Assessing Best Practices in the Administration of Public and Medical Assistance Programs in County-Administered States

Public Consulting Group

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PUBLIC
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Nearly four in 10 Coloradoans receive some type of help from a public and/or medical assistance programs. These programs serve not only some of the most vulnerable citizens in the state, but they also support many Coloradoans who struggle to make ends meet even when employed.

4 in 10
Coloradoans received some type of public and/or medical assistance benefit in 2022.

Colorado's public and medical assistance programs include both federal as well as state-only programs. The most well-known programs include Medicaid and the Supplemental Nutrition Assistance Program (SNAP). They also include lesser-known programs such as Colorado Works, the state's Temporary Assistance to Needy Families (TANF) program, Medicaid buy-in programs, Long-Term Care, and two major programs that serve Colorado's elderly population and individuals with disabilities.

These are complex programs – they are governed by separate federal agencies with little alignment between them.

Program	Federal Agency
Medicaid	U.S. Department of Health and Human Services, Centers for Medicaid and Medicare
Temporary Assistance to Needy Families (TANF)	U.S. Department of Health and Human Services, Administration for Children and Families
Supplemental Nutrition Assistance Program (SNAP)	U.S. Department of Agriculture, Food and Nutrition Service

Colorado's adult financial programs are largely based on the Social Security Administration's programs and are established in state statute, adding an additional layer of complexity.

Overarchingly, the state's public and medical assistance programs are supervised by two different departments. The Colorado Department of Human Services (CDHS) supervises the public assistance programs while the Department of Health Care Policy and Finance (HCPF) supervises all medical assistance programs.

The crown of Colorado's complexity comes not from the programs but from the administration of those programs. Each of Colorado's 64 counties bears the responsibility for the direct administration of the programs. Colorado is one of only 10 states that have public and medical assistance programs administered by the counties, though several additional states also have their counties administer child welfare programs.

It is important to note that the state departments bear the ultimate responsibility for administering the programs under their regulatory purview even though the reality is that day-to-day administration is devolved to the counties.

HOW WE GOT HERE

The United States safety net programs are complex and sometimes misaligned. The passage of the Affordable Care Act (ACA) in 2010 resulted in life-changing coverage gains and patient protections. However, one side effect was that it further misaligned core programs that many of the nation's most vulnerable individuals and families utilize.

Misalignment in policy and procedure can negatively impact not only program beneficiaries but also the agencies that administer and deliver programs. For example, misaligned redetermination timelines across major programs (SNAP, TANF, and Medicaid) can result in a single family submitting up to three different redetermination packets with similar, if not the same, information at different times throughout the year. For agencies, differences in policy and program operations can lead to costly errors that put the state at risk of federal penalties.

Furthermore, states and counties have discretion over how they choose to operate and administer these programs. The impacts of such discretion can include varying administrative costs,

performance outcomes, and varied client experiences across states. This variation becomes more intense when administration is further devolved to the counties, like in Colorado.

Colorado is not alone. The challenges faced by county-administered states, like Colorado, and those faced in state-administered models are similar. Shared challenges include the following, some of which have become more prominent in recent years:

- The administration of programs regulated by disparate federal agencies and administrations that lack solid collaboration and coordination.
- The passage of the ACA in 2010, which changed Medicaid program rules to align with the U.S. tax system, bringing the program out of alignment with SNAP and TANF. However the law gave states the ability to expand the program, changing eligibility for childless individuals specifically and therefore aligning programs in that regard. Additionally, the ACA provided an influx of money to state agencies to modernize and integrate eligibility systems.
- Caseload growth across programs paired with budgets that haven't keep pace with that growth.
- Increased demand by clients to utilize modern technology to access public and medical assistance programs. This is coupled with areas of outdated law and regulation regarding technology by federal agencies and limited budgets for states to adopt and implement enhanced technologies to support programs.
- Strict requirements by federal agencies on client noticing that make it difficult to write client correspondence in a way that adheres to best practices for communication (i.e., use plain language).
- State Governors, legislatures, or local governing bodies that may not agree with the fundamental notions of public and medical assistance programs or who can change direction of these programs and the client experience.
- Challenges with the eligibility worker workforce due to turnover, retention issues, and salaries that are not competitive in this economy.

- Difficulty in reaching households that live in rural areas.
- Federal regulations have not been updated to reflect the current situation of various factors, such as delays in mail delivery.

PREVIOUS BUSINESS PROCESS REENGINEERING EFFORTS

Both CDHS and HCPF have initiated several major business process reengineering efforts in the past two decades. Some counties have embarked on their own efforts using their own funds.

Southern Institute on Children and Families (SICF)

HCPF contracted with SICF in July 2013 to perform BPR efforts through June 2016. The purpose of the project was to maximize the effectiveness of upgrading the state's eligibility system, the Colorado Benefit Management System (CBMS) as part of the Patient Protection and Affordable Care Act (ACA). Through this work, SIFC worked with several counties to develop new business process models that would support the needs and evolving changes to the eligibility and enrollment determination process. Challenges with differing resources at the counties resulted in business process models becoming business process suggestions rather than mandatory changes.

Change and Invitation Agency (C!A)

CDHS received a $1.65 million General Fund appropriation to implement BPR from April 2013-June 2014. Following a procurement process, the Department executed a contract with the Change & Innovation Agency in June 2013. Additional funds from the Work Support Strategies grant (Ford Foundation) supplemented the BRP project through September 2015. All 10 large counties worked with C!A to implement their BPR model between July 2013 and September 2015.

The overarching goals of this work was to provide a roadmap and hands-on guidance for a comprehensive restructuring of business processes and service delivery models in county offices, including front-end and back-end processes. The end result was to implement C!A's model, which must be implemented with fidelity to result in positive changes and reduce inefficiencies from creeping into the processes.

Some counties fully implemented the model, others didn't. Over time, some of these practices have been removed from county practices. .

THE EFFECT OF COVID-19

The COVID-19 pandemic has been one of the most significant challenges faced by all states in recent history. The pandemic has affected all Americans, regardless of income, race, social status, age, or gender. While businesses shuttered, the doors of Colorado's 64 county department of human and social services agencies remained open and the need for public and medical assistance became more prominent than ever before.

In Colorado, SNAP participants received $912,980,000 in 2020, a 43% increase from the $639,000,000 in benefit in 2019.[i] Medicaid enrollment grew from about 1.2 million in March 2020 to 1.69 million in December 2022.[ii] These increases were made possible by the SNAP emergency allotments and Medicaid continuous coverage provisions in the Families First Coronavirus Response Act of 2020.

Due to the severity of the crisis early on, public and medical assistance programs also introduced flexibility in policy and program administration to meet the imminent needs of the public. Often, this meant innovative policy changes, the implementation of waivers, and altered operations and practices to streamline program access, get benefits to people in need, and alleviate operational pressures on agencies, to the extent possible.

The pandemic highlighted and even exacerbated many pre-existing structural challenges of the agencies administering these safety net programs. For many states, including Colorado, the pandemic has highlighted workforce challenges, including hiring, training, and retaining eligibility staff and supervisors.

It is impossible to know if the programs and the counties will return to their pre-COVID-19 state or if the reality that exists today is the "new normal." Our assessment reflects the current state of eligibility operations for public and medical assistance programs in Colorado at the time of this report.

BACKGROUND

Colorado's Senate Bill 22-235 (SB-235) charged CDHS and HCPF with identifying administrative, operational, and fiscal efficiencies through a comprehensive assessment of best practices in public and medical assistance programs in county-administered states. They contracted with Public Consulting Group (PCG) to assist in their effort.

The goal of the assessment was to take a deep dive into statewide operations and explore best practices in delivering public and medical assistance programs to improve:

Program Access	**Service Delivery**
Administrative Efficiency	**Cost Effectiveness**

To meet this goal, the agencies were charged with evaluating the statewide operations in four areas, providing recommendations for improvements, and identifying metrics for cost-effectiveness and success of implemented changes. The agencies were further charged with examining best practices in these areas among the nine other county-administered states.

The four areas of focus were:

Policies	**Business Processes**
Workforce	**Technology**

Through site visits, a fifth category of assessment was added: county-state dynamics. This was added due to the increased dynamics that crop up naturally in a system that is devolved across multiple partners.

The programs within scope for this assessment are outlined in the table below:

	Program	Description
Colorado Department of Human Services **Public Assistance Programs**	The Supplemental Nutrition Assistance Program (SNAP)	Formerly known as the Food Stamp Program, SNAP provides food benefits to low-income households.
	Colorado Works	Colorado Works, Colorado's Temporary Assistance for Needy Families (TANF) program, is designed to help needy families achieve self-sufficiency by providing cash assistance and job preparation training.
	Aid to the Needy and Disabled (AND)	AND provides a cash assistance benefit to low-income Colorado residents with a disability for an interim period while the client pursues Supplemental Security Income (SSI).
	Old Age Pension (OAP)	OAP provides financial assistance to elderly, low-income Colorado residents aged 60 and older.
Health Care Policy and Finance **Medical Assistance Programs**	Health First Colorado (Medicaid)	Medicaid provides health coverage to millions of people including children, pregnant women, blind or disabled people and the elderly.
	Child Health Plan Plus (CHP+)	CHP+ provides health coverage to Colorado children and their families with incomes too high for Medicaid but can't afford private coverage.
	Long Term Care (LTC)	Long-term Care provides services for the elderly and disabled including skilled nursing care as well as home and community-based services.
	Working Adults with a Disability (WAwD)	WAwD allows people with a disability who start to work to keep their Medicaid coverage. Members pay a small monthly premium.
	Children with a Disability (CwD)	CwD provides Medicaid health coverage to children age 18 and younger who are disabled and whose family's income is higher than the limits for regular Medicaid. Families pay a small monthly premium.

This report details the findings from Colorado as well as research from other county-administered states. While the findings capture the nuances of Colorado's public and medical assistance programs, many of the themes are apparent in peer states and health and human services agencies nationwide.

METHODOLOGY

PCG used a mixed methods approach for this assessment, combining both qualitative and quantitative methods to gather the most complete picture possible. This consisted of:

PCG Reviewed:

5 sections of Administrative Regulations

3 years of Quality Assurance data for 4 programs

3 years of Timeliness data for 4 programs

3 years of Caseload data for 4 programs

50 Online applications for all **50** states

47 county budgets and overtime costs

70 job descriptions for eligibility staff

PCG Conducted:

8 full-day site visits

6 interviews with peer states

2 surveys to eligibility staff and county managers

6 interviews with HCPF and CDHS staff

2 interviews with county staff

The sections below describe the five major methods used in greater detail.

