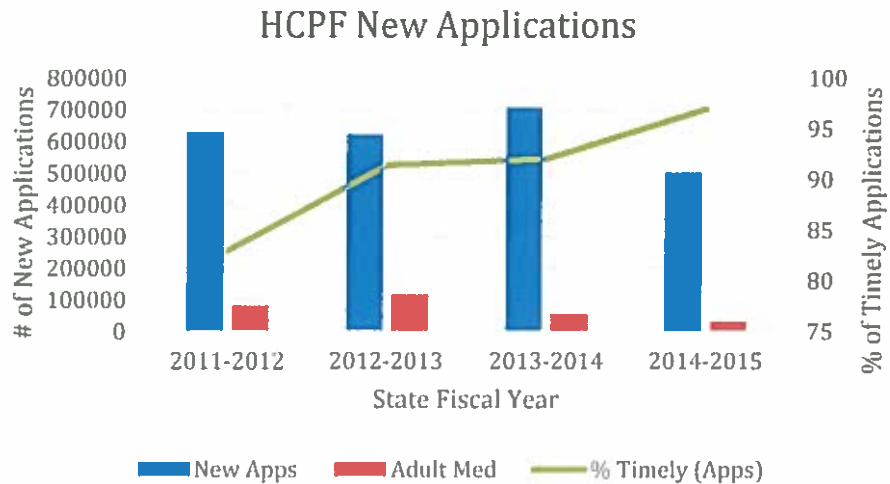
The Department's response to question three provides a glimpse at the progress the Department and its county partners have made since FY 2011-12. To build on those successes and further the strategy for efficient, effective, and accessible eligibility determinations, the Department will focus on areas including business process reengineering and leveraging of technology, LTSS process improvements through the NWD initiative, the Eligibility and Enrollment Medical Assistance Program (EEMAP) vendor transition, and new innovations such as the county incentive program and the county grant program, as described below.

In order to discuss the Department's strategy for ensuring efficient, effective, and accessible eligibility determinations, it is critical to first highlight the enormous progress the Department and its county partners have made since FY 2011-12. Since that time, the State's caseload doubled, increasing by over 500,000 individuals. As the caseload increased, counties were able to increase timeliness of new applications while still absorbing the Medicaid expansion population. In the graphs below, the Department provides visualizations of the progress made in areas including timeliness of new applications and redeterminations based on caseload increases, as well as a caseload and expenditure summary illustrating the increase in caseload across the State.

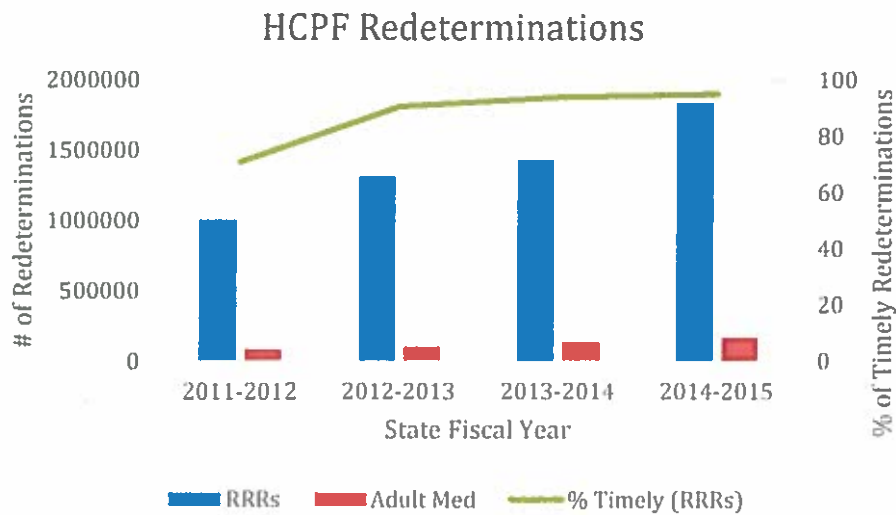


*Graph 1, State Caseload and Medicaid Expenditure Summary*





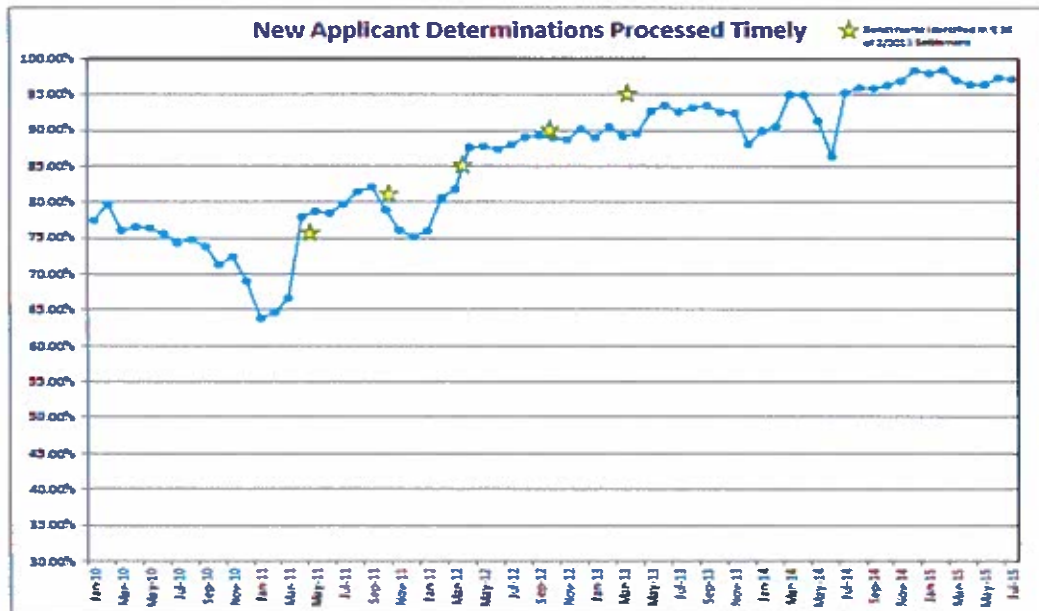
**Graph 2 – Number and Timeliness of HCPF New Applications, FY11-12 – FY14-15**



