

HCPF/County Directors & Leadership

Monthly Support Call

January 28, 2025



Agenda

- Welcome - 2 minutes
- Executive Steering Committee Updates - 5 minutes
- Code for America (CFA) Findings - 15 minutes
- Management Evaluation Review Program Updates - 45 minutes
- Update on Upcoming Renewal Project - 10 minutes
- MAP Statewide Performance Update - 10 minutes
- OIT/CDHS/HCPF - Project Connect - 15 minutes

Executive Steering Committee Updates

Presented By: Jamie Ulrich & Katie McDougal



COLORADO

Department of Health Care
Policy & Financing

Code for America (CFA) Findings

Presented By: Allison Morgan, Genevieve Miller, Ines Franch,
Kelly Benton, Ashley Tez Cortez

Code for America | January 28

Asset Verification Process (AVP) Improvement Final Share Out



Genevieve Miller (she/her)

Associate Program Director



Ashley "Tez" Cortez (they/she)

Staff Service Designer



Ines Franch (she/her)

Staff Solutions Architect



Kelly Benton (she/her)

Senior Service Designer



Allie Morgan (she/her)

Staff Data Scientist



Jen Wagner (she/her)

Medicaid Eligibility and
Enrollment Director, CBPP

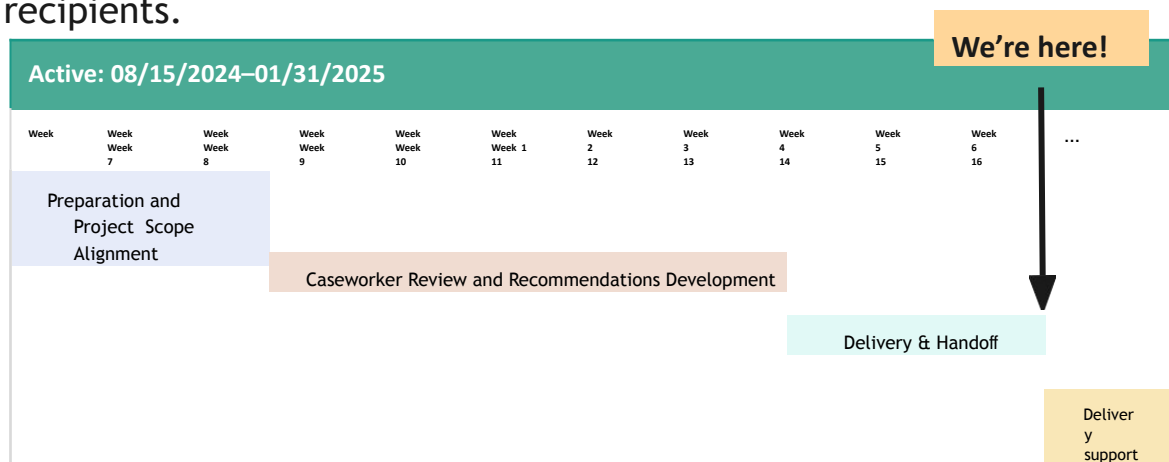
What we'll talk about today

- 1 Reintroduce the project at a high level
- 2 Talk about what we've done to date
- 3 Lift up key pain points we heard about the AVP process
- 4 Review our recommendations at a high level
- 5 Talk about what will happen after today

Asset verification process improvement

Workstream Scope

Assess AVP usage alongside caseworkers to better understand opportunities for system, policy, and operational improvements that will positively impact ex parte outcomes for non-MAGI Medicaid recipients.



Core Deliverable(s)

Current state process map highlighting pain points & opportunity areas

AVP improvement recommendations (included in report and final presentation) with future state process map

Stakeholders

- HCPF
- Eligibility Workers
- CDHS
- PCG + Deloitte

Since we kicked
off this work in
September,
we've...

- Reviewed existing **AVP data and documentation**
- Facilitated **working sessions with HCPF stakeholders and technical vendors (Deloitte and PCG)**
- Collaborated with CDHS stakeholders to **identify any cross-program implications** for this work
- Facilitated twelve 1.5-hour **shadowing and interview sessions with 12 eligibility workers** from 5 counties and 1 medical assistance site
- Facilitated a **co-design session with 12 eligibility staff members and manager** to collaboratively build and refine our final recommendations
- Reviewed our final recommendations with **Colorado Works program staff**
- Wrote and delivered our **final recommendations report** to HCPF stakeholders

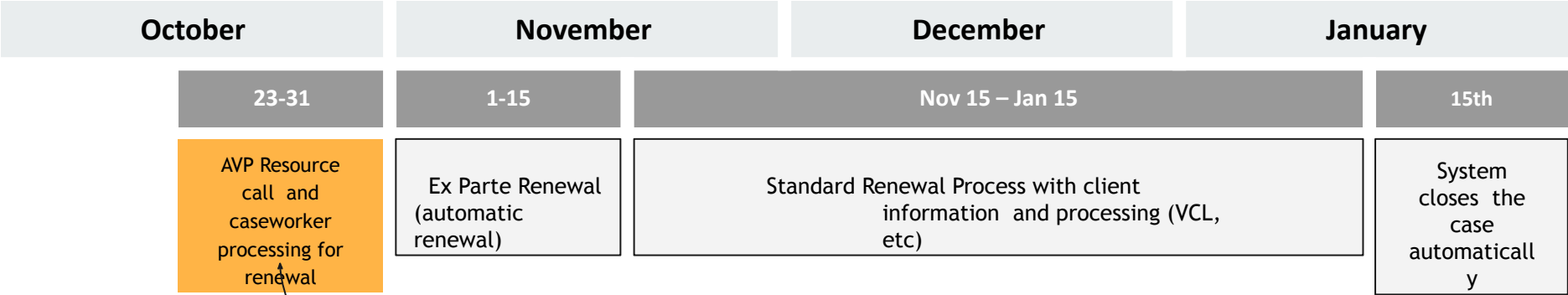
**We could not have done this work
without you and your staff!**

AVP has huge potential

Improving asset verification is critical for **unlocking higher ex parte renewal rates for non-MAGI members** and for reducing case processing time. But it can only do this when it is working well.



MA processing timeline for a January renewal



We're particularly interested in this moment!