DESK REVIEW

A comprehensive review of the three volumes of policies that govern the eight programs in scope was completed. An additional exploration of the communication processes used across offices and programs within the two state agencies was performed. At the end of this review, findings were aggregated into a Policy Comparison Workbook. The Policy Comparison Workbook is organized by policy element (e.g., Employment, Income, Changes, Interfaces) and breaks down where policies are aligned or misaligned.

PERFORMANCE DATA ANALYSIS

A review and analysis of key performance data for the eight programs in scope was performed. Due to limitations with CBMS and its data reporting, data was aggregated at a higher program level, specifically:

SNAP	Colorado Works (TANF)
Adult Financial (includes OAP and AND)	Medical Assistance (includes Medicaid, CHP+, LTC, CWD, and WAwD)

Data for Federal Fiscal Years (FFY) 18 through FFY 22 was reviewed, unless otherwise noted.

SITE VISITS

Site visits at eight different counties throughout the state were conducted between January 2023 and March 2023 (Appendix A). County representatives on the workgroup selected counties that are diverse in both size and geographically. Visits were largely conducted in person, except for Lake County, which was held solely virtually.
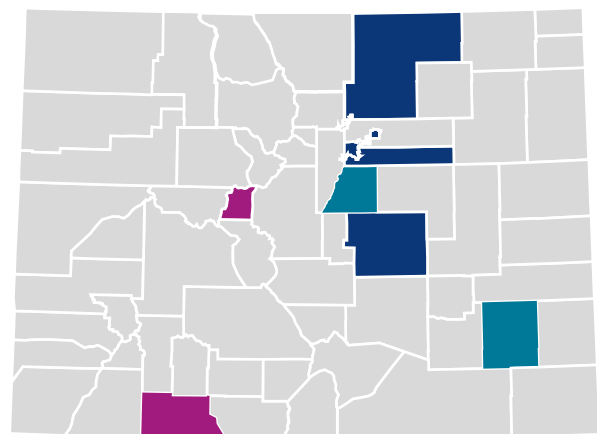
FIGURE 1 COUNTIES IN WHICH A SITE VISIT WAS CONDUCTED

Each site visit was comprised of four parts:

Front desk observations

Manager focus group

Supervisor focus group

Eligibility worker focus group

The focus groups had between six and 10 participants and were held either in person, virtually, or hybrid. In some counties, the focus groups for managers and supervisors were combined based on staffing positions within those counties.

SURVEYS

Two distinct surveys were administered to collect qualitative and quantitative data. The surveys were geared towards two audiences:

Eligibility workers in county and Medical Assistance eligibility sites

County managers/directors

Eligibility Worker Survey

A survey was sent out to all Colorado eligibility workers in February 2023 through a CBMS communication. The goal of the survey was to capture eligibility workers' perspectives on the four areas within scope for this project. Both eligibility staff in counties as well as medical assistance (MA) sites were invited to take the survey. The survey was optional and consisted of 31 questions.

10%
Responded to the eligibility worker survey.

6 in 10
Respondents were from large counties (58%)

3 in 10
Respondents were from medium counties (33%)

1 in 10
Respondents were from small counties (9%)
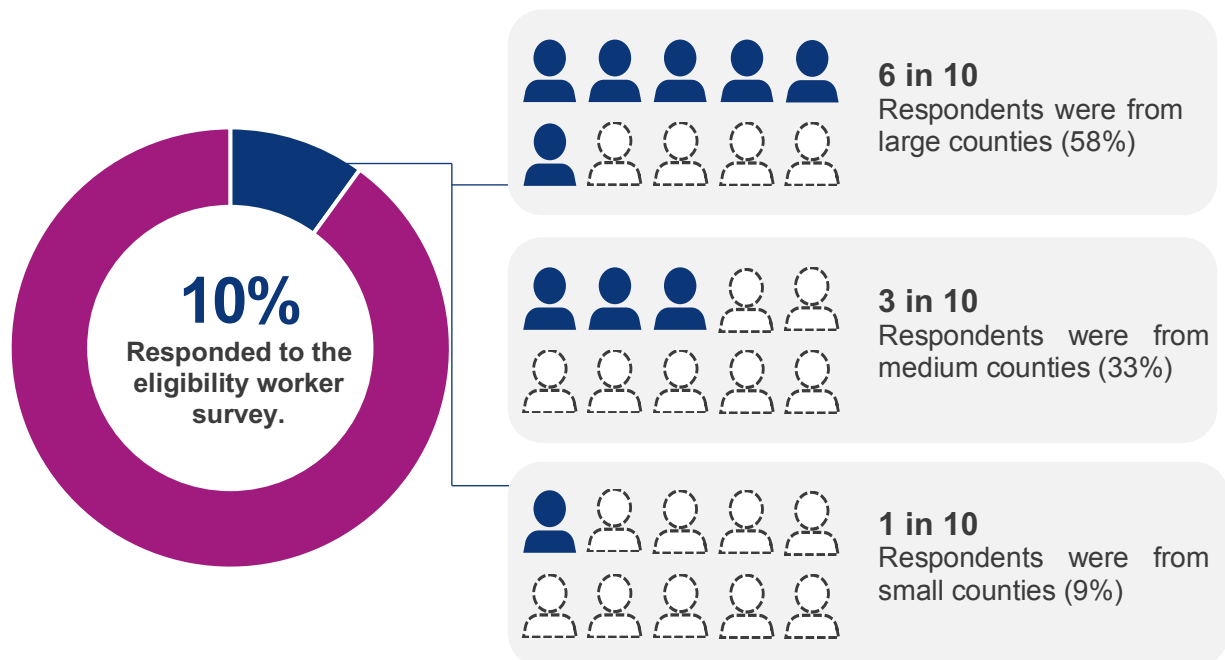
A total of 426 workers responded, a 10% response rate based on the estimated 4,000 eligibility workers statewide.[1] 99% of respondents were from counties and a total of 50 different counties were represented. The majority of the respondents were from El Paso County, Pueblo County, Adams County, Weld County, and Arapahoe County.

The questions contained in this survey can be found in Appendix B.

County Manager/Director Survey

A survey to county directors and managers was administered in March 2023. This survey was sent to county directors with a request to have an individual(s) who could best speak to eligibility operations complete the survey. This survey was sent directly from HCPF to county directors.

The goal of the county manager survey was to collect information in each of the primary domains in as many Colorado counties as possible. The intent was to use the data provided to make meaningful comparisons across counties. A survey was necessary as it was not realistic or possible to visit all 64 counties or conduct the same type of intensive focus groups that were held during the site visits to learn the specifics about county operations. 47 out of 64 counties completed the survey, a 73% response rate. There was good representation across counties both in size and geographic locations.

The list of the questions contained in the manager survey can be found in Appendix C.

73%
Of counties responded to the county manager survey.

10 in 10
Large counties responded (100% of large counties and 21% of all responses)

7 in 10
Medium counties responded (78% of all medium counties and 45% of all responses)

6 in 10
Small counties responded (59% of all small counties and 34% of all responses)
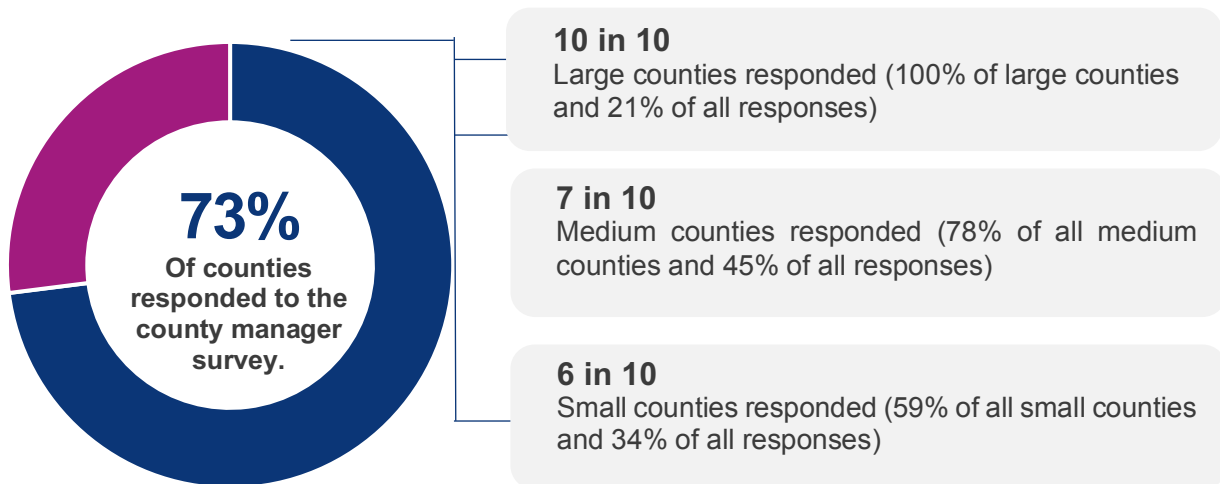
The surveys, combined with the site visits, serve as the primary sources for many of the findings throughout this report.

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[1] The total number of eligibility workers statewide is unknown. Both CDHS and HCPF have their own estimates, which range from 3,500 to 4,500.

OVERVIEW OF FINDINGS

The table below provides a high-level overview of the 34 discoveries were identified across the five different domains and the applicable area(s) that could be improved based on the finding.