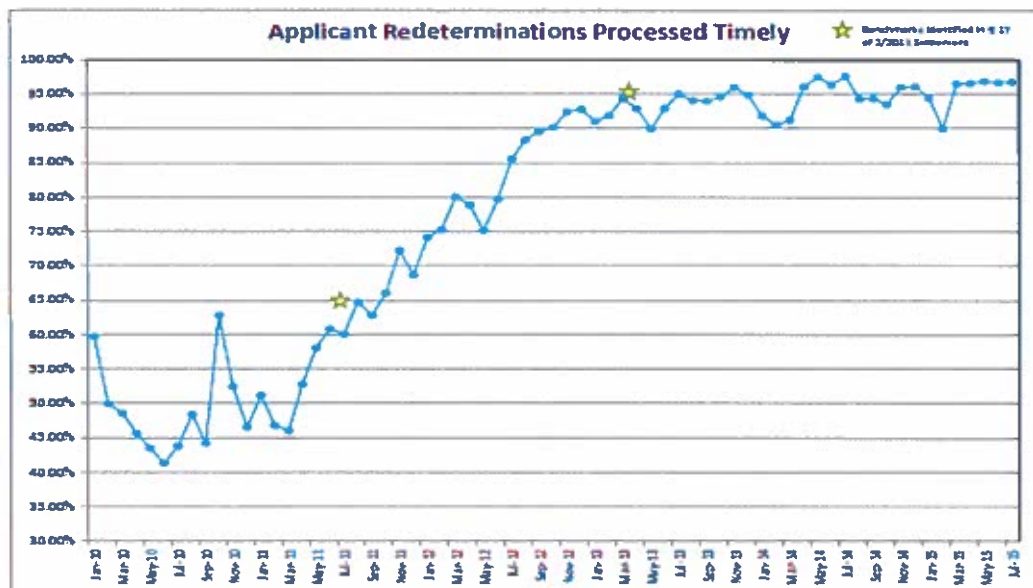
**Graph 3 – Number and Timeliness of HCPF Redeterminations, FY11-12 – FY14-15; redetermination is defined as a re-application for ongoing benefits for an individual already enrolled**







Graph 4 – Timely Application Determinations, January 2010 – July 2015



Graph 5 – Timely Redeterminations, January 2010 – July 2015

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In order to continue the improvement in timeliness and application processing standards, the Department is working through the following initiatives:

1. Business Process Reengineering
2. Leveraging Technology
3. LTSS Process Improvements
4. EEMAP Vendor Transition
5. County Incentive Program
6. County Grant Program

### **Business Process Reengineering**

In a continuing effort to support our county partners, the Department has focused its efforts on county business process reengineering (BPR). This initiative began in April 2010 and continues today. The Department focused on three distinct timeframes: Colorado Eligibility Process Improvement Collaborative (CEPIC) Round 1, Intermediate, and CEPIC Round 2. The Department's efforts are quantified in the following paragraphs.

CEPIC Round 1 was conducted from April 2010 through April 2011. Fifteen counties participated, with a focus on county backlog of cases. At this time, the average new application timely processing of these 15 counties was measured at 72.41%; in addition, the average redetermination processing was only 47.14%. At this time, the primary focus of the effort was the clean-up of previous backlog.

The Intermediate period was conducted from May 2011 to June 2013. During this time, the Department visited 30 counties, focusing on hands-on technical support, knowledge transfer of information for CBMS builds, and continued process redesign. In addition, the Department also trained counties that requested assistance on BPR, while also performing random desk audits based on timely processing.

CEPIC Round 2 was conducted immediately following the Intermediate period; Round 2 began in August 2013 and will be concluded in December 2015. Round 2 was a collaborative effort between HCPF, CDHS, and all of Colorado's counties. In this collaborative effort, all parties, plus two BPR vendors, focused on process improvements at the county level, including best practices, daily operations, report usage, decreasing lobby wait times, and doing more with less. Due to these efforts, in July 2015 the Department marked 12 months of consistently reaching 95% timeliness for new applications. This can be attributed to system improvements, the continued work of the two BPR vendors working with the counties, focused training, county awareness of data, county focus on understanding data reports, and Department BPR staff performing on-site visits with 53 of Colorado's 64 counties. The results of round 2 are expected to be available four to six months after the project ends, which is scheduled for December 2015.

### **Leveraging Technology**

The Department is committed to continuously improving eligibility systems to help make processing more efficient, effective, and accessible. Upgrades to CBMS are prioritized through the Executive Steering Committee governance structure that includes counties, the Department of Human Services, Health Care Policy and Financing, the Governor's Office of Information Technology, and Connect for Health Colorado.

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In addition to CBMS system upgrades, the Department will continue to enhance self-service options through Colorado.gov/PEAK. Automating or allowing clients to update their information online (income changes, address, household changes) instead of requiring a county worker to update the information can improve the client experience and allow county workers to focus on more complex cases.

### **LTSS Process Improvements**

Individuals applying for Medicaid LTSS must pass both a functional and a financial eligibility determination in order to receive services as discussed in question one. The Department is working on developing an overall strategy and direction for ensuring efficient, effective, and accessible eligibility determinations that serve the needs of the target populations for the Department's health programs. This strategy will help address the problems with Colorado's current LTSS system that operates with little communication between entry point organizations and is uncoordinated and confusing for individuals. The attached LTSS puzzle shows the complex path individuals must navigate to access LTSS in Colorado. The purpose of the NWD pilot program is to determine the best practices in creating an easily navigable LTSS system.