Narrowing in on AVP ahead of ex parte

Every Month

23

23—End of the

CBMS identifies non-MAGI with resources on file and makes a request for new information to an external vendor

External vendor makes request to banks

External vendor receives response from banks and sends information to CBMS

CBMS sends an email to staff notifying them of new results

Staff receive email, open CBMS Interface > AVP Results and checks for updated or new liquid asset info

Staff update liquid asset resource page with new AVP information

Liquid asset information is updated and available for ex parte run

Worker facing process

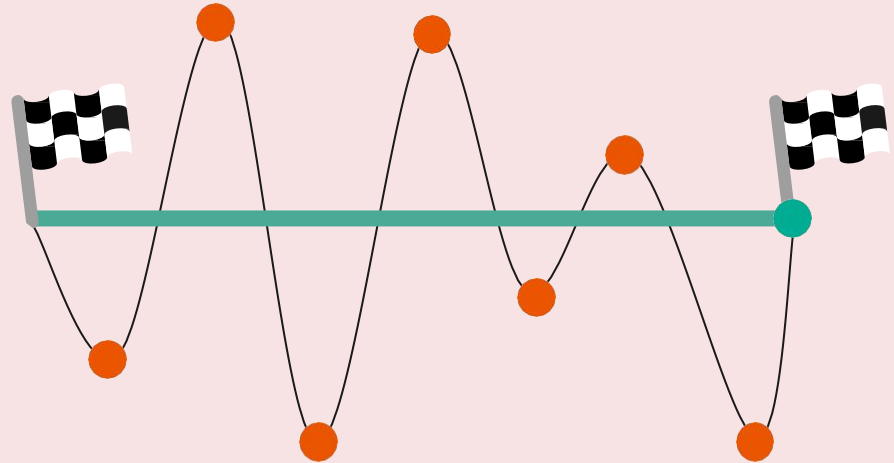
When

Our focus was to understand the experience and outcomes of using AVP at renewal to improve ex parte outcomes for non-MAGI members...

**Just 1% of all
non-MAGI
members with
resources on file
passed ex parte**

Pain points

Pain points are moments in a task or service that prevent the task or service outcomes from being optimally achieved.



Pain points

Our focus was to understand the experience and outcomes of using AVP at renewal to improve ex parte outcomes for non-MAGI members

- Lack of awareness of the AVP process
- No AVP result notifications are being sent
- Lack of staff confidence in the usefulness of the AVP results
- Manual processing of AVP results include many inefficiencies
- Lack of staff capacity to process AVP results
- Insufficient AVP system reporting and monitoring
- AVP request logic is overly restrictive
- Many stable income and assets cannot be verified electronically

Opportunities

Our focus was to identify opportunities that would speak to the pain points of using AVP at renewal to improve ex parte outcomes for eligible non-MAGI members


- Automate AVP usage at ex parte
- Update AVP request logic
- Ensure system logic matches asset lookback period
- Receive and act on AVP responses when no account is found
- Reconsider approach to income and assets unlikely to appreciate
- Reconsider acting on discontinued Social Security Income data
- Revise and update AVP notification pathways
- Make targeted CBMS UX improvements
- Build healthy system reporting and monitoring practices

Partnership timeline



| Q2 '24 | Q3 '24 | | | Q4 '24 | | | Q1 '25 | | | Q2 '25 |
|----------------|-----------------|------|----------|-----------------|-----------|-----|------------------|-----------|-----|--------|
| June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr |
| Determinations | Logic Discovery | | Delivery | Support | | | | | | |
| | | Prep | | AVP Improvement | Discovery | | Delivery Support | | | |
| | | | | | | | Evaluation | & Handoff | | |

Next steps

- 1 Circle back for a final share out with the eligibility workers who participated in our research and co-design sessions
- 2 Follow up with HCPF stakeholders to discuss immediate priorities and delivery support needs
- 3 Close out active project work and hand off all final deliverables 

Thank you!

Questions? Thoughts? Reach out to our
team at

colorado-ex-parte@codeforamerica.org

HCPF Management Evaluation Review Program

2025 Improvements and Updates

Presented By: Aric Bidwell



Agenda

- Reminders on Federal Authorities for Oversight and what materials we review
- Why HCPF is updating our ME Review processes
- Update Summary
- New Timelines
- Updates to specific ME Review process steps



HCPF Authorities for Oversight

As the single state Medicaid agency (42 CFR Part 10(b)(1)), federal regulation at 42 CFR Part 431.10(c)(3) grants HCPF the authority to conduct broad oversight of any political subdivision that has been delegated eligibility and enrollment activities. Specifically -

“The Medicaid agency must ensure that any agency to which eligibility determinations or appeals decisions are delegated **complies with all relevant Federal and State law, regulations and policies, including, but not limited to**, those related to the eligibility criteria applied by the agency under part 435 of this chapter; prohibitions against conflicts of interest and improper incentives; and safeguarding confidentiality, including regulations set forth at subpart F of this part.”



HCPF's Oversight Process

Also, our administration (Medicaid State Plan) must provide that the following requirements are met:

- (1) The plan will be in operation statewide through a system of local offices, under **equitable standards for assistance and administration** that are mandatory throughout the State.
- (2) If administered by political subdivisions of the State, the plan will be mandatory on those subdivisions.
- (3) The agency will ensure that the plan is continuously in operation in all local offices or agencies through—
 - (i) Methods for informing staff of State policies, standards, procedures, and instructions;
 - (ii) Systematic planned examination and evaluation of operations in local offices by regularly assigned State staff who make regular visits; and
 - (iii) Reports, controls, or other methods.



HCPF Actions from Compliance Reviews

Additionally, federal regulation at 42 CFR Part 431.10(c)(3)(iii) dictates to HCPF that the single state agency...

“Must exercise appropriate oversight over the eligibility determinations and appeals decisions made by such agencies to ensure compliance with paragraphs (c)(2) and (c)(3)(i) of this section and institute corrective action as needed, including, but not limited to, rescission of the authority delegated under this section.”