Domain	Discovery	Program Access	Service Delivery	Administrative Efficiency	Cost Effectiveness
Policies	1. Policies and procedures are not aligned across benefit programs. This creates administrative burdens for both clients and counties.	✓	✓	✓	
Policies	2. Policy and procedure are kept in multiple locations including laws, formal policy volumes, memos, and training materials. This makes policy difficult to navigate.	✓	✓	✓	
Policies	3. The processes used for making policy change are inconsistent. This creates the opportunity for misalignment across counties.	✓	✓	✓	✓
Business Processes	4. Expedited processing requirements and increased use of scheduled appointments are leading to counties continually reprioritizing their work.	✓			
Business Processes	5. Counties have different methods for conducting eligibility interviews which can impact program access.	✓	✓		
Business Processes	6. Case changes are difficult to track and manage. This can place program integrity at risk and create hardships for clients.	✓	✓		
Business Processes	7. Work is often assigned blindly with little consideration of the workers spoken languages. This results in increased use of translation services and adds inefficiencies into the eligibility process.	✓	✓	✓	✓
Business Processes	8. The lack of a county call center and the staffing of call centers by administrative staff can result in increased work for eligibility workers.	✓	✓	✓	✓

Domain	Discovery	Program Access	Service Delivery	Administrative Efficiency	Cost Effectiveness
Business Processes	9. Most counties supplement classroom training with on-the-job training for new employees. This increases the amount of time until the worker can fully contribute.			✓	✓
Business Processes	10. Veteran workers feel left behind by a lack of training.		✓	✓	✓
Business Processes	11. Methods and expectations for worker productivity vary among counties even though all counties use the same training and eligibility system.	✓	✓	✓	
Business Processes	12. Workers are being asked to manually track work but this tracking doesn't provide a complete picture.			✓	✓
Business Processes	13. Counties regularly rely on overtime to keep up with demand.			✓	✓
Workforce	14. Hiring for eligibility workers in Colorado will be more difficult due to the densely located workforce along the Front Range Corridor and the shrinking labor force in the rural counties.	✓	✓	✓	✓
Workforce	15. The majority of Colorado's eligibility workforce has less than three years of experience.	✓	✓		
Workforce	16. Eligibility workers are motivated to join the county and stay in the county because they want to help others in their community.		✓	✓	✓
Workforce	17. Management structures are more complex in larger counties.		✓		✓
Workforce	18. County supervisors play a role in staff retention and in processing cases.		✓	✓	✓
Workforce	19. Counties use a variety of strategies to help retain staff.	✓	✓	✓	✓
Workforce	20. Many counties still offer remote work. This is an important work condition for eligibility workers.			✓	✓

Domain	Discovery	Program Access	Service Delivery	Administrative Efficiency	Cost Effectiveness
Workforce	21. The median eligibility worker salary is $38,158 per year.			✓	✓
Workforce	22. Colorado will spend up to $16,000,000 on filling vacant eligibility worker positions in 2023. Much of this will be spent within the Front Range Corridor counties.				✓
Workforce	23. The career ladder is taller and wider for larger counties. A lack of career progression may be unattractive to new and current workers.		✓	✓	
Workforce	24. Colorado may be heading toward a significant drop in eligibility workers in the next two years.		✓	✓	✓
Technology	25. There is no single work management or electronic document management system that all counties use. This makes it hard to share work and for case files to be transferred easily	✓	✓	✓	✓
Technology	26. Lack of eligibility worker training on PEAK leads to an inability to help clients use the system correctly and answer questions.	✓	✓		
Technology	27. Counties have implemented several innovative service delivery technologies across the state, using their own money for procurement and maintenance.	✓	✓	✓	✓
Technology	28. The current level of client access in PEAK can result in increased workload for staff and incorrect or delayed benefits for clients.	✓	✓	✓	✓
Technology	29. System errors, broken interfaces and downtime make it hard to be efficient.	✓	✓	✓	✓
Technology	30. Most counties lack access to an effective system for scheduling client interviews.	✓	✓	✓	✓

Domain	Discovery	Program Access	Service Delivery	Administrative Efficiency	Cost Effectiveness
County-State Dynamics	31. The counties and state are organized differently. This creates challenges with collaboration, ownership of solutions and divergent communication systems.		✓	✓	✓
County-State Dynamics	32. Each program area uses different communication methods to engage with counties.			✓	✓
County-State Dynamics	33. There are opportunities for the state to help the counties and for the counties to help the state.			✓	✓
County-State Dynamics	34. County and state political dynamics are not always in alignment. This can make collaboration difficult.	✓	✓	✓	✓

COLORADO'S PUBLIC AND MEDICAL ASSISTANCE PROGRAM STATE LANDSCAPE

As mentioned in the introduction, Colorado has two state agencies that oversee its public and medical assistance programs. They are ultimately responsible for the administration of the programs to the federal agencies, even though the actual operation and administration of the programs in Colorado are devolved down to its 64 counties.

The table below provides a high-level overview of various operational and administrative elements that make up public and medical assistance program delivery in Colorado. This allows readers to identify where there are similarities administratively across programs as well as where there are differences or misalignments.

	Colorado Department of Human Services			Health Care Policy and Finance
Department Office	Office of Economic Security			
Division Office	Food and Energy Assistance Division (FEAD)	Division of Economic and Workforce Supports (DEWS)		
Programs	Supplemental Nutrition Assistance Program (SNAP)	Colorado Works (TANF)	Adult Financial: • Old Age Pension (OAP) • Aid to the Needy and Disabled (AND)	Medical Assistance • Health First Colorado (Medicaid), • Children Health Plan Plus (CHP), • Medicaid Buy-In Programs, • Long-Term Care
Federal agency	Food and Nutrition Service	Administration for Children and Families	N/A	Centers for Medicaid and Medicare Services
Degree of autonomy from federal agency	Low	High	Not Applicable	Low
State role	• Responsible for ensuring that the counties have access to updated policies for their respective programs, any changes to policy are communicated to counties and frontline staff, and issues or questions regarding the implementation of policies are clarified to frontline staff as necessary. • HCPF is the federally required single state agency designed for Medicaid.			

State Agency	Colorado Department of Human Services			Health Care Policy and Finance
Programs	SNAP	Colorado Works (TANF)	Adult Financial	Medical Assistance
State authority over counties	1. Fiscal sanctions in the amount of the Executive Directors salary. Fiscal sanctions may be state dollars or a combination of Federal and State dollars. 2. The assumption of program operations/administration by the Department for their respective programs.			
Federal/state/county shares for program administrative costs	• 50% Federal • 30% State • 20% County	• 15% of every dollar spent is county. • The remainder is federal TANF	AND: • 80% State • 20% County OAP • 100% State	Eligibility determination related activities: • 75% Federal • 15 State • 10% County Non-eligibility activities: • 50% Federal • 30% State • 20% County
Location for programmatic policies	10 CCR 2506-1	9 CCR 2503-6	9 CCR 2503-5	10 CCR 2505-3 10 CCR 2505-10 8.100
Location for administrative policies	9 CCR 2501-1			10 CCR 2505-5
Centralized functions	Staff Development Division training			• Staff Development Division training • Returned mail. • Call center for Medical Assistance customers (not applicants) • Overflow Processing Center
Eligibility system	CBMS			
Online application	PEAK			
Mobile app	MyCOBenefits			Health First Colorado

COLORADO'S PUBLIC AND MEDICAL ASSISTANCE PROGRAM COUNTY LANDSCAPE

27
Number of counties classified as **MEDIUM**

27
Number of counties classified as **SMALL**

64
Number of Counties:

10
Number of counties classified as **LARGE**

Counties with highest percentage of people below the poverty level

29.5% Bent

27.9% Crowley

27.65% Costilla
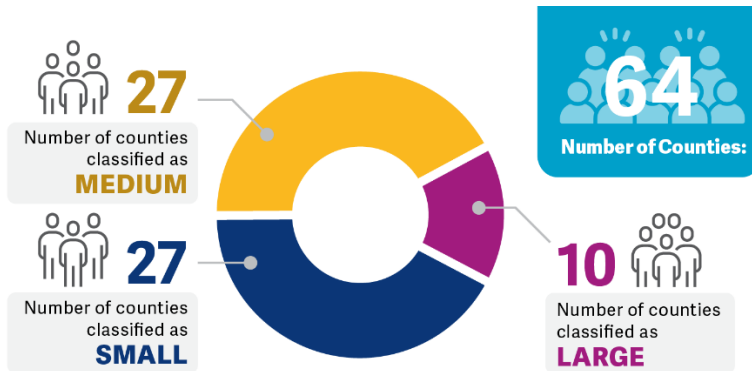
Most populated counties:
Denver, **El Paso**, and **Arapahoe** all with
640,000 – 706,000 people

Counties with LESS THAN 1,000 PEOPLE
San Juan, **Mineral** and **Hinsdale**
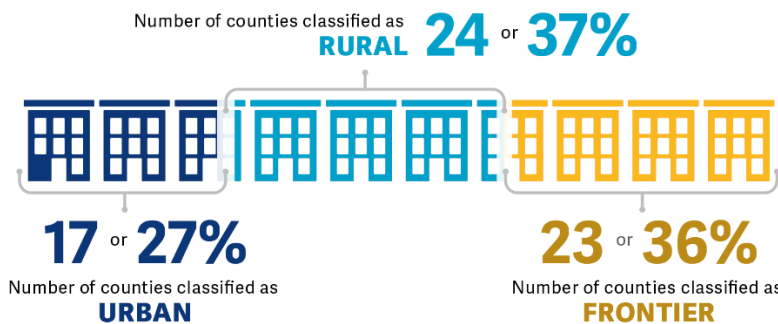
5,839,926
Colorado's Population

Number of counties classified as **RURAL** **24** or **37%**

17 or **27%**
Number of counties classified as **URBAN**

23 or **36%**
Number of counties classified as **FRONTIER**

9.7%
Colorado's population living in poverty

County responsibility as the administering agency

Deliver Colorado's public and medical assistance programs to county residents. Includes interpreting and applying program policies accurately to support correct eligibility and benefit determinations for clients.

Eligibility workforce makeup:

Clerical/ administrative staff

Eligibility workers

Eligibility supervisors

Managers/ Directors

Additional specialty positions, as needed (e.g., Fraud, Claims etc.)

Estimated between **3,500** and **4,500** **ELIGIBILITY WORKERS** across the state

County Authority:
Board of County Commissioners (BOCC)

BOCCs are elected individuals who act as the main policy-making body for their respective County. They act as the supervisor of the county department of human/social services, govern policy-making, set county agendas, and most important, control the finances of the county.

COUNTY SIZE AND GROUPINGS

There is no official state designation of counties into different groupings, however, the state agencies have each established groupings to allow for comparisons and reporting. HCPF's groupings for county size/designation were used in this report. Other groupings sometimes have Douglas County included as a large county.