One issue the Department will address is the significant variations in how entry point agencies conduct eligibility determinations, depending on the county or region. In some counties, such as Pueblo, the financial eligibility and functional eligibility specialists are physically located in the same office. Meanwhile, some entry points serve multiple counties, creating even more variation. For example, the Delta County Department of Health and Human Services also serves Gunnison and Hinsdale Counties. Staff members in Delta work in separate locations. While there are no offices in Hinsdale Counties, the Gunnison office co-locates both staff members.

During the NWD pilot period, the Department wants to explore different approaches to test and pilot better ways to coordinate or integrate eligibility determinations. Some of the approaches the Department is considering include:

- The Department's proposed plan to co-locate functional and financial eligibility determinations during the pilot will help create a streamlined process due to improved communication and coordination between staff conducting both.
- Having entry point agencies become Medicaid Certified Application Assistance Sites (CAAS) that assist individuals and families in completing applications for public assistance. The benefit of this option is that the entry point agencies will be able to complete the functional and financial eligibility determinations. However, under current rules, should they become CAAS, they will have to serve all people enrolling in Medicaid. The Department would want to limit their scope of work to serving those in need of LTSS. Also, there is limited funding for CAAS sites statewide, which means this option would not be a systemic solution to the problems.
- Identifying best practices currently being used by counties and entry point agencies to determine how to standardize those across the state. For example, Jefferson County co-locates their eligibility specialists with SEP case managers and has them conduct determinations together in the client's home.

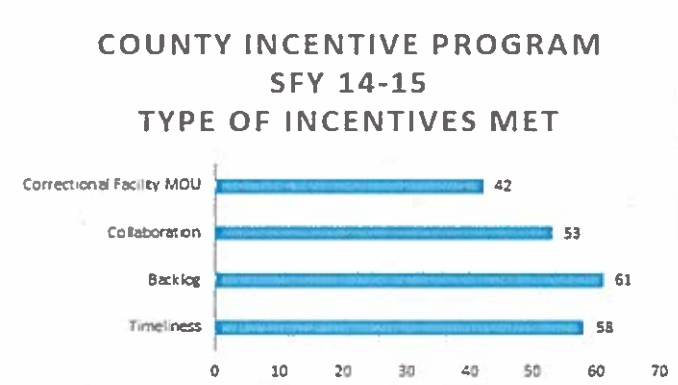


## EEMAP Vendor Transition

Beginning in June 2015, the Department transferred EEMAP to a new vendor and Colorado's 64 counties. The EEMAP contract transitioned from Maximus to Denver Health and Hospital Authority effective July 1, 2015. The Department decided to pursue an alternative methodology by contracting with Denver Health and Hospital Authority, who is a governmental agency, and also reallocated money to our county partners to support the increased workload. The new vendor will be responsible for handling state telephone medical applications, PEAK medical applications, Department of Correction (DOC) medical applications, Buy-in cases, CHP+ enrollment fees and Buy-In Premiums. This transition should result in improved coordination efforts, as well as increased timeliness of new applications and consistency in communication between clients and counties. Previously, if a CHP+ enrollee went to a county regarding eligibility questions, they would have to be referred to Maximus; enrollees can now go to their counties of residence for eligibility issues. This furthers the Department's NWD approach to program management.

## County Incentive Program

The Department launched its incentive program in FY 2014 – 15. As part of the incentive program all 64 of Colorado's counties signed new contracts with the Department, with the goal of improving application timeliness, reducing backlog, increasing collaboration with local partners, and improving the eligibility determination process for those recently released from incarceration. For FY 2014-15, 61 of 64 counties were able to reduce their backlogs and receive incentive payments; a total of 58 of 64 counties also met court-ordered timeliness standards which made them eligible for payment.



*Graph 6, County Incentives SFY 14-5*

Continued efforts to refine the program has resulted in significant changes to the program for FY 2015-16. This year, the Department will incentivize quality assurance and training. In order to qualify for incentives, counties must ensure they follow the guidelines of the Medicaid Eligibility Quality Improvement Plan (MEQIP); in addition, they must attest and provide documentation that at least 75% of county eligibility technicians have attended at least nine hours of training within the past fiscal year. As the program evolves, the Department will continue to refine its goals in order to meet the Department's strategic plan.



## County Grant Program

In addition to incentive payments that furthered the Department's goals for ensuring efficient and effective eligibility determinations, the Department also approved grant applications from various counties that were able to improve eligibility determination infrastructure, engage in business process improvements and/or re-engineering, and fund studies on local issues with Medicaid administration. For FY 2014-15, the initial grantees were:

County	Project Summary
Adams	To build a technological infrastructure that encourages clients to become more self-reliant for their own health and other benefits regardless of where they are located in the county.
Boulder	Procure and install key client service hardware in the renovated Boulder and Longmont locations, and develop the kiosk and workflow tools to wrap around these devices.
El Paso	Decrease in the length of time it takes for Long Term Care to be approved and the process completed on both the county level and the provider level.
Larimer	Dedicate a current experienced Technician to be the liaison to the community to answer questions concerning Medicaid and it's interactions with the new Affordable Care Act.
Mesa	Improve client access by making applications for Medicaid available through collaboration with Mesa County Sheriff's Office.
Park	Research a sustainable solution for NEMT in Park County.