Reasons for Updating our Process

- SB 22-235 Findings on Administrative Alignment
 - Wanting to approach things with reducing administrative burden for counties in mind
- Alignment with CHDS
 - Implement ways of aligning HCPF and CDHS reviews where possible
- Addressing County Feedback
 - Gathered feedback over the last three years to implement as much as possible in between cycles
- Ensuring Federal and State Compliance
 - Must continue to focus on ensuring compliance is at the forefront, to minimize disallowance risk



Additional Information

- Every finding has a basis in rule, statute, policy, memo, or training materials
- We expect to see an overall reduction in findings this next round
- Opportunity to discuss findings can help with the “whys” that exist
- Attempting to increase the “feel” of collaboration throughout the process

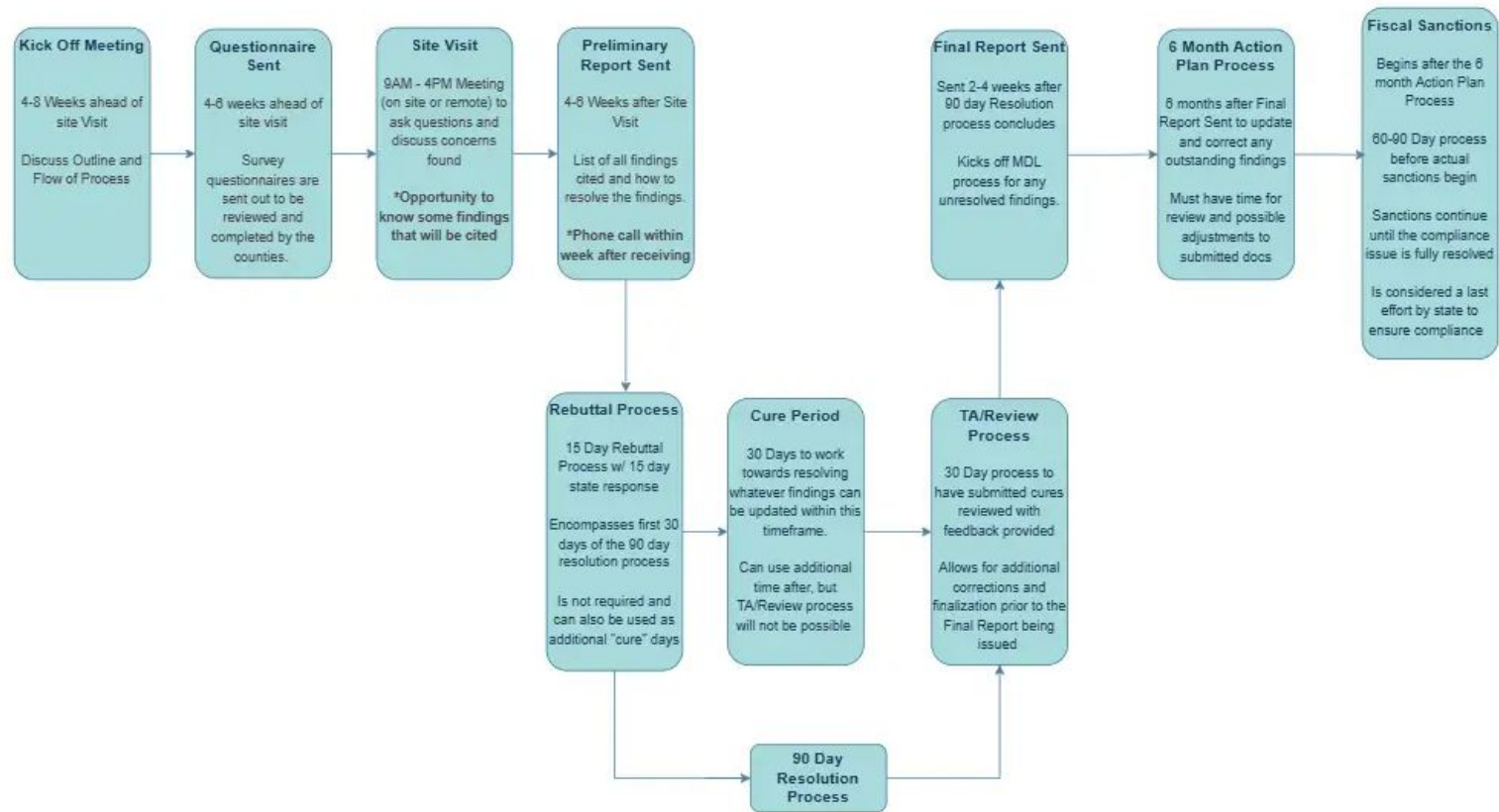


Summary

- For program modules, HCPF reduced the amount of questions asked of counties by close to 50%
- We aligned with CDHS in 7 different steps within the ME Review process
- HCPF has also updated 7 steps in this process based on County feedback
- HCPF has updated 4 steps within the process to reduce the overall administrative burden
- Almost every single area (except 2) was revised/updated based on county feedback, alignment with CDHS, or administrative burden reduction (235)



New Timeline Process



Kick Off Meeting

County Feedback: Too long a timeline between Kick Off and Site Visit

Change: Kick off Meetings closer to Site Visit date

- New Process
 - Will have at least quarterly Kick Off Meetings with multiple sites
 - Will be no more than a couple months ahead of actual site visits
 - Will discuss ME Process and Tips
 - Scheduling will be done separately with each individual site



ME Review Questionnaires

County Feedback: The amount of questions asked is overwhelming

Change: HCPF will use other data sources to capture information needed, rather than just asking

- New Process

- Each Section was reviewed for ways to remove redundant and unnecessary questions from the process

- In Program questions, achieved an almost 50% reduction in questions asked

- Continuing to search for better ways to capture information such as through quality assurance, appeal information and escalation processes

- HCPF still reviews the same areas, just uses existing data to determine compliance rather than asking the county



Site Visit Day

County Feedback: The day of review does not include any information on how the county's review went and can be overwhelming

Change: Initial findings provided day of visit towards the end of the day (but other findings may be found post-review)

- New Process
 - Day will focus as before on clarifying information, asking additional questions, and better understanding processes
 - Will not review “non compliance” related topics
 - MAP Data
 - Member Correspondence
 - “On the spot questions”
 - Recent Memo Training
 - Will provide time for an overview of items known to be compliance findings ahead of the site visit date



Preliminary Report

County Feedback: The Preliminary Report is sent with no context; “What does this mean? Why so many findings? I do not believe this is correct.”

Change: Opportunity to discuss findings with HCPF upon release of the Preliminary Report, where they stem from, and how to correct them after the initial report is sent

- New Process
 - County Admin Program Section Manager will be calling each Director (or designee) within a week of them receiving their Preliminary Report to review any questions, concerns, and frustrations they may have related to the various findings.

Resolution Period

County Feedback: 5 Days for Rebuttals is not enough. Counties have no ability to receive HCPF feedback on items submitted. Challenges with rebuttal extensions.