Colorado Counties by Size

| ■ Large County | ■ Medium County | ■ Small County |
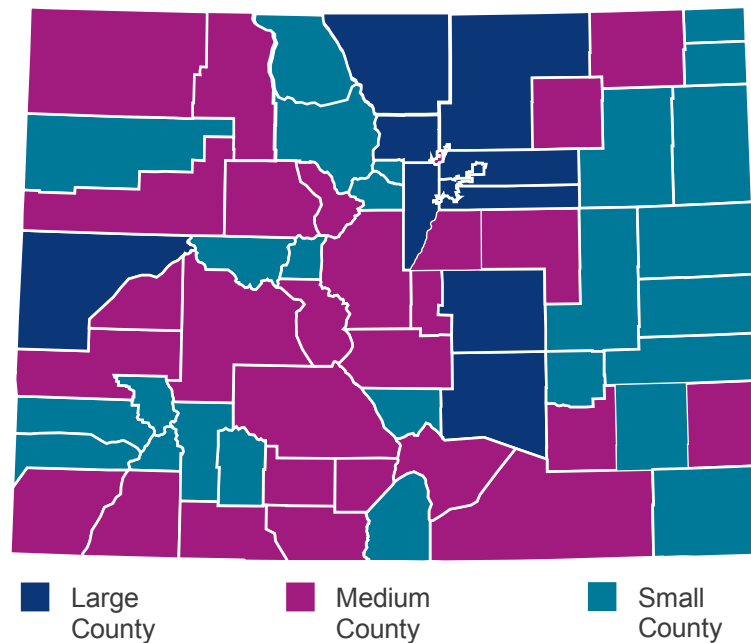
The table below identifies which counties are classified in which designation.

Small Counties		Medium Counties		Large Counties
Archuleta	Baca	Alamosa	Broomfield	Adams
Bent	Cheyenne	Chaffee	Conejos	Arapahoe
Clear Creek	Costilla	Delta	Douglas	Boulder
Crowley	Custer	Eagle	Elbert	Denver
Dolores	Gilpin	Fremont	Garfield	El Paso
Grant	Hinsdale	Gunnison	Huerfano	Jefferson
Jackson	Kiowa	La Plata	Las Animas	Larimer
Kit Carson	Lake	Logan	Moffat	Mesa
Lincoln	Mineral	Montezuma	Montrose	Pueblo
Ouray	Philips	Morgan	Otero	Weld
Pitkin	Rio Blanco	Park	Prowers	
San Juan	San Miguel	Rio Grande	Routt	
Sedgwick	Washington	Saguache	Summit	
Yuma		Teller		

The table below provides a high-level overview of county operations and staffing by county size based on the data from those counties that responded to the survey. This explains why the statewide eligibility worker numbers below do not reflect full totals, which are estimated to be between 3,500 and 4,500 workers, according to the state agencies.

Attribute	Statewide	Small Counties	Medium Counties	Large Counties
Percentage of population	100%	3%	17%	80%
Percentage of counties	100%	42%	42%	16%
Number of Offices	34% of counties have more than one office	2% of counties have more than 1 office	27% of counties have more than 1 office	50% of counties have more than 1 office
Telework for eligibility workers	73% all eligibility workers can work from home	10 out of 16 (62% of small counties)	14 out of 21 (66% of medium counties)	9 out of 10 (90% of large counties)
Telework for supervisors	62% of supervisors can work from home	5 out of 12 (41.6% of small counties)	9 out of 17 (53% of small counties)	10 out of 10 (100% of large counties)
Number of eligibility worker positions	1,351	44 (3% of state total)	243 (18% of state total)	1,064 (79% of state total)
Number of eligibility workers positions currently vacant	174.5	3 (2% of state vacancies)	19.5 (11% of state vacancies)	152 (87% of state vacancies)
Supervisor to Eligibility worker ratio	1:5	1:3	1:5	1:7
Number of lead worker positions	172	7 (4% of state total)	36 (21% of state total)	172 (75% of state total)
Number of lead worker positions currently vacant	13	0 (0% of state vacancies)	2 (15% of state vacancies)	13 (85% of state vacancies)
Number of supervisors positions[2]	230.75	15.75 (7% of state total)	35 (16% of state total)	166 (77% of state total)
Number of supervisor positions current vacant	24	1 (7% of state vacancies)	3 (21% of state vacancies)	10 (71% of state vacancies)

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[2] Includes counties that use manager as term for supervisor.

PROGRAMMATIC DATA

Colorado's public and medical assistance programs serve more than 2.3 million people per year. Medicaid, also known as Health First Colorado, and SNAP were the most heavily utilized programs in FFY 22.

Coloradoans Served in FFY 22 by Program

■ Medicaid ■ SNAP ■ LTC ■ Adult Financial ■ Colorado Works ■ Buy-In Programs

1,690,000

540,300

62,510
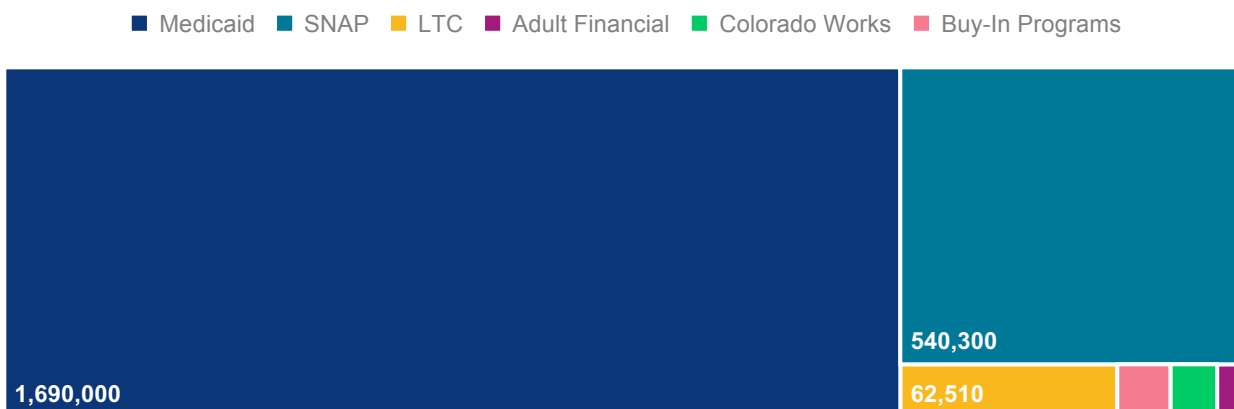
By the Numbers

The table below outlines the number of Coloradoans served by these programs in FFY 22 and as a percentage of all Coloradoans served by public and medical assistance programs.

Program	Coloradoans Served in FFY 22	As Percent of All Coloradoans Served by these Programs
Medicaid	1,690,000	73%
SNAP	540,300	23%
Long-Term Care	62,510	3%
Medicaid Buy-In	15,424	1%
Colorado Works	13,062	<1%
Adult Financial	6,220	<1%

PERCENTAGE OF POPULATION ON BENEFITS IN FFY 2022

In FFY 22, medical assistance programs served almost 30% of Coloradoans and 9% received SNAP.

Program	Percent of Colorado Population Receiving Benefits[iii]	
Medicaid	29%	
SNAP	9%	
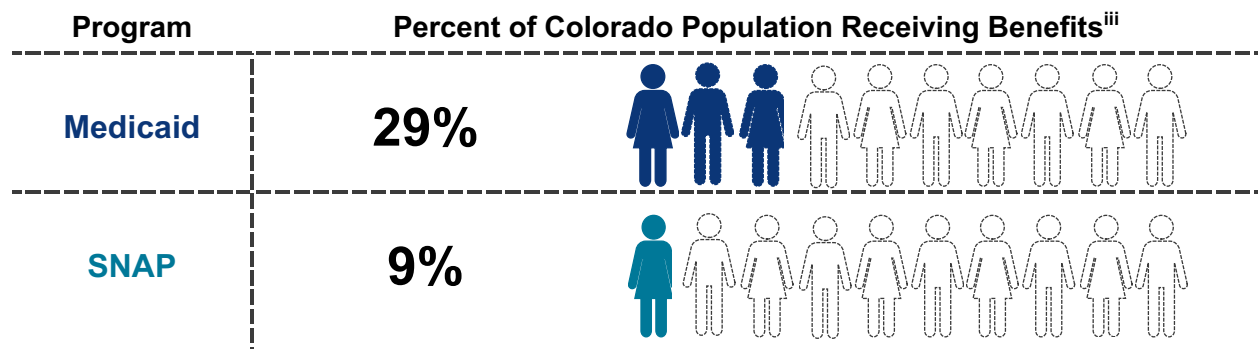
CASELOAD CHANGE[3]

Caseloads have steadily increased for SNAP from FFY 19 to FFY 22. Caseloads for Colorado Works and Adult Financial have decreased over time.

Chart A.1

Colorado Medical Assistance households over time.[iv]

Medical Assistance Caseloads Over Time (SFY 18- SFY 22)

1,258,761
1,204,720
1,164,346
1,348,697
1,505,079

SFY 18 · SFY 19 · SFY 20 · SFY 21 · SFY 22
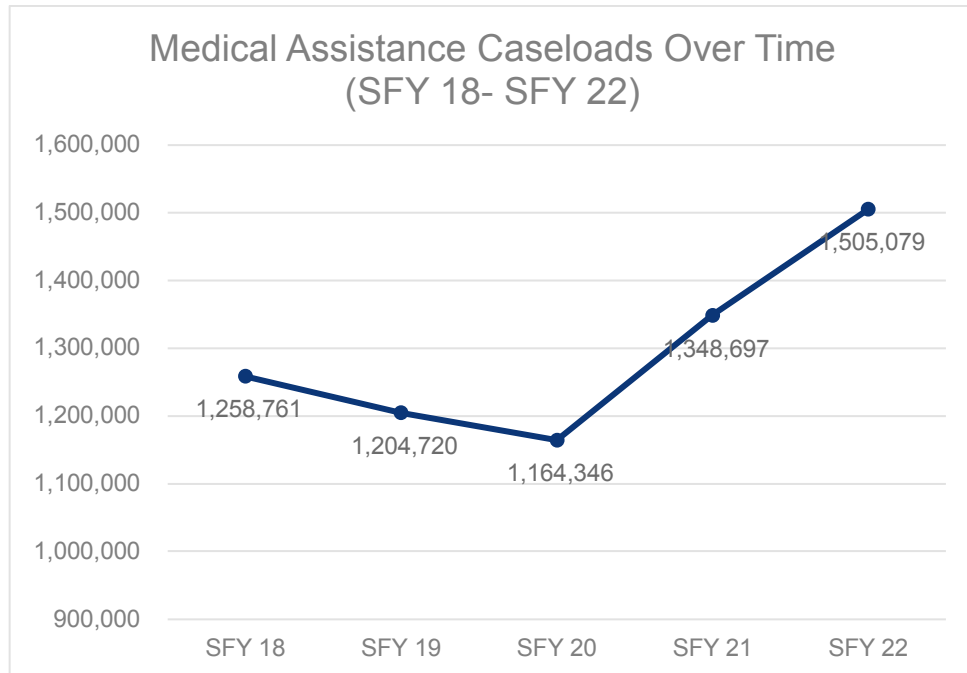
Chart A.1