As the Department continues to evolve the county incentive and grant program, the coming fiscal year includes many changes that will further the goal of efficient and effective eligibility determinations. The grant program criteria has been reworked to focus on geographic application (ensuring best practices can be applied in other counties), operational excellence (improving new application or ongoing case management), and person and family-centeredness (ensuring a positive experience between a client and the county). By doing so, the Department wants to place emphasis on process improvement, thus ensuring that all clients have easy access to an efficient and effective eligibility determination.

### *Closing*

Based on the significant variation between counties and geographic regions, as well as other intricacies such as caseload and program types, a "one size fits all" reimbursement model would prove detrimental to the current and future progress the Department and its county partners have made.

### *Attachments*

Addendum A, County Caseload by Application and Program Type, FY11-12 – FY14-15  
 Addendum B, Federal Regulations, Random Moment Sample (RMS), and Cost Allocation Plans

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## Addendum A

County	FY2011-2012 Totals							
	NEW Application Determinations	Timely Determinations	% of Timely Determinations	Adult Medicaid Programs (Including MSP and LTC)	RRR Determinations Processed	Timely RRR Determinations	% of Timely RRR Determinations	Adult Medicaid Programs (Including MSP and LTC)
ADAMS	58,239	45,898	78.81%	5,061	105,717	82,050	77.61%	7,085
ALAMOSA	2,646	2,406	90.93%	568	5,454	4,228	77.52%	754
ARAPAHOE	56,424	49,148	87.10%	7,901	84,171	66,121	78.56%	7,386
ARCHULETA	320	248	77.50%	230	1,535	1,220	79.48%	207
BACA	681	505	74.16%	131	831	644	77.50%	256
BENT	688	647	94.04%	114	1,491	1,273	85.38%	256
BOULDER	21,475	19,660	91.55%	3,839	36,321	27,880	76.76%	3,714
BROOMFIELD	2,570	2,302	89.57%	431	3,812	3,145	82.50%	541
CHAFFEE	1,270	997	78.50%	224	2,029	1,628	80.24%	344
CHEYENNE	343	308	89.80%	54	323	244	75.54%	44
CLEAR CREEK	658	625	94.98%	158	794	655	82.49%	111
CONEJOS	1,069	1,005	94.01%	190	2,851	2,523	88.50%	398
COSTILLA	687	491	71.47%	227	1,361	985	72.37%	340
CROWLEY	619	570	92.08%	110	1,131	977	86.38%	268
CUSTER	336	316	94.05%	78	510	436	85.49%	46
DELTA	4,127	3,805	92.20%	832	6,684	5,157	77.15%	963
DENVER	46,568	38,249	82.14%	10,084	131,574	95,240	72.39%	13,511
DOLORES	238	234	98.32%	31	336	230	68.45%	33
DOUGLAS	7,506	6,577	87.62%	1,017	10,562	8,382	79.36%	1,223
EAGLE	4,853	3,918	80.73%	203	5,803	4,024	69.34%	146
EL PASO	37,706	33,213	88.08%	7,061	88,193	60,177	68.23%	6,949
ELBERT	1,074	913	85.01%	136	1,547	1,279	82.68%	137
FREMONT	4,499	4,196	93.27%	964	8,498	7,222	84.98%	1,695
GARFIELD	7,152	6,813	95.26%	703	10,293	8,596	83.51%	752
GILPIN	464	441	95.04%	73	474	399	84.18%	66
GRAND	892	771	86.43%	180	1,183	933	78.87%	95
GUNNISON	1,384	1,278	92.34%	146	1,581	1,171	74.07%	164
HINSDALE	6	2	33.33%	2	34	30	88.24%	1
HUERFANO	886	815	91.99%	221	2,044	1,827	89.38%	423
JACKSON	148	132	89.19%	24	253	210	83.00%	26
JEFFERSON	31,957	25,398	79.48%	5,064	53,919	39,851	73.91%	7,547
KIOWA	201	191	95.02%	30	268	229	85.45%	55
KIT CARSON	1,521	1,386	91.12%	224	1,553	1,279	82.36%	182
LA PLATA	3,671	3,262	88.86%	763	6,484	5,104	78.72%	750
LAKE	1,266	1,138	89.89%	98	1,583	1,108	69.99%	59
LARIMER	22,948	19,927	86.84%	3,507	40,330	29,086	72.12%	4,642
LAS ANIMAS	1,904	1,731	90.91%	546	3,820	3,393	88.82%	816
LINCOLN	628	554	88.22%	77	898	712	79.29%	116
LOGAN	2,531	2,352	92.93%	496	3,783	3,238	85.59%	642
MEDICAL ASSISTANCE SITES	195,024	148,432	76.11%	7,544	184,349	93,592	50.77%	369
MESA	18,140	15,589	85.94%	3,473	29,601	21,739	73.44%	4,197
MINERAL	23	23	100.00%	3	52	33	63.46%	9
MOFFAT	1,918	1,769	92.23%	257	2,553	2,145	84.02%	229
MONTEZUMA	4,133	3,825	92.55%	462	5,880	4,855	82.57%	846
MONTROSE	6,897	6,495	94.17%	1,100	10,357	8,510	82.17%	1,237
MORGAN	4,904	4,175	85.13%	510	7,363	5,636	76.54%	778
OTERO	2,521	2,209	87.62%	515	6,238	4,529	72.60%	1,218
OURAY	357	313	87.68%	68	456	378	82.89%	51
PARK	1,026	913	88.99%	141	1,440	1,077	74.79%	115
PE 3RD PRY ENRLMNT BRKR	19	17	89.47%	0	419	294	70.17%	0
PHILLIPS	566	473	83.57%	74	867	744	85.81%	129
PITKIN	428	353	82.48%	61	516	389	75.39%	51
PROWERS	3,529	3,063	86.80%	471	4,939	3,958	80.14%	509
PUEBLO	18,065	16,477	91.21%	3,444	45,044	35,645	79.13%	5,963
RIO BLANCO	743	728	97.98%	67	1,029	874	84.94%	109
RIO GRANDE	2,287	2,093	91.52%	371	3,900	3,273	83.92%	555
ROUTT	1,604	1,389	86.60%	158	1,881	1,370	72.83%	179
SAGUACHE	811	683	84.22%	150	1,876	1,319	70.31%	242
SAN JUAN	44	35	79.55%	7	133	95	71.43%	4
SAN MIGUEL	614	593	96.58%	67	715	592	82.80%	29
SEDGWICK	468	460	98.29%	85	532	453	85.15%	85
STATE OF COLORADO	210	82	39.05%	29	989	391	39.53%	1
SUMMIT	1,648	1,472	89.32%	91	2,438	1,950	79.98%	59
TELLER	2,114	2,043	96.64%	337	2,826	2,277	80.57%	332
WASHINGTON	418	368	88.04%	79	692	554	80.06%	124
WELD	25,767	22,931	88.99%	4,169	54,358	41,080	75.57%	3,816
YUMA	1,391	1,364	98.06%	165	2,162	1,899	87.84%	318