Change: Expanding timelines to allow for greater partnership through the process (Language, “cure”)

- New Process
 - Resolution period is name given to entire process, including Rebuttal, Cure and TA Periods (these “nest” within each other)
 - Resolution Period is 90 calendar days (from 30 days)
 - Rebuttal Period, 15+15 Days (if desired/from 5 days)
 - Cure Period, first 60 days (including Rebuttal Period)
 - Technical Assistance Period, last 30 days (or additional Cure time)



Rebuttal Period

County Feedback: Rebuttal Period too short; counties are unsure of what to rebut and need assistance to navigate that

Change: Longer time for submit rebuttals and for HCPF to review those and provide assistance

- New Process

- County now can submit rebuttal within 15 business days
- ME Team will respond within 15 business days
- If a rebuttal is rejected, county is encouraged to submit a cure in the remainder of the Resolution Period.
- Keeping in mind anything submitted after the 60th day will not have time for Technical Assistance



Cure Period

County Feedback: Too short a timeframe to correct minor issues; not sure what to cure instead of rebut

Change: Longer time for counties to cure, to receive technical assistance from HCPF, and partnership throughout the process

- New Process
 - Longer Opportunity to fix Compliance Findings and Published Expectations
 - Must be submitted by the 60th day in order to receive TA if desired
 - This allows HCPF to review and respond prior to the end of the 90 day Resolution Period



Technical Assistance on Findings

County Feedback: No room/time for corrections; MDL for minor edits and changes in policies.

Change: Opportunity for partnership throughout the Resolution Period

- New Process
 - Findings submitted by the 60th day will be reviewed by HCPF for thoroughness and adherence to policy
 - These findings will be sent back to the site with additional edits and changes as needed to come into compliance
 - Any updated findings sent back prior to the 90th day, will be considered “cured” if complete
 - Any findings submitted after 60th day will not be reviewed



Final Report

County Feedback: Final Reports sent to Board of County Commissioners and they are unsure of context and next steps

Change: Instead of HCPF sharing with BoCC, County can choose to brief the BoCC themselves on the Final Report, timelines and state actions resulting from non-compliance

- New Process
 - Final Report sent to County by HCPF around 2-4 weeks after Resolution Period ends
 - County will brief BoCC within 90 days of Report Date
 - County will be required to submit documentation to HCPF that this was discussed (meeting minutes, recordings etc.)



Fiscal Sanction Process

County Feedback - Why the need? Seems very counter cooperative?
Positive feedback.

Change: Next steps in the process / Challenges in alignment (future vision)

- Process
 - Start 30 days after last day for action plans to be completed
 - 2 notices 30 days apart ahead of the “final notice” being sent
 - When final notice is issued, sanctions will happen, even if only for 1 month
 - Adding “Hardship Extension” in Rule



Areas Without Changes

- Management Decisions Letters (MDL)
- Action Planning Process (IAP, CAP)



Other Updates

- Cybersecurity Questionnaire, tailored to Option 2 and Option 3 counties
- Fiscal expenditures reviews move from 1% of total expenditures to at least 2.5%
- Monitoring of county training completions, relating to accuracy and member experience
- Expansion of usage of quality assurance and escalation root cause analysis data



Joint Scheduling

- New Process for when multiple organizational reviews are identified.
 - Contact the County Director (or designee) in conjunction with other program leader
 - Discuss best way for program reviews to be completed (at same time, farther apart, etc.)
 - Coordinate with all involved to determine best date for county reviews to occur



Questions?



Update on Renewal Project

Presented By: Kristen Lundy

Background

The Department's goal is to improve the member experience with the renewal packet and come into compliance with federal renewal requirements in order to help individuals eligible for Medicaid or Child Health Plan *Plus* (CHP+) successfully renew their coverage.

Renewal Progress

- Originally set for a June 2025 implementation date but the project timeline has been extended allowing for more time to gather feedback
- Research underway on how other states across the country request renewal information
- Completed a crosswalk of Colorado's renewal against CMS Model Notice

We Want to Hear from You

- Which parts of the renewal packet do you find most helpful or clear, and why?
- Are there specific sections or terms in the renewal packet that are confusing or unclear? Please specify.
- What changes or improvements would make the renewal packet more user-friendly?

CMS Model Signature and Rights and Responsibilities

Your rights and responsibilities

- I am signing this renewal form under penalty of perjury. That means that I have provided true answers to all the questions on this form to the best of my knowledge, and I know that I may be subject to penalties under federal law if I provide false or untrue information.
- I know that I must tell [state agency] if anything changes and is different from what I wrote on this form. I can call XXX-XXX-XXXX or visit [web address] to report any changes. I understand that a change in my information might affect whether someone in my household qualifies for coverage.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).
- If I think [state agency] has made a mistake, I can appeal its decision. To appeal means to tell someone at [state agency] that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting [state agency] at XXX-XXX-XXXX. Someone from [state agency] will explain anything about this application to me if I need that.
- I understand that if I do not qualify for Medicaid, [state agency] will check to see if I qualify for other kinds of health coverage. [State agency] may send my information to another program so they can see if I qualify. [State agency] will check my answers using information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration, the Department of Homeland Security and others. If the information does not match, [state agency] may ask me to send more information.
- I understand that, after my death, [state agency] can file a claim against my estate to recover money that the state paid for coverage provided to me. This process must happen if I am in a medical institution and not expected to return home, or if I am 55 years of age or older and the state pays for my nursing facility services, home and community based services, or related hospital and prescription drug services. The amount recovered by the [state agency] will not be more than the amount Medicaid paid for my care.
- I understand that when I send in this form, it means I have permission from everyone whose information is on the form to submit their information to [state agency] and receive any communications about their eligibility and enrollment.
- I understand that [state agency] is authorized to collect information on this form, and other supporting information including Social Security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care Education Reconciliation Act of 2010 (Public Law 111-152) and the Social Security Act.

► Sign and date below. If you want an authorized representative or want to change the authorized representative you have now, fill out Attachment C on page 12.

Check here if you are an authorized representative. Sign below and fill out Attachment C on page 12.

Signature of household contact or authorized representative:

Date:

Colorado Signature and Rights and Responsibilities

| Renewal Form Signature Page | |
|---|----------|
| Read and sign this attachment (You MUST return this page) | |
| Health First Colorado/CHP+ | Case ID: |

Please refer to What I Should Know - Rights & Responsibilities before signing. **Read and sign this attachment (You MUST return this page).**

1 Check the box that applies:

I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. All information in the Renewal Form is correct. **I do not need to make any changes or corrections** to the information.

I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. **I need to make changes or corrections** to the information. I will return the Renewal Form with the changes and corrections.

Signature of household contact or Authorized Representative Date (MM/DD/YYYY):

/ /

Check here if an Authorized Representative signed.

If you want to add, change or update an Authorized Representative, fill out the form that came with this letter.