Colorado SNAP households over time.[v]

SNAP Caseloads Over Time (FFY 18-FFY 22)

221,726
207,748
246,560
262,394
278,551

FFY 18 · FFY 19 · FFY 20 · FFY 21 · FFY 22

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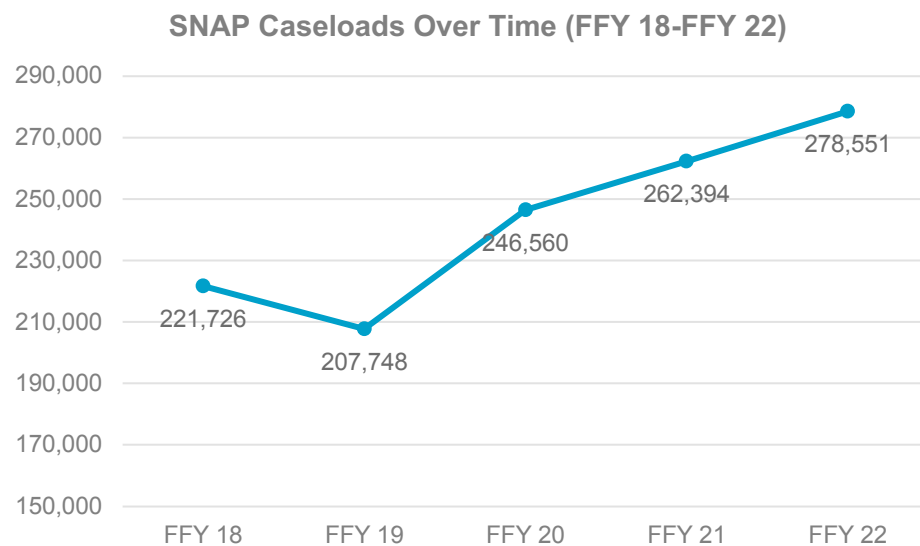
[3] Federal data sources were used for SNAP households. Statewide totals were used for Colorado Works and Adult Financial programs. We were unable to collect caseload data for Medical Assistance programs

Chart A.2

Average statewide caseloads for Colorado Works and Adult Financial programs over time.[vi]

Colorado Works and Adult Financial Households Over Time (FFY 18-FFY 22)

	FFY 18	FFY 19	FFY 20	FFY 21	FFY 22
Colorado Works	16,908	16,188	15,853	12,732	13,062
Adult Financial	9,083	8,678	8,203	6,935	6,220
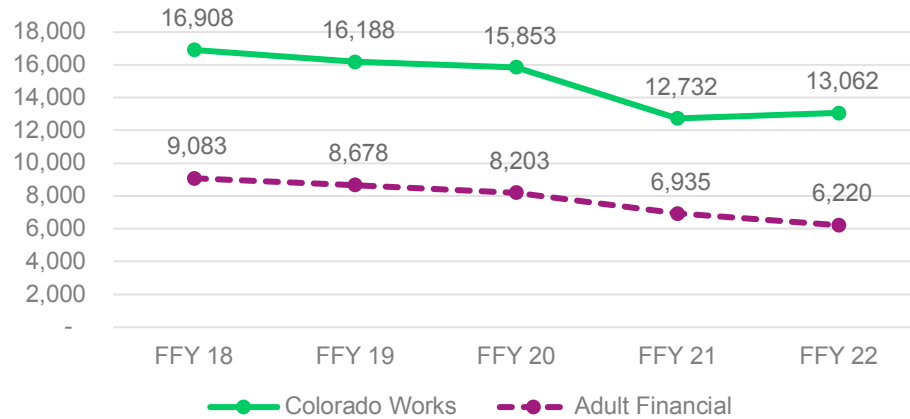
SPENDING IN FFY 22

Combined, spending on Medicaid and SNAP benefits in FFY 22 surpassed $12 billion. Colorado Works and Adult Financial spending combined surpassed $169.8 million.[4]

Chart A.3

Spending by program in FFY 22.[vii,viii,ix]

FFY 22 Spending (in Billions)

Medicaid: 10.80
SNAP: 1.47

FFY 22 Spending (in Millions)

Colorado Works: 95.70
Adult Financial: 74.10

---
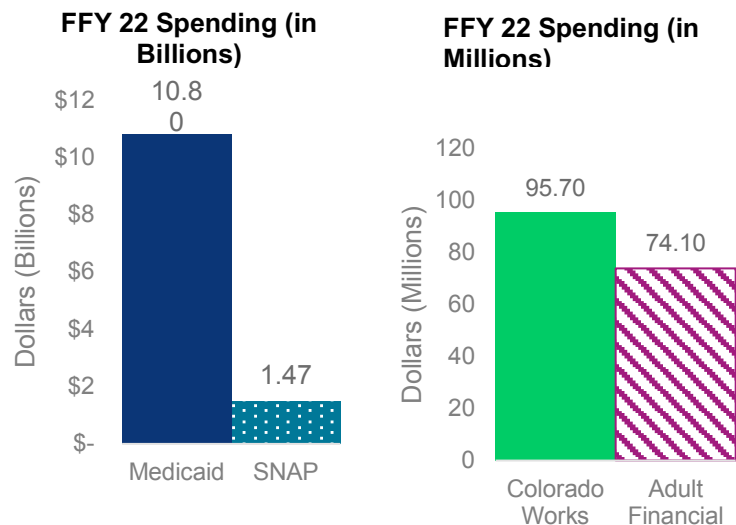
[4] Adult Financial is a set of state funded programs that operate on the State Fiscal Year. For this chart, the report used the spending for Adult Financial during the months included within the Federal Fiscal Year to make comparisons.

SPENDING CHANGE

Spending increased most dramatically from FFY 19 to FFY 20 for SNAP, most likely due to the pandemic. Colorado Works and Adult Financial spending had been decreasing but from FFY 21 to FFY 22 increased.

Chart A.4

Spending by program in FFY 22.[x,xi,xii]

Percent Change in Spending from Prior Fiscal Year (FFY 19-FFY 22)

FFY 19 - FFY 20   FFY 20 - FFY 21   FFY 21 - FFY 22

43%   8%   -8%

42%   -8%   -15%

13%   9%   7%

■SNAP ■Colorado Works □Adult Financial
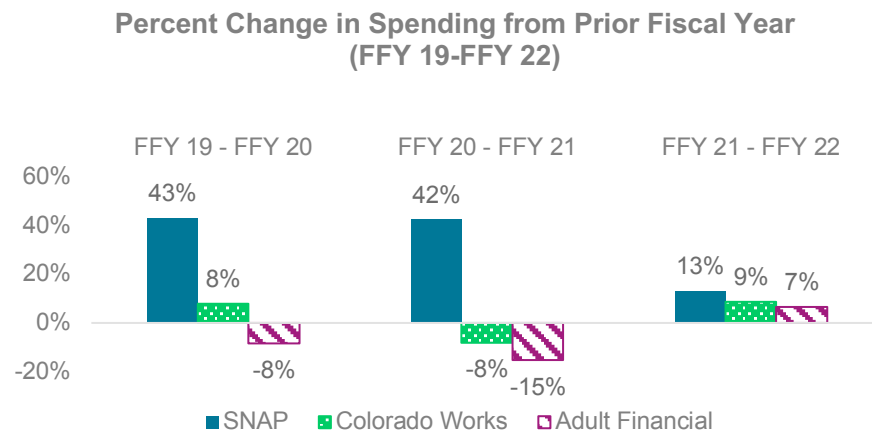
APPLICATIONS & REDETERMINATIONS

Annual Number of Applications Received[xiii,xiv]

The chart below includes the total number of applications received for each program by FFY. This includes applications that were both approved and denied. When combined, more SNAP applications were received annually than Medical Assistance. Applications for cash programs increased each year even though the caseloads for Adult Financial decreased and Colorado Works increased only slightly.

Chart A.5

Number of applications received by FFY

Number of Applications Received by FFY

Legend: Medical Assistance, SNAP (Regular), SNAP (Expedited), Colorado Works, Adult Financial
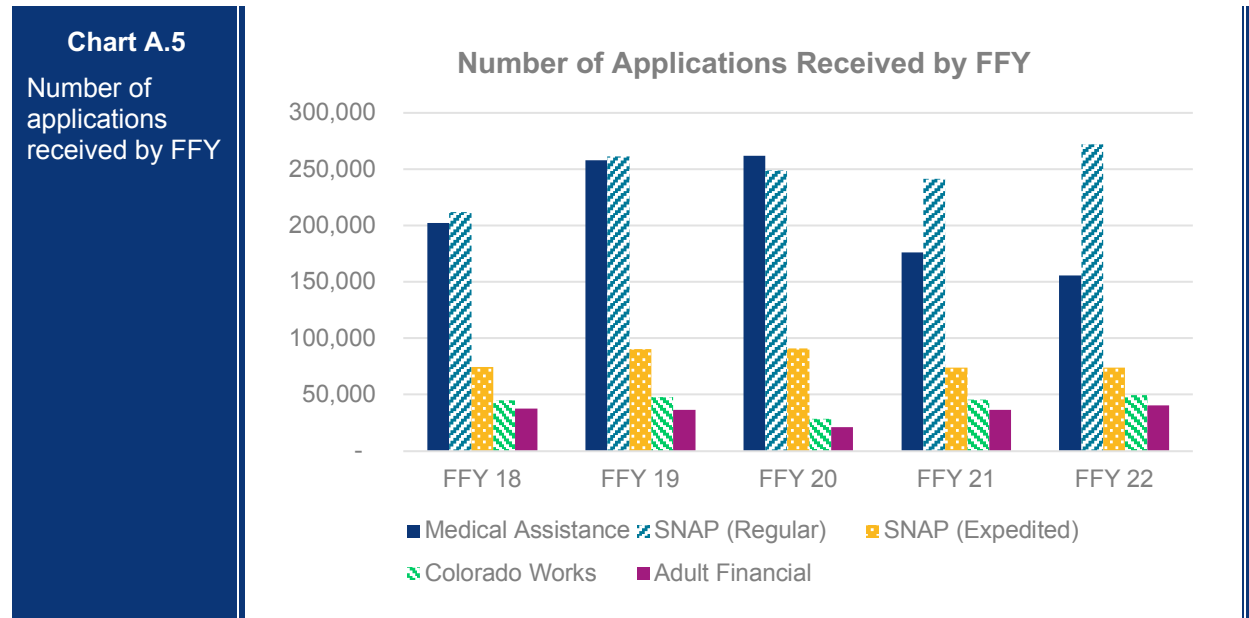
Annual Number of Redeterminations Received[xv,xvi]

All households are given a certification period, or period of time that they can receive benefits. At the end of the certification period, the household must have their eligibility for public and medical assistance programs redetermined. Certification periods are different for each program with SNAP and Colorado Works having the shortest certification period at only six months and Medical Assistance and Old Age Pension having the longest at 12 months.