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County	FY2012-2013 Totals							
	NEW Application Determinations	Timely Determinations	% of Timely Determinations	Adult Medicaid Programs (Including MSP and LTC)	RRR Determinations Processed	Timely RRR Determinations	% of Timely RRR Determinations	Adult Medicaid Programs (Including MSP and LTC)
ADAMS	55,810	46,860	83.96%	10,935	133,260	126,209	94.71%	7,093
ALAMOSA	2,682	2,621	97.73%	921	6,854	6,470	94.40%	825
ARAPAHOE	55,579	51,482	92.63%	11,890	120,025	112,118	93.41%	8,919
ARCHULETA	544	512	94.12%	283	1,955	1,794	91.76%	272
BACA	547	400	73.13%	123	986	926	93.91%	232
BENT	709	691	97.46%	197	1,684	1,616	95.96%	252
BOULDER	21,180	20,075	94.78%	4,971	43,961	41,452	94.29%	4,014
BROOMFIELD	2,430	2,313	95.19%	556	4,462	4,259	95.45%	595
CHAFFEE	1,418	1,249	88.08%	316	2,604	2,487	95.51%	400
CHEYENNE	392	374	95.41%	65	387	377	97.42%	42
CLEAR CREEK	602	586	97.34%	157	864	837	96.88%	131
CONEJOS	1,320	1,268	96.06%	310	3,398	3,322	97.76%	440
COSTILLA	776	667	85.95%	296	1,701	1,587	93.30%	363
CROWLEY	664	653	98.34%	164	1,398	1,365	97.64%	249
CUSTER	289	281	97.23%	74	548	543	99.09%	60
DELTA	4,360	4,235	97.13%	1,030	7,971	7,758	97.33%	1,082
DENVER	48,480	43,323	89.36%	14,394	181,533	173,248	95.44%	15,966
DOLORES	201	190	94.53%	44	285	276	96.84%	28
DOUGLAS	9,876	9,219	93.35%	1,729	13,243	12,506	94.43%	1,352
EAGLE	4,089	3,949	96.58%	393	5,762	5,524	95.87%	180
EL PASO	49,875	46,869	93.97%	12,165	127,250	118,865	93.41%	8,165
ELBERT	1,112	1,085	97.57%	177	1,947	1,881	96.61%	164
FREMONT	4,686	4,548	97.06%	1,205	11,991	11,466	95.62%	1,756
GARFIELD	7,420	7,251	97.72%	1,117	11,692	11,403	97.53%	870
GILPIN	497	463	93.16%	130	643	630	97.98%	84
GRAND	1,054	995	94.40%	162	1,448	1,325	91.51%	105
GUNNISON	1,220	1,170	95.90%	246	1,946	1,832	94.14%	188
HINSDALE	23	23	100.00%	3	57	56	98.25%	6
HUERFANO	1,105	1,043	94.39%	321	2,674	2,612	97.68%	515
JACKSON	95	92	96.84%	4	252	234	92.86%	31
JEFFERSON	36,100	32,522	90.09%	8,417	73,577	68,047	92.48%	8,619
KIOWA	189	183	96.83%	37	316	314	99.37%	55
KIT CARSON	1,244	1,196	96.14%	214	1,709	1,613	94.38%	183
LA PLATA	4,193	3,971	94.71%	898	7,419	7,194	96.97%	807
LAKE	1,162	991	85.28%	136	1,619	1,419	87.65%	75
LARIMER	25,407	24,145	95.03%	5,511	52,906	49,786	94.10%	5,433
LAS ANIMAS	2,282	2,104	92.20%	614	4,937	4,856	98.36%	924
LINCOLN	524	456	87.02%	83	1,162	1,140	98.11%	136
LOGAN	2,539	2,475	97.48%	562	4,678	4,569	97.67%	719
MEDICAL ASSISTANCE SITES	165,157	150,024	90.84%	12,721	231,724	170,105	73.41%	5,664
MESA	18,475	15,832	85.69%	4,512	37,195	35,465	95.35%	4,258
MINERAL	23	22	95.65%	5	53	47	88.68%	11
MOFFAT	1,978	1,727	87.31%	400	3,319	3,167	95.42%	284
MONTEZUMA	3,881	3,721	95.88%	593	7,559	7,336	97.05%	880
MONTROSE	6,210	5,967	96.09%	1,418	12,264	11,867	96.76%	1,443
MORGAN	4,649	4,437	95.44%	748	8,521	8,279	97.16%	805
OTERO	2,546	2,424	95.21%	698	7,898	7,522	95.24%	1,304
OURAY	417	415	99.52%	70	468	440	94.02%	75
PARK	1,226	1,117	91.11%	233	1,684	1,627	96.62%	150
PE 3RD PRTY ENRLMNT BRKR	44	40	90.91%	0	3,373	2,673	79.25%	0
PHILLIPS	508	457	89.96%	123	1,023	978	95.60%	137
PITKIN	528	476	90.15%	110	485	464	95.67%	59
PROWERS	4,065	3,906	96.09%	981	5,949	5,643	94.86%	559
PUEBLO	18,858	17,898	94.91%	4,843	61,107	58,998	96.55%	6,236
RIO BLANCO	663	653	98.49%	125	1,177	1,145	97.28%	122
RIO GRANDE	1,785	1,708	95.69%	558	4,823	4,619	95.77%	585
ROUTT	1,395	1,160	83.15%	295	2,067	1,940	93.86%	194
SAGUACHE	828	666	80.43%	201	2,283	2,116	92.69%	263
SAN JUAN	67	65	97.01%	10	144	133	92.36%	6
SAN MIGUEL	523	518	99.04%	91	806	784	97.27%	47
SEDGWICK	370	357	96.49%	85	687	677	98.54%	104
STATE OF COLORADO	178	150	84.27%	7	260	202	77.69%	4
SUMMIT	1,456	1,206	82.83%	154	2,652	2,557	96.42%	80
TELLER	2,366	2,325	98.27%	583	3,612	3,518	97.40%	398
WASHINGTON	361	327	90.58%	74	799	766	95.87%	119
WELD	30,597	28,384	92.77%	5,354	69,063	65,575	94.95%	4,189
YUMA	1,225	1,210	98.78%	139	2,578	2,549	98.88%	339