Check here if you want an Authorized Representative.

Colorado Signature and Rights and Responsibilities

What I Should Know: Rights and Responsibilities

I have provided true and complete answers and information to the best of my knowledge and belief. I am signing this document under penalty of perjury. I understand this means I may receive penalties under federal law if I purposely provide false or untrue information.

Estate recovery

The Colorado Department of Health Care Policy and Financing (HCPF) oversees Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+). Estate recovery helps pay the costs of providing care to Health First Colorado members. It is required by federal law. The law says the State of Colorado must take money from a member's estate after they die to help repay costs for certain health care services the member received.

HCPF may take money from a member's estate after they die if the member was:

- Permanently institutionalized such as living in a nursing facility or other long-term care institution at any age.
- 55 or older and received long-term care services and support like nursing facility benefits, home and community-based services (HCBS), or other waiver services.

Some member benefits and services are not paid back through estate recovery. For more information, contact Health Management Systems (HMS) at comedicaidrecovery@gainwelltechnologies.com or 303-837-8293 or your county department of human services.

Reporting changes

I understand I am responsible for keeping my information up to date. I understand I must report any changes to the information I have provided within 10 days of the change. I understand changes I report might affect whether someone in my household qualifies for health coverage. I can report changes online at CO.gov/PEAK or through my county department of human services, or an organization that assists me.

Privacy

I understand HCPF is authorized to collect and process my household information and confirm that information through federal databases that verify information. HCPF's authority to collect, process, and verify my information comes from the Patient Protection and Affordable Care Act and the Social Security Act.

Everyone on my form has given me permission to share and submit their information and to receive communications about their health coverage and enrollment. The information HCPF collects and processes will be used to decide if I and members of my household qualify for health coverage. I understand that if I do not qualify, HCPF will share my information with Connect for Health Colorado to see if I qualify for reduced-cost private health insurance.

Colorado - *Signature and Rights and Responsibilities*

Nondiscrimination

HCPF does not discriminate based on race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, or disability in any of its programs, services and activities.

For further information about this policy, to request free disability or language aids and services, or to file a grievance, please contact:

Civil Rights Officer
303 E. 17th Avenue, Suite 1100
Denver, CO 80203
Phone: **303-866-6010** (State Relay: 711)
Fax: **303-866-2828**
Email: hcpf504ada@state.co.us

Complaints can also be filed with the U.S. Department of Health and Human Services, Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf.

Appeals

If I disagree with a decision about my health coverage or benefits, I can appeal the decision. Appeal means I tell a county or state office in writing that I disagree with a decision and I want an appeal hearing. Any letter telling me about a benefit or eligibility decision will also tell me how to appeal the decision if I disagree with it. I have the right to represent myself at my appeal hearing. I may also choose a lawyer, relative, friend, or any other person to act as my authorized representative at the appeal hearing.

CMS Model Authorized Representative

Attachment C

Assistance with completing this application

An authorized representative is a trusted friend, partner, or lawyer you choose to sign your renewal form, get information about this renewal form, and act for you with this agency.

► If you have an authorized representative now, please answer these questions.

We show that you chose this person as your authorized representative:

Not applicable

Do you still want this person to be your authorized representative?

Yes No

If yes, has any of his or her information changed?

Yes No

If your authorized representative's information has **changed**, or if you would like a **different** authorized representative, please write the new information here:

Name of authorized representative:

Address: _____ Apartment # _____ City _____ State _____ ZIP code _____

Phone number: Home Cell Work Other
Number: _____

By signing, you allow this person to sign your renewal form, to get information about this renewal form, and to act for you with this agency.

Your signature: _____

Date: _____

► If you do not have an authorized representative and want one, please answer these questions.

Check here if you want an authorized representative. Answer the questions below.

Name of authorized representative:

Address: _____ Apartment # _____ City _____ State _____ ZIP code _____

Phone number: Home Cell Work Other
Number: _____

By signing, you allow this person to sign your renewal form, to get information about this renewal form, and to act for you with this agency.

Your signature: _____

Date: _____

Colorado - Authorized Representative

Authorized Representative or Organization Form: Applicant Section

Case ID:

Complete this form if you want an authorized representative to complete your renewal paperwork for you.

An authorized representative is a trusted person or organization you choose to help you with your renewal form. We need your permission so your authorized representative can talk with us about the renewal form, see your renewal information, and make updates to your case.

If you have an authorized representative now, please answer these questions.

We show that you chose this individual as your authorized representative:

- Do you still want this individual to be your authorized representative? YES NO
- If 'YES,' has any of their information changed? YES NO

If you want to add or change an authorized representative, or update your authorized representative's information, please write the new information below:

| | | |
|--|--|-------------------------------------|
| Authorized Representative First Name | Authorized Representative Middle Name | Authorized Representative Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Organization/Company Name (if applicable) | Organization/Company ID (if applicable) | |
| <input type="text"/> | <input type="text"/> | |
| Authorized Representative Street Address (leave blank if you don't have one) | Apartment/Suite # | |
| <input type="text"/> | <input type="text"/> | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email | Phone Number | Phone Extension |
| <input type="text"/> | (<input type="text"/>) <input type="text"/> - <input type="text"/> | <input type="text"/> |

Do you want your new authorized representative to receive copies of notices/communications? YES NO

By signing, you allow the authorized representative to sign your renewal form, get information about this renewal form and communicate with this agency.

Applicant's Signature

Date (MM/DD/YYYY):



Visit CO.gov/PEAK to manage your account

Med_MAGI_Redetermination_Notice15_EN
Case ID:Correspondence ID:

Page 9 of 25
Process Date: December 13, 2024

Colorado - Authorized Representative

Authorized Representative or Organization Form: Authorized Representative or Organization Section

Case ID:

Ask the authorized representative to complete this section if you added or changed your authorized representative.

By signing, I agree to fulfill all authorized representative responsibilities. An authorized representative is a trusted person or organization who helps the applicant or member apply for or renew benefits, and communicates with Health First Colorado on the applicant's or member's behalf about applying and renewing benefits. An authorized representative can talk with us about the renewal form and see member and applicant information. I understand authorized representatives do **not** have power of attorney or guardianship responsibilities for the applicant or member.

I agree to maintain the confidentiality of any information regarding the applicant or member in compliance with state, federal, and all other applicable laws. If an authorized representative is an organization, the signature of an organizational contact who is either a provider, staff member or volunteer of the organization is required. As a provider, staff member or volunteer of an organization which is an authorized representative, I affirm that I will adhere to the regulations in 42 CFR §431, Subpart F and to 45 CFR §155.260(f), and 42 CFR §447.10, as well as all other relevant state and federal laws concerning conflicts of interests and confidentiality of information.