Redeterminations for Medical Assistance were largely paused or reduced in volume due to public health emergency mandates and are only starting to be re-introduced in April 2023.

The chart below shows the total redeterminations by program for each FFY. Statewide totals were used for the following tables. Totals include redeterminations that were approved and denied.

Chart A.7

Number of redeterminations recevied by month by FFY

Number of Redeterminations Received by FFY

	FFY 18	FFY 19	FFY 20	FFY 21	FFY 22
Medical Assistance	605,155	791,708	778,440	908,445	1,046,821
SNAP	149,092	199,480	163,063	226,123	255,312
Colorado Works	15,353	20,539	13,035	17,640	20,558
Adult Financial	11,295	10,836	6,833	8,861	6,839
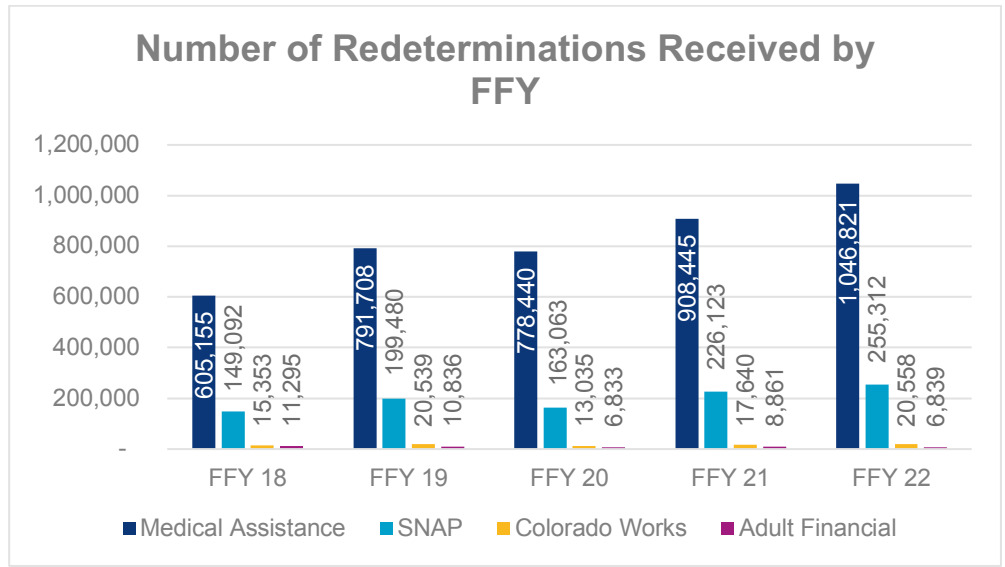
PERFORMANCE DATA

TIMELINESS

Public and medical assistance programs are subject to timeliness standards for case processing with the standards varying by program. Timeliness is one key indicator of whether counties are processing cases and determining eligibility efficiently and swiftly for clients.

In FFY 22, the average timeliness for applications and redeterminations was highest for Medical Assistance and Colorado Works. Average timeliness for SNAP was the lowest, specifically for expedited SNAP.[5,6]

Chart A.11

FFY 22 average timeliness for applications and redeterminations by program.[xvii]

FFY 22 Average Timeliness Statewide Totals (Appications and Redeterminations) by Program

- Medical Assistance: 98%
- Colorado Works: 96%
- Adult Financial: 93%
- SNAP: 86%
- Expedited SNAP: 84%
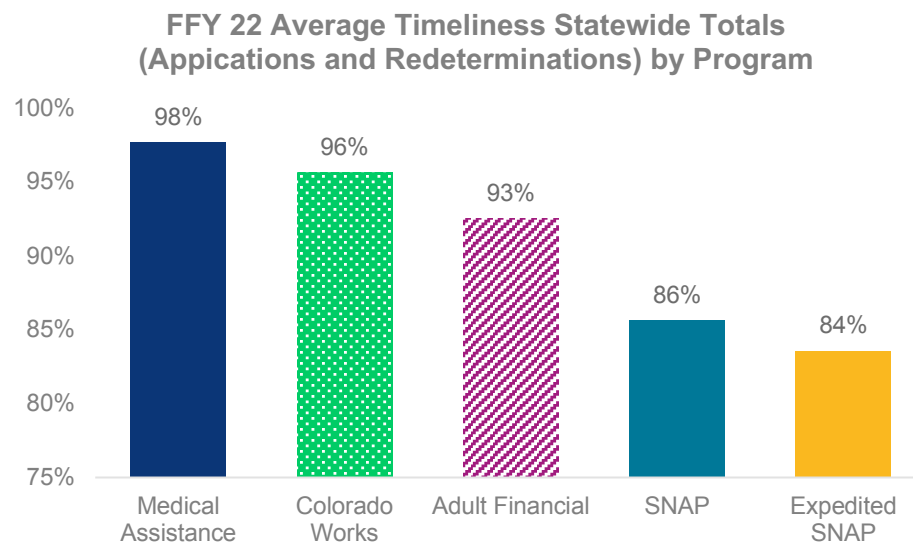
The average timeliness was slightly higher for applications than redeterminations across all programs, except for Medical Assistance.

Chart A.12

FFY 22 average timeliness for applications and redeterminations by program.[xviii]

FFY 22 Average Timeliness by Program and Case Type

Program	Redeterminations Average Timeliness	Applications Average Timeliness
Expedited SNAP		84%
SNAP	78%	93%
Adult Financial	92%	94%
Medical Assistance	98%	97%
Colorado Works	95%	96%

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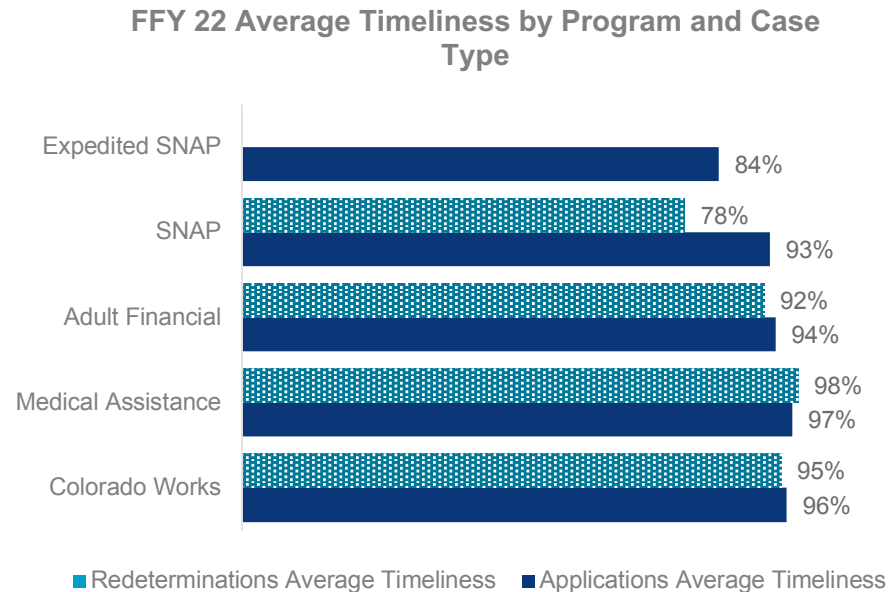
[5] FNS doesn't distinguish expedited benefits for SNAP as being a separate program. It is a time frame by which certain households must receive their benefits. Colorado's eligibility system is programmed to look at expedited and "regular" (non-expedited) SNAP differently, which is why there are two different types of data for SNAP.

[6] Medical Assistance timeliness is based on both county actions and system actions (i.e. cases processed through real-time eligibility or the ex-parte process.)

Historical Timeliness Data

From FFY 18 to FFY 20, CDHS programs saw a decline in average timeliness for applications - the most dramatic decline being expedited SNAP. Medical Assistance application timeliness has remained largely unchanged, with a modest improvement from FFY 21 to FFY 22. CDHS programs have all dipped from FFY 21 to FFY 22 in average application timeliness and are trending down.

Chart A.13

Average timeliness (Statewide Total) by program over time from FFY 18 to FFY 22.[xix]

Average Application Timeliness (Statewide Total) Trends Over Time (FFY 18 -FFY 22)

Legend: SNAP, Expedited SNAP, Medical Assistance, Colorado Works, Adult Financial
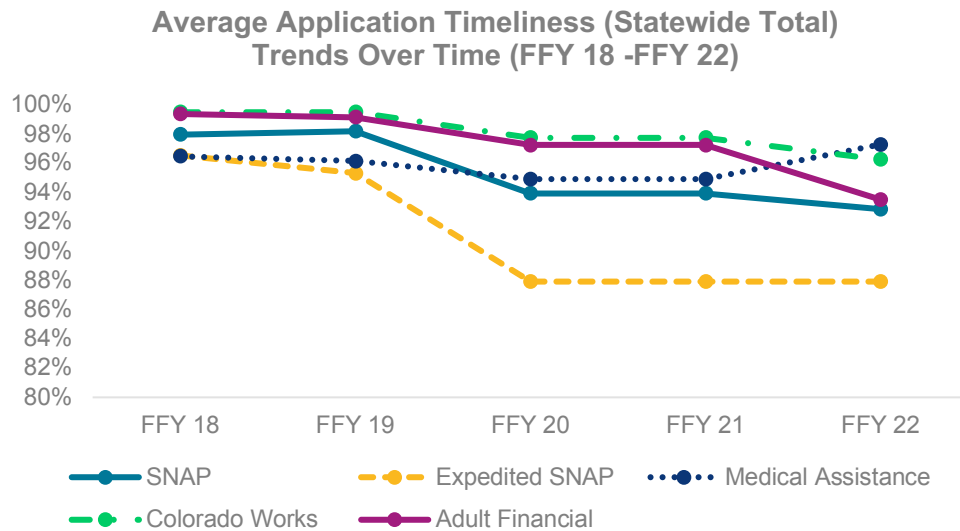
From FFY 18 to FFY 22, medium counties have had the highest average application timeliness. Average application timeliness has been somewhat similar for small and large counties. In the last year, average application timeliness dropped to 92% for large counties, which is the lowest it has been in the last 5 years.