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County	FY2013-2014 Totals							
	NEW Application Determinations	Timely Determinations	% of Timely Determinations	Non-MAGI Determinations	RRR Determinations Processed	Timely RRR Determinations	% of Timely RRR Determinations	Non-MAGI RRR Determinations
ADAMS	44,112	39,688	89.97%	4,482	136,856	132,143	96.56%	10,222
ALAMOSA	2,575	2,443	94.87%	325	7,346	6,968	94.85%	989
ARAPAHOE	45,850	43,962	95.88%	4,401	127,827	123,162	96.35%	11,944
ARCHULETA	769	687	89.34%	79	1,900	1,783	93.84%	291
BACA	481	399	82.95%	85	1,168	1,090	93.32%	273
BENT	622	531	85.37%	91	1,916	1,805	94.21%	349
BOULDER	22,154	20,748	93.65%	2,144	47,557	44,144	92.82%	5,416
BROOMFIELD	2,472	2,297	92.92%	252	5,120	4,941	96.50%	667
CHAFFEE	1,758	1,637	93.12%	167	3,006	2,884	95.94%	479
CHEYENNE	254	240	94.49%	26	354	346	97.74%	47
CLEAR CREEK	804	784	97.51%	79	951	934	98.21%	138
CONEJOS	1,217	1,185	97.37%	142	4,092	4,010	98.00%	666
COSTILLA	768	748	97.40%	130	2,063	2,031	98.45%	470
CROWLEY	560	549	98.04%	83	1,655	1,625	98.19%	307
CUSTER	363	336	92.56%	48	646	640	99.07%	74
DELTA	3,815	3,665	96.07%	434	9,247	9,109	98.51%	1,367
DENVER	51,660	47,234	91.43%	6,018	193,112	186,306	96.48%	22,485
DOLORES	182	170	93.41%	66	325	316	97.23%	41
DOUGLAS	10,128	9,487	93.67%	720	13,809	13,126	95.05%	1,655
EAGLE	4,052	3,884	95.85%	168	5,902	5,671	96.09%	203
EL PASO	49,268	46,208	93.79%	5,763	139,607	135,047	96.73%	12,389
ELBERT	1,155	1,109	96.02%	93	2,175	2,128	97.84%	212
FREMONT	4,767	4,608	96.66%	590	13,570	13,328	98.22%	2,233
GARFIELD	5,824	5,603	96.21%	438	12,906	12,507	96.91%	987
GILPIN	531	499	93.97%	55	769	750	97.53%	98
GRAND	1,092	1,015	92.95%	75	1,532	1,481	96.67%	156
GUNNISON	1,519	1,468	96.64%	113	2,165	2,114	97.64%	216
HINSDALE	55	53	96.36%	3	88	88	100.00%	11
HUERFANO	1,139	1,056	92.71%	165	2,978	2,939	98.69%	590
JACKSON	194	183	94.33%	16	257	241	93.77%	24
JEFFERSON	36,915	34,687	93.96%	3,550	77,537	73,368	94.62%	10,370
KIOWA	199	195	97.99%	22	320	309	96.56%	71
KIT CARSON	925	854	92.32%	109	1,878	1,819	96.86%	242
LA PLATA	4,346	4,179	96.16%	387	8,066	7,929	98.30%	920
LAKE	1,067	875	82.01%	85	1,891	1,803	95.35%	106
LARIMER	25,918	24,738	95.45%	2,542	57,318	55,657	97.10%	6,318
LAS ANIMAS	2,250	2,176	96.71%	339	5,801	5,769	99.45%	1,101
LINCOLN	509	448	88.02%	45	1,336	1,298	97.16%	169
LOGAN	2,093	1,995	95.32%	267	5,137	4,973	96.81%	842
MEDICAL ASSISTANCE SITES	280,016	254,050	90.73%	9,342	272,287	231,341	84.96%	6,385
MESA	17,423	15,456	88.71%	2,053	41,137	39,975	97.18%	5,019
MINERAL	52	48	92.31%	8	40	39	97.50%	8
MOFFAT	1,771	1,648	93.05%	169	3,634	3,525	97.00%	349
MONTEZUMA	3,614	3,447	95.38%	296	8,486	8,324	98.09%	1,007
MONTROSE	5,097	4,946	97.04%	576	12,523	12,263	97.92%	1,623
MORGAN	3,557	3,432	96.49%	335	9,469	9,295	98.16%	980
OTERO	2,083	1,949	93.57%	342	8,668	8,304	95.80%	1,534
OURAY	457	457	100.00%	26	620	599	96.61%	73
PARK	1,323	1,243	93.95%	122	1,736	1,679	96.72%	187
PE 3RD PRTY ENRLMNT BRK	15	15	100.00%	0	608	539	88.65%	1
PHILLIPS	465	423	90.97%	61	1,153	1,117	96.88%	177
PITKIN	810	784	96.79%	48	577	551	95.49%	60
PROWERS	2,861	2,609	91.19%	372	6,512	6,260	96.13%	772
PUEBLO	17,525	16,418	93.68%	2,196	66,556	64,549	96.98%	9,368
RIO BLANCO	573	546	95.29%	59	1,186	1,171	98.74%	127
RIO GRANDE	1,976	1,881	95.19%	283	5,464	5,296	96.93%	762
ROUTT	1,815	1,694	93.33%	103	2,336	2,239	95.85%	202
SAGUACHE	1,043	910	87.25%	146	2,998	2,861	95.43%	394
SAN JUAN	79	78	98.73%	4	127	123	96.85%	9
SAN MIGUEL	644	619	96.12%	41	874	858	98.17%	56
SEDGWICK	305	291	95.41%	41	700	678	96.86%	125
STATE OF COLORADO	41	41	100.00%	2	7	7	100.00%	2
SUMMIT	1,829	1,374	75.12%	62	2,825	2,764	97.84%	86
TELLER	2,190	2,057	93.93%	260	4,274	4,086	95.60%	453
WASHINGTON	506	447	88.34%	64	944	916	97.03%	158
WELD	25,048	21,694	86.61%	2,376	75,687	72,497	95.79%	6,674
YUMA	929	905	97.42%	102	2,761	2,729	98.84%	400