Signature of Authorized Representative/Organizational Contact

Date (MM/DD/YYYY):

 / /

If you have authority under a power of attorney, legal guardianship or conservatorship, or other legal authority to make financial decisions on behalf of a member or applicant, you do not need to complete this authorized representative form. Please provide proof of the following: power of attorney, court order establishing legal guardianship or conservatorship, or other legal document explicitly stating that you may legally act on behalf of the applicant or member. Choose one of these ways to send us information online, by mail or in person to the address above.

- By checking this box, I affirm that I have power of attorney, legal guardianship or conservatorship, or legal authority to act on behalf of the applicant or member.

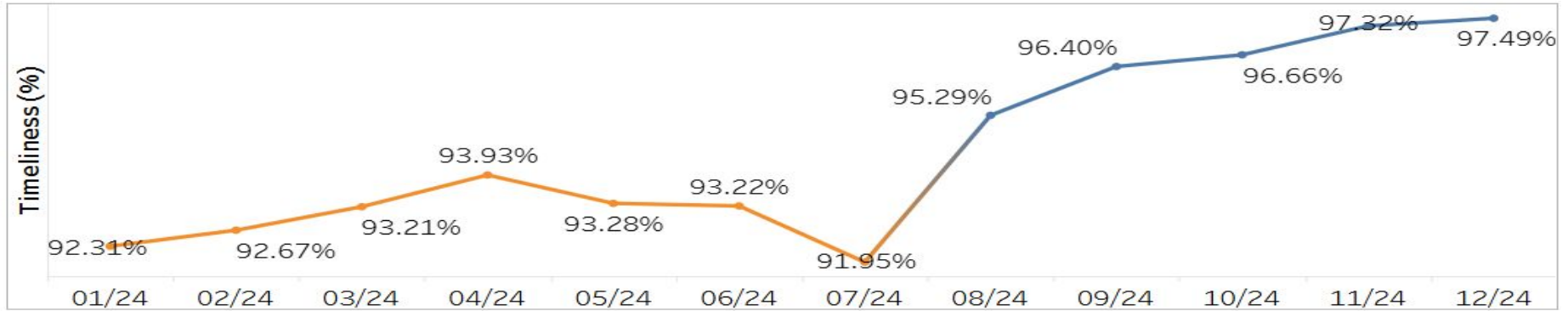
MAP Statewide Performance Update

Presented By: Arturo Serrano

Statewide App 45 Timeliness

December Target Met

97.49%



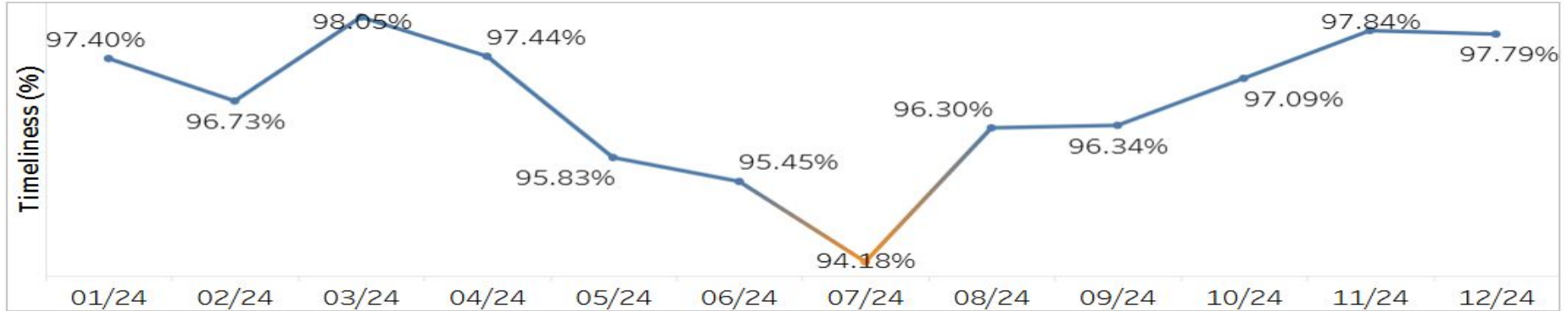
Statewide EPG 45



Statewide App 90 Timeliness

December Target Met

97.79%



Statewide EPG 90



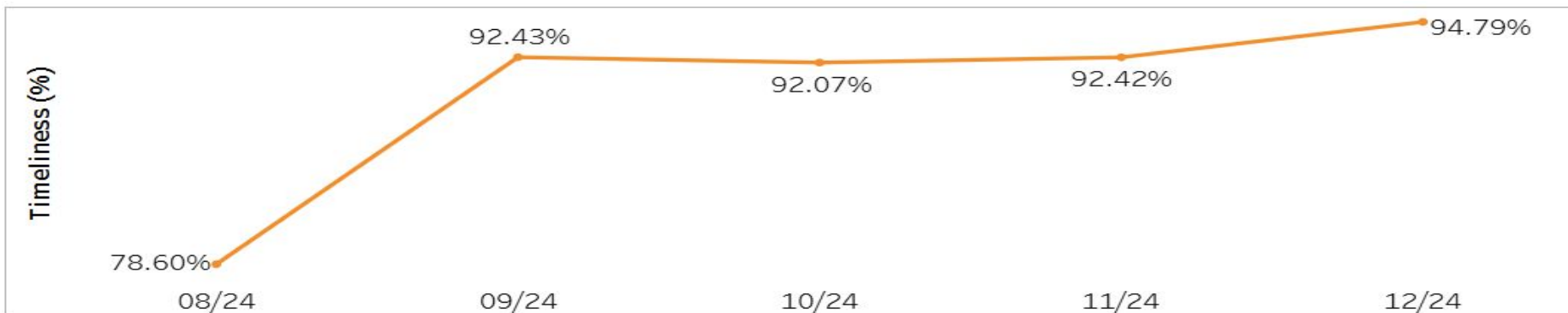
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Department of Health Care
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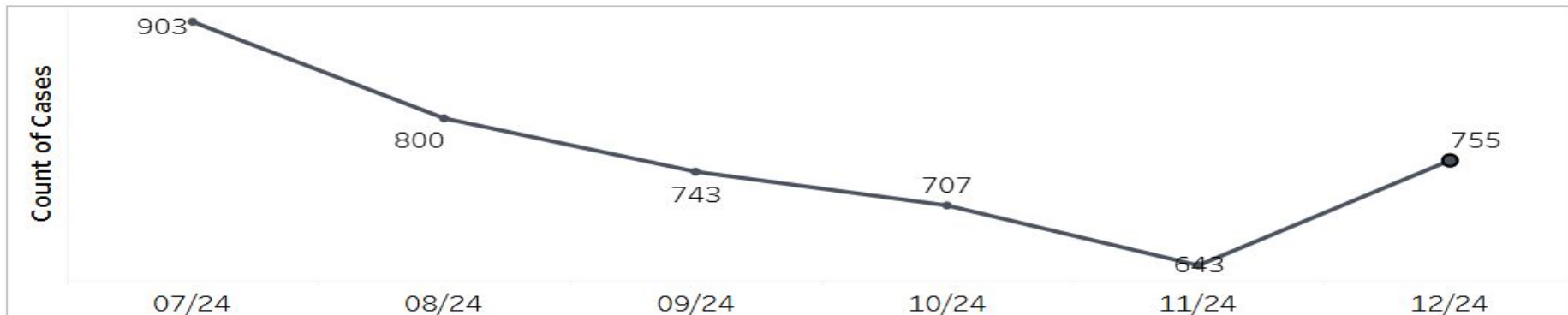
Statewide Renewal Non-LTSS Timeliness