Chart A.14

Average timeliness (Statewide Total) by program over time from FFY 18 to FFY 2022.[xx]

Average Application Timeliness by County Size (FFY 18-FFY 22)

	FFY 18	FFY 19	FFY 20	FFY 21	FFY 22
Small	98%	97%	96%	97%	94%
Medium	99%	98%	97%	99%	98%
Large	98%	97%	93%	96%	92%

Legend: Small, Medium, Large
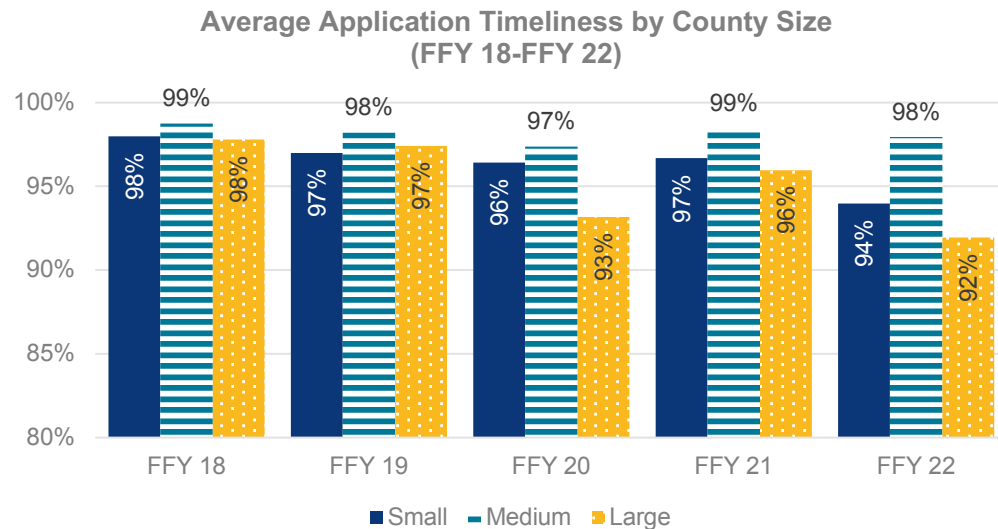
ACCURACY

A case is considered to be accurate when the benefit issued or Medical Assistance category assigned is correct. Both SNAP and Medical Assistance have requirements for accuracy that are established by their federal partners while Colorado Works and Adult Financial programs have state established requirements. The data reported in this section is from state reviews for accuracy.

Accuracy was highest for Colorado Works and then Adult Financial in FFY 22. However, the state's SNAP error rate was 7.11% which is above the maximum 6% threshold that states are held to federally. Medical Assistance accuracy was at 98% in FFY 22. [7,8]

Chart A.15

Payment accuracy by program for FFY 22. [xxi,xxii,xxiii]

FFY 22 Accuracy Average (Rounded)

Program	Accuracy
SNAP	93%
Colorado Works	99%
Adult Financil	94%
Medical Assistance	98%

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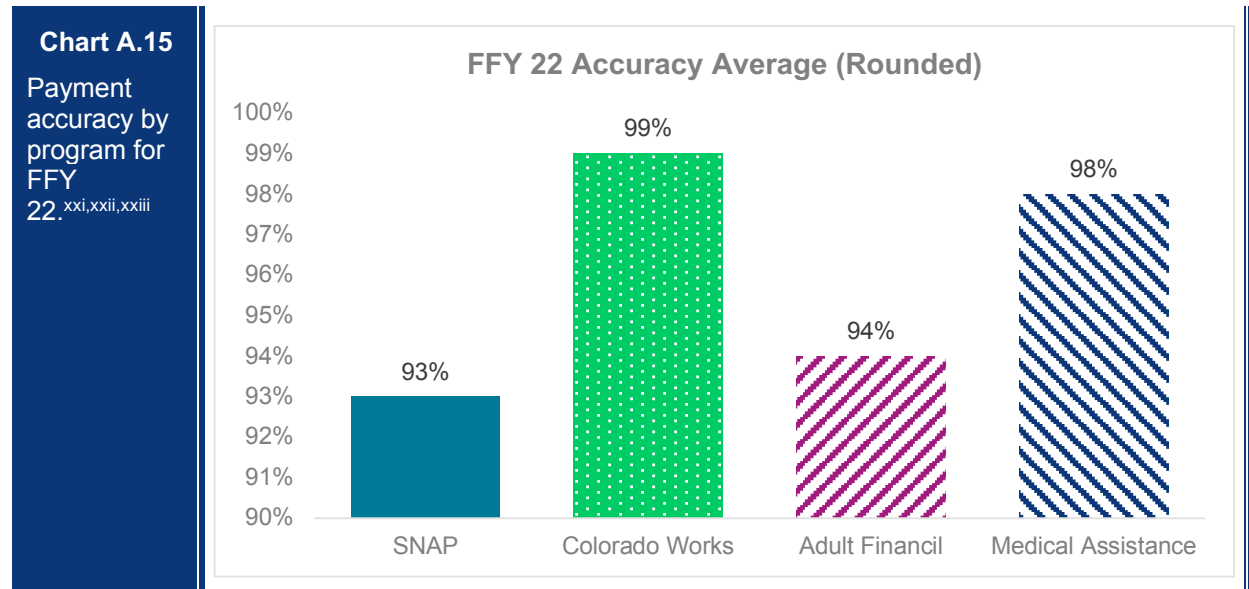
[7] The Medical Assistance accuracy percentage was calculated by taking the inverse of the "Incorrect Eligibility Determination" percentage by county and averaging the inverses. Medical Assistance accuracy percentages reflect only county eligibility actions and excludes any errors that were caused by a system, such as PEAK. The Eligibility Quality Assurance (EQA) program's sample includes only eligibility determinations completed by county workers.

[8] The data collected and used in the calculation of the Medical Assistance static were collected during the public health emergency (PHE) when states were prohibited from disenrolling members due to the continuous coverage requirement. During this waiver, error(s) that were found on an active case and that would normally result in an "Incorrect Eligibility Determination" finding would not be counted as an error and would instead be classified separately. Therefore, the accuracy percentage below is not an accurate representation of what county accuracy will potentially look like now that this waiver has ended.

Adult Financial Error Causes

Within Adult Financial findings, errors related to case maintenance and/or resources comprised more than two-thirds of all error findings. Adult Financial programs are some of the only programs that require a household to have resources (liquid and non-liquid assets) that are below the resource limits. Case maintenance activities may include things such as case notes or documentation related to a case.

Chart A.16

Adult Financial errors by element as a percentage of all errors found.[xxiv]

FFY 22 Adult Financial Errors by Element

- Case Maintenance
- Resources
- Non-Financial
- Unearned Income

4.40%
21%
37.80%
36.70%
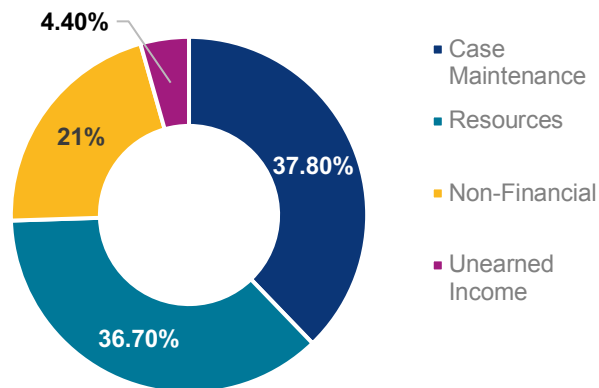
Colorado Works Error Causes

Case reviews performed by CDHS staff found errors most often on non-financial elements. These include things like not having the lawful presence affidavit, which is a requirement for both Colorado Works and Adult Financial programs.[9] Case maintenance activities include things like case notes and the checking of interfaces.

Chart A.18

Colorado Works errors by element as percentage of all errors found.[xxv]

FFY 21 and FFY 22 CW Errors by Element

5.30%
5.30%
31.60%
57.90%

- Non-Financial
- Case Maintenance
- Assessment
- Individualized plan
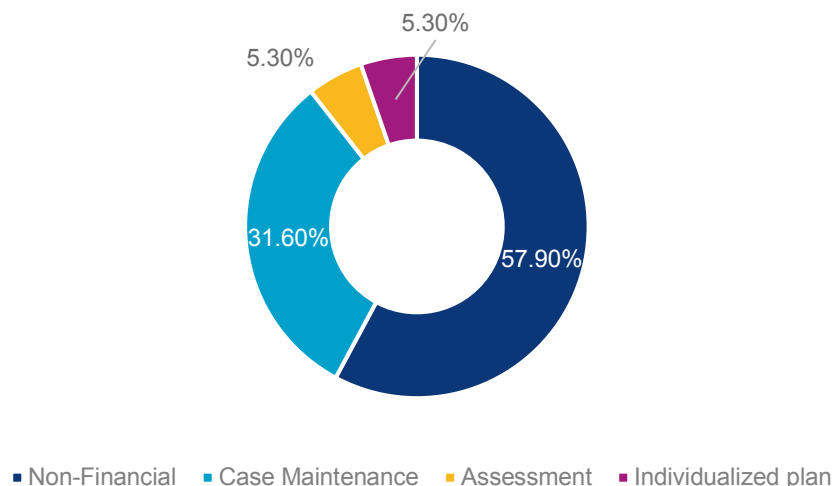
SNAP Error Causes

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[9] The requirement for lawful presence was modified for OAP due to SB 21-199 effective in 2023.

States review a random sample of SNAP cases every month to assess whether the county determined client eligibility and benefit amounts accurately. The findings are reported to the federal government and an accuracy rate (i.e., payment error rate) is issued to states every year. As is the case in most states, wages & salaries errors were most pervasive in the FFY 22 SNAP error data. This means in the SNAP case reviews, more than 44% of all errors found had to do with household income. Income plays a very important role in SNAP eligibility determinations as SNAP benefits are a specific dollar amount that is based on the household's circumstances. As such an error in income most likely results in an error in the household's overall allotment.