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County	FY2014-2015 Totals									
	NEW Application Determinations	RTE Determinations	Timely Determinations	% of Timely Determinations	Non MAGI Determinations	RRR Determinations Processed	RRR Determinations authorized through Auto Re-enrollment	Timely RRR Determinations	% of Timely RRR Determinations	Non MAGI RRR Determinations
ADAMS	28,492	6,609	27,334	95.94%	1,972	177,504	58,997	166,523	93.81%	13,740
ALAMOSA	1,714	190	1,670	97.43%	124	9,949	2,529	9,595	96.44%	1,278
ARAPAHOE	32,500	6,753	31,573	97.15%	2,405	162,547	52,780	157,977	97.19%	14,964
ARCHULETA	734	198	704	95.91%	55	2,806	1,219	2,673	95.26%	342
BACA	340	41	274	80.59%	56	1,598	543	1,545	96.68%	295
BENT	364	37	340	93.41%	41	2,584	771	2,488	96.28%	448
BOULDER	15,844	3,589	15,298	96.55%	1,165	66,930	20,013	62,451	93.31%	6,430
BROOMFIELD	2,302	495	2,228	96.79%	168	7,244	2,765	6,974	96.27%	841
CHAFFEE	1,452	238	1,386	95.45%	137	4,396	1,421	4,097	93.20%	657
CHEYENNE	187	34	183	97.86%	16	549	196	521	94.90%	56
CLEAR CREEK	773	149	767	99.22%	37	1,715	645	1,689	98.48%	214
CONEJOS	685	96	665	97.08%	62	4,860	1,562	4,790	98.56%	761
COSTILLA	547	96	536	97.99%	53	2,521	490	2,414	95.76%	516
CROWLEY	343	87	333	97.08%	58	1,947	357	1,906	97.89%	357
CUSTER	251	42	236	94.02%	17	962	249	909	94.49%	107
DELTA	2,471	413	2,371	95.95%	257	11,644	4,856	11,187	96.08%	1,562
DENVER	40,787	13,441	39,571	97.02%	3,094	242,108	63,377	229,329	94.72%	27,612
DOLORES	130	33	128	98.46%	14	593	128	571	96.29%	57
DOUGLAS	7,473	2,042	7,264	97.20%	476	23,565	10,120	23,175	98.35%	2,236
EAGLE	3,068	718	2,862	93.29%	83	9,182	3,239	8,912	97.06%	271
EL PASO	40,080	10,756	39,306	98.07%	3,316	183,724	61,960	178,794	97.32%	16,890
ELBERT	808	221	795	98.39%	39	3,292	1,297	3,203	97.30%	251
FREMONT	3,589	836	3,542	98.69%	415	17,334	4,839	16,779	96.80%	2,611
GARFIELD	4,448	951	4,373	98.31%	226	17,115	5,539	16,605	97.02%	1,282
GILPIN	458	114	441	96.29%	27	1,190	322	1,141	95.88%	113
GRAND	1,013	204	972	95.95%	31	2,444	1,126	2,122	86.82%	188
GUNNISON	1,313	259	1,276	97.18%	39	3,696	1,179	3,575	96.73%	278
HINSDALE	51	11	51	100.00%	0	152	81	150	98.68%	13
HUERFANO	727	91	704	96.84%	98	3,545	1,080	3,447	97.24%	653
JACKSON	60	13	59	98.33%	3	368	146	355	96.47%	36
JEFFERSON	23,909	7,049	22,911	95.83%	1,736	111,056	35,312	105,157	94.69%	13,136
KIOWA	103	25	99	96.12%	15	540	153	513	95.00%	87
KIT CARSON	686	70	651	94.90%	58	2,599	741	2,488	95.73%	309
LA PLATA	3,803	870	3,721	97.84%	250	11,389	4,375	11,106	97.52%	1,132
LAKE	839	81	715	85.22%	40	2,770	889	2,558	92.35%	133
LARIMER	18,834	5,335	18,303	97.18%	1,230	76,751	22,876	74,334	96.85%	7,861
LAS ANIMAS	1,427	336	1,404	98.39%	131	7,232	1,756	7,021	97.08%	1,305
LINCOLN	305	38	295	95.72%	25	1,617	468	1,573	97.28%	189
LOGAN	1,640	233	1,593	97.13%	141	6,336	1,907	6,156	97.16%	1,002
MEDICAL ASSISTANCE SITES	187,468	45,173	183,334	97.79%	5,973	315,603	36,584	295,230	93.54%	7,250
MESA	13,503	2,873	12,631	93.54%	1,145	54,971	17,932	53,611	97.53%	6,176
MINERAL	54	22	54	100.00%	1	109	51	109	100.00%	9
MOFFAT	1,129	207	1,041	92.21%	76	4,682	1,620	4,436	94.75%	435
MONTEZUMA	2,793	386	2,732	97.82%	242	11,164	3,462	10,830	97.01%	1,241
MONTROSE	3,875	406	3,829	98.81%	296	15,792	4,324	15,465	97.93%	1,821
MORGAN	2,559	277	2,484	97.07%	222	11,806	3,249	11,568	97.98%	1,286
OTERO	1,639	256	1,585	96.71%	236	10,472	2,899	9,944	94.96%	1,741
OURAY	348	47	345	99.14%	18	954	310	927	97.17%	82
PARK	951	246	925	97.27%	57	3,040	1,108	2,895	95.23%	276
PE 3RD PRTY ENRLMNT BRK						110	33	96	87.27%	2
PHILLIPS	416	67	401	96.39%	35	1,523	473	1,496	98.23%	207
PITKIN	845	240	812	96.09%	28	1,368	489	1,334	97.51%	95
PROWERS	1,436	197	1,331	92.69%	168	8,320	1,925	7,948	95.53%	1,067
PUEBLO	12,547	3,343	12,189	97.15%	1,284	81,340	25,135	76,491	94.04%	11,442
RIO BLANCO	456	62	449	98.46%	36	1,504	456	1,473	97.94%	143
RIO GRANDE	1,214	174	1,166	96.05%	110	6,366	2,188	5,995	94.17%	964
ROUTT	1,566	520	1,498	95.66%	62	4,109	1,366	3,977	96.79%	280
SAGUACHE	726	101	673	92.70%	68	3,314	1,231	2,724	82.20%	465
SAN JUAN	70	16	67	95.71%	7	213	75	206	96.71%	14
SAN MIGUEL	598	110	588	98.33%	28	1,475	587	1,363	92.41%	90
SEDGWICK	259	22	259	100.00%	24	886	212	883	99.66%	133
STATE OF COLORADO	1	0	0	0.00%	1	10	25	7	70.00%	5
SUMMIT	2,109	572	1,921	91.09%	43	4,394	1,491	4,227	96.20%	107
TELLER	1,539	284	1,494	97.08%	125	5,596	1,812	5,365	95.87%	614
WASHINGTON	292	41	277	94.86%	25	1,231	446	1,184	96.18%	207
WELD	18,804	4,620	17,541	93.28%	1,442	98,774	30,792	95,361	96.54%	8,956
YUMA	603	59	594	98.51%	50	3,518	1,275	3,470	98.64%	417