December Target Not Met

94.79%



Statewide Renewal Non-LTSS EPG



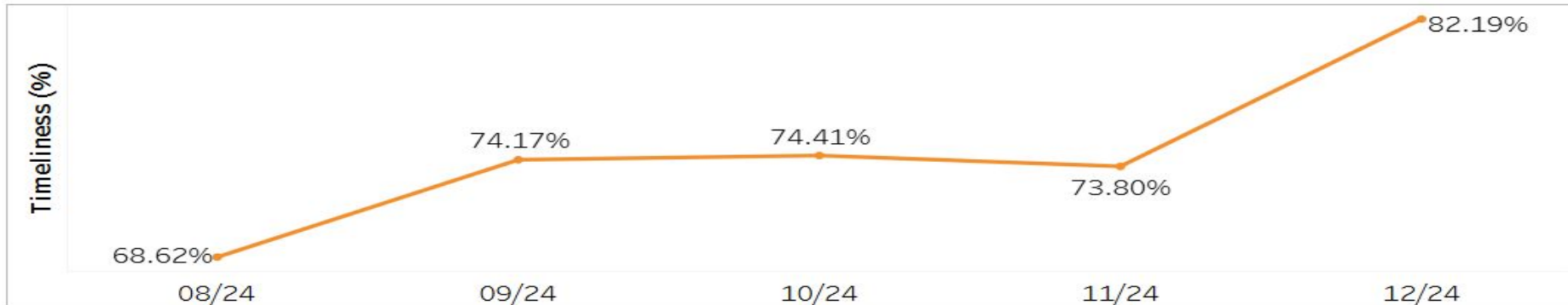
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Department of Health Care
Policy & Financing

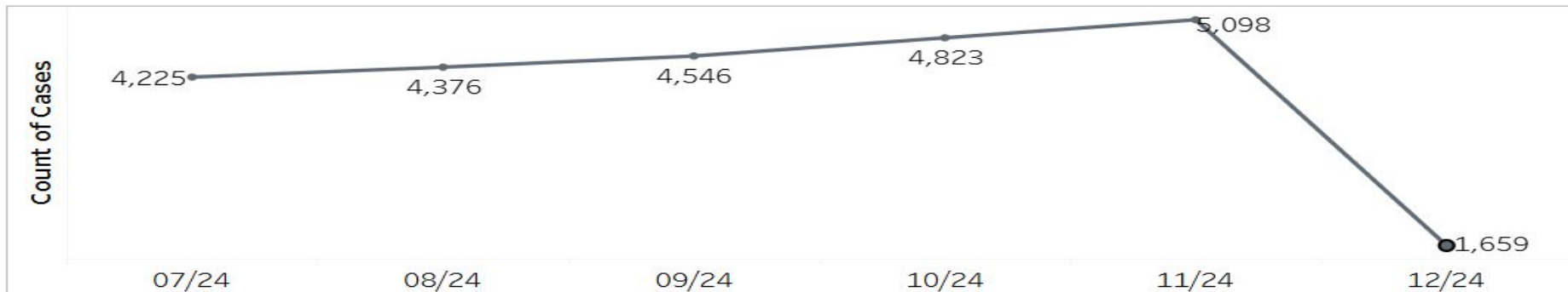
Statewide Renewal LTSS Timeliness

December Target Not Met

82.19%



Statewide Renewal LTSS EPG



COLORADO

Department of Health Care
Policy & Financing

County Network Project Connect

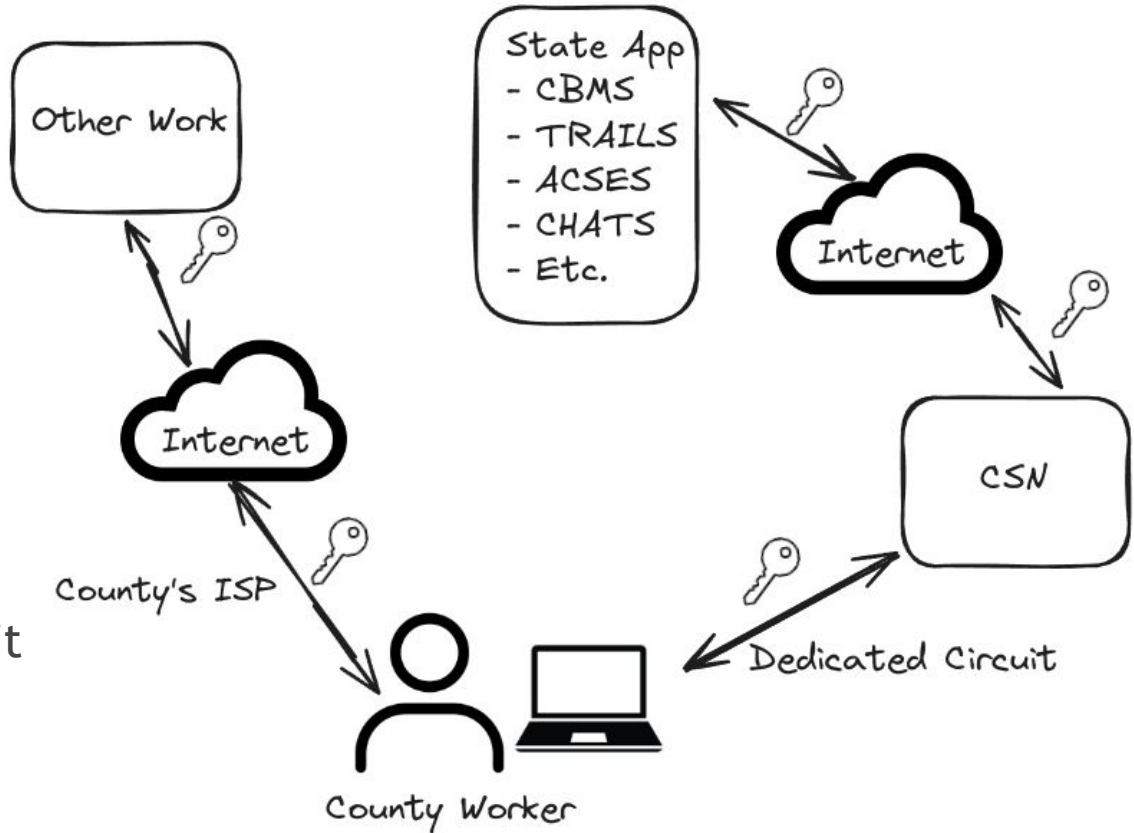
Presented By: Cierra Perreira & Bre Benbenek