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### Addendum B

All of this information below is from the Department's approved cost allocation plan with CMS. The federal regulations around cost allocation for state and local government can be found at [2 CFR § 225](#).

The Colorado Department of Human Services (DHS) utilizes a Random Moment Sampling (RMS) process to determine the allocation of the costs of eligibility technicians at the 64 county department of social/human services throughout the state. The RMS is operated by Hornby Zeller Associates (HZA) and has been jointly reviewed and approved by DHS and HCPF to determine the Medicaid and non-Medicaid allocations of these workers. The counties maintain financial information related to administering public assistance programs in the County Financial Management System (CFMS). Each quarter, the results of the RMS received from HZA are uploaded into CFMS which calculates the administrative expenditures allocable to each program. Information from CFMS is then sent to HCPF to be used to allocate HCPF eligibility training staff appropriately. This method applies to both base and modernization activities.

13-48685	Interagency Agreement between the HCPF, 1570 Grant Street, Denver, CO 80203 and the Department of Human Services, 1575 Sherman Street, Denver, CO 80203	Facilitation of payments through the DHS to the Governor's Office of Information Technology for the Colorado Benefits Management System. DHS ensures that the Governor's Office of Information Technology is properly paid for CBMS operations and maintenance. Random moment sampling (RMS) methodology collects random moment time study data of county staff that conduct direct client activities for programs operated by both HCPF and DHS. The RMS data is used to perform a quarterly allocation.
2H2-2007 CMS 42077	Interagency Agreement between the HCPF, 1570 Grant Street, Denver, CO 80203 and the Department of Human Services, 1575 Sherman Street, Denver, CO 80203	To fund the administration of medical assistance programs with county departments of social services in coordination with DHS. DHS shall assist HCPF in the allocation process of Medicaid funding for County Administration and Administrative Case Management to the counties so that the spreading of the available funds to the County level occurs on a consistent basis between the two departments. DHS shall collect expenditure information through the County Financial Management System and apply RMS results, which been jointly reviewed and approved by DHS and HCPF, to these costs to determine the Medicaid and non-Medicaid allocations.

RMS: Expenditures are tracked through the Colorado Financial Management System (CFMS) and in coordination with the established cost allocation plan between the Department and the Department of Human Services (DHS).