Problem

Select County locations are experiencing slow and inconsistent access to critical state applications through the **Colorado State Network (CSN)**.

- This effort will focus on CBMS as it relates to the CSN.

What is the CSN?



If the dedicated circuit bandwidth is limited, access to the State apps are slow.

First Steps

- Collection of Network Data (COMPLETE)
 - OIT, Istonish, Lumen
- Analyze Data (COMPLETE)
 - Identified each location's latency (November 2024)
 - Established baseline expectation (>100ms latency)
 - Used tiering framework for severity (1, 2, 3)

Project Solution

- Why are we using the CSN?
 - Originally used to provide a secure connection to state applications
 - CBMS has modernized (cloud based) and is able to securely connect without the CSN
 - Solution: Use county location internet (ISP)

- What does this mean?
 - County connectivity to CBMS will run over your local internet service provider (ISP).
 - No process changes for staff, all changes will happen on the back end.
 - CBMS users should experience less network latency using the ISP

Pilot Phase

- Next stage: partner with pilot counties to transition CBMS connection off of the CSN
 - Does this improve slowness?
- Each of the selected county locations were identified and asked to participate in the pilot using the below criteria:
 - At least one county per region
 - Most significant latency (slowness)
 - Option 2 and Option 3 counties
- If any additional counties would like to volunteer, please respond to this [Google Form](#) (please respond by Jan. 31)
 - Thank you to the counties that have agreed to participate thus far!

County Asks for Pilot

- Share the best point of contact
 - Eligibility Supervisor POC (Option 2 Counties)
 - IT Operations POC (Option 3 Counties)

- Fill out a weekly assessment of workers' experience
 - Google form with <10 questions
 - Do your staff notice any slowness, when and for how long?

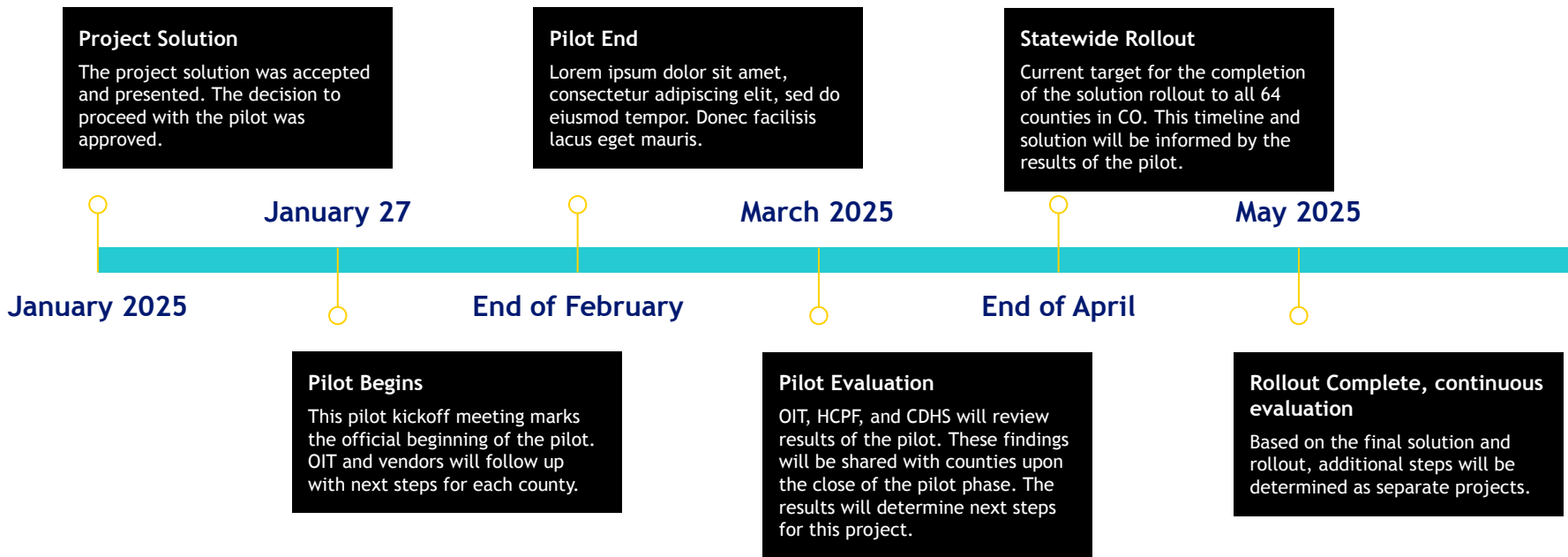
- Pilot chat space
 - You will be invited to this chat space following this meeting.
 - This will be a space to share questions, experiences, updates, and to troubleshoot any challenges.

- Help us decide whether this was successful or not!

What's Next?

- Review and share the pilot results (Counties, CDHS, HCPF, OIT)
 - Determine recommendation moving forward
- If the pilot is considered successful, we will schedule all-county rollout by April 2025

Timeline





Questions?



County Hot Topics

Contact Information

For Agenda Items & Meeting Set-Up or for Questions:

please submit a [County Relations webform ticket](#) or
Email HCPF_CountyRelations@state.co.us

Thank you!