SNAP households can receive a deduction from their gross income for certain shelter expenses. These include rent/mortgage and utilities. These expenses are highly variable and some states, like Colorado, allow for a client to declare their expenditures but not verify them. Household composition is an element shared across all programs and it looks at the mandatory individuals who need to be included in the SNAP household (also referred to as the purchase and prepare group). SNAP's definition of a household is very different than that of an assistance unit for Colorado Works and a tax-filing unit for MAGI Medicaid.

Chart A.17

SNAP errors by element as percentage of all errors.[xxvi]

FFY 22 SNAP Errors by Element

- Wages and Salaries
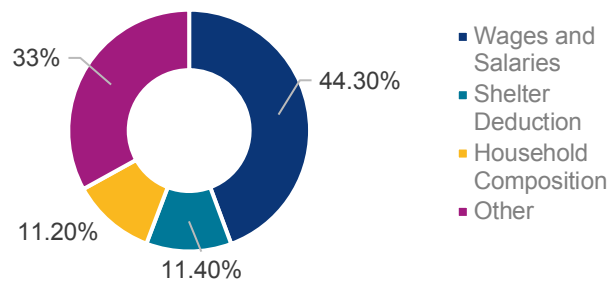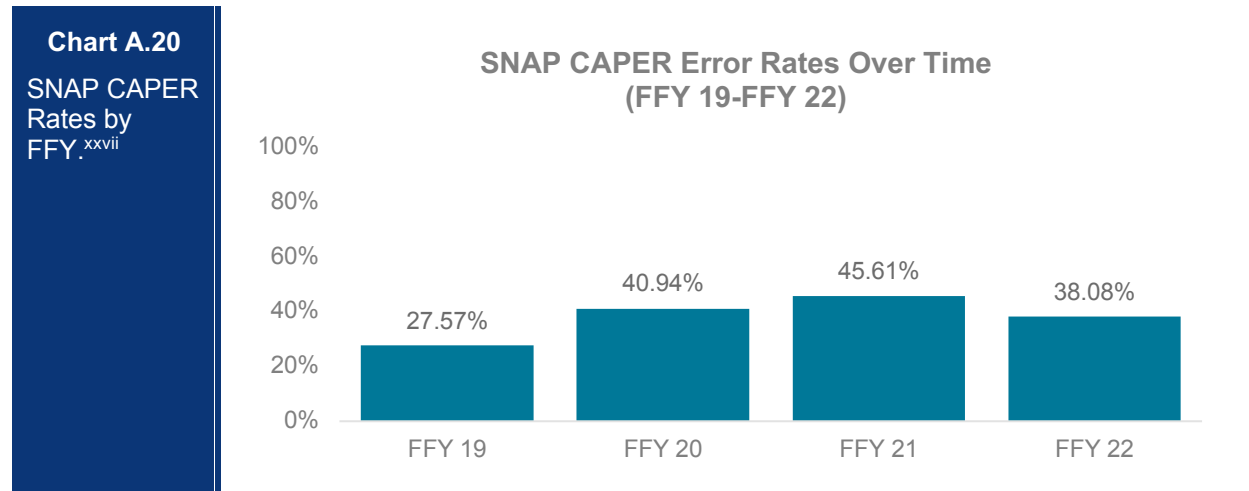- Shelter Deduction
- Household Composition
- Other

44.30%
11.40%
11.20%
33%

SNAP CAPER Data

The SNAP Case and Procedural Error Rate (CAPER) measures the accuracy of negative actions (denials, terminations, etc.) on SNAP cases. The intent of the reviews is to verify that the negative action was correct, and that the household was accurately notified about the negative action. three specific case actions: Between FFY 19 and FFY 21 the CAPER increased but it dropped slightly from FFY 21 to FFY 22. In FFY 22, almost 64% of CAPER findings pertained to either applications or notices.

Chart A.20

SNAP CAPER Rates by FFY.[xxvii]

SNAP CAPER Error Rates Over Time
(FFY 19-FFY 22)

FFY 19: 27.57%
FFY 20: 40.94%
FFY 21: 45.61%
FFY 22: 38.08%

Medical Assistance Error Causes

HCPF's Eligibility Quality Assurance (EAQ) team was established several years ago, making it the newest of the state's public and medical assistance quality control teams. Its newness and start occurring within the COVID-19 pandemic led to limitations in analyzing the case review data similarly to the CDHS programs. Additionally, HCPF models its case review process after the CMS PERM audits, which captures errors in a different way then FNS for SNAP and the other public assistance programs. For these reasons, Medicaid accuracy is assessed solely on if the case had an error that impacted eligibility.

Accuracy by County Size

Medical Assistance accuracy was highest across all county sizes. Adult Financial accuracy was lowest in medium and large counties. In small counties, SNAP accuracy was lowest.

Chart A.19

Average case accuracy by county size for each program[10] in FFY 22.[xxviii,xxix]

FFY 22 Case Accuracy by County Size

County Size	SNAP Case Accuracy	AF Case Accuracy	MA Case Accuracy
Small	60%	80%	98%
Medium	86%	59%	99%
Large	76%	57%	98%

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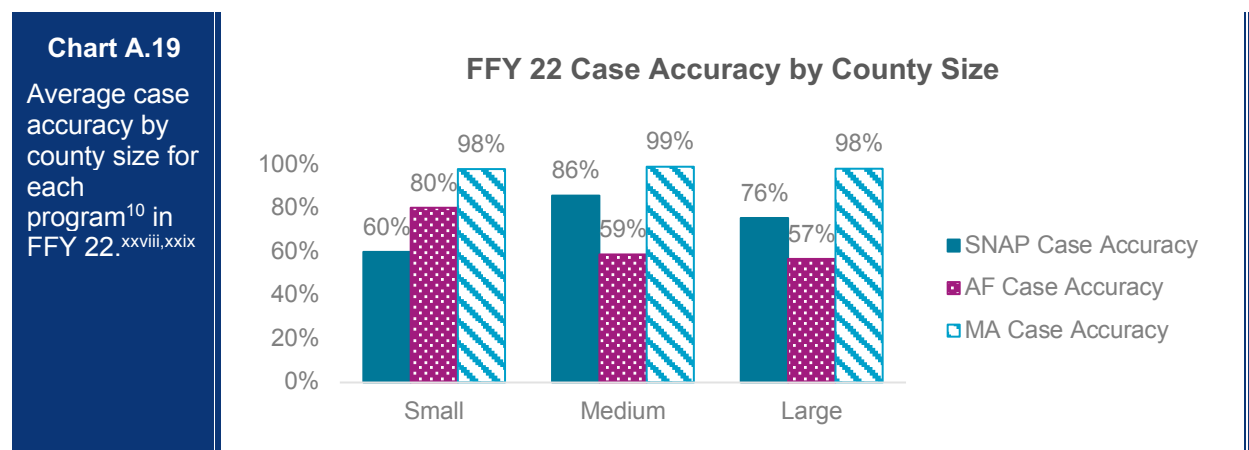
[10] Statewide dashboard for Colorado Works has statewide case accuracy percentage for FFY 22 that are not broken out by county.

PUBLIC AND MEDICAL ASSISTANCE POLICY

Policies are the cornerstone and foundation of each of the eight programs within scope for this assessment. Some programs, such as SNAP and Medicaid, are more heavily driven by federal regulations while programs like Colorado Works (TANF) are loosely governed by federal regulations. Colorado's Adult Financial programs are not governed by federal regulations but rather are extensively driven by regulations set out in Colorado's state statutes.

1. POLICIES AND PROCEDURES ARE NOT ALIGNED ACROSS BENEFIT PROGRAMS. THIS CREATES ADMINISTRATIVE BURDENS FOR BOTH CLIENTS AND COUNTIES.

Misalignment of policies is problematic regardless of whether a state is county-administered or state-administered. Misalignment can impede program access or increase barriers that clients face when accessing public and medical assistance programs. For workers, confusing and conflicting policies can make case processing more difficult and can lead to incorrect determinations (i.e., incorrect approvals, denials etc.) and improper payments.

Colorado is not alone. some instances of policy misalignment are unavoidable due to the federal regulations that govern programs, specifically, SNAP and Medicaid. In other programs, like TANF and Adult Financial, the result of misalignment may be more driven by state choice when writing the policy. For Adult Financial specifically, misalignment can stem from program rules being tied to the Social Security Administration policies and being codified in Colorado's State Statutes. The latter makes it more difficult for CDHS to modify and modernize the program.

There are multiple instances where the policies are more misaligned than they are aligned. The six areas of major misalignment include:

Interviews	**Change Reporting**
Income Disregards	**Self-Employment**
Verification Requirements	**Resources**

An example of the misalignment is provided below. Details on all six areas included in Appendix D.

Change Reporting: There is little alignment across programs on what types of changes (e.g., address, income) should be reported during a certification period. Some programs require all changes to be reported while others have only a few changes that need to be reported. Additionally, each program has different time frames for when changes need to be reported.

- **SNAP and Colorado Works**: Changes must be reported by the 10th of the month following the month of the change.
- **Adult Financial**: Changes must be reported within 30 days of the date of the change.
- **Medicaid**: Changes must be reported within 10 days of the date of the change.

These combined make it difficult for workers to explain change reporting requirements. This also increases the potential workload on counties because clients may err on the side of reporting all changes as soon as they happen, often unnecessarily. This comes out of a fear of getting an overpayment (claim) because they didn't report timely.

> **Peer State Comparison**
>
> Minnesota has a combined manual that covers SNAP, TANF, Diversion, and other economic assistance programs.

2. POLICY AND PROCEDURES ARE KEPT IN MULTIPLE LOCATIONS INCLUDING LAWS, FORMAL POLICY VOLUMES, MEMOS, AND TRAINING MATERIALS. THIS MAKES POLICY DIFFICULT TO NAVIGATE.

There are a combined 624 pages of policies governing the eight programs in scope for this assessment. The shortest set is 24 pages (CHP+), and the longest set is 224 pages (SNAP).

In addition to the sheer volume of regulations, there are several other barriers created by the state's current administrative regulation structure.

1. The regulations are independent of one another and within themselves.

Each of the volumes are independent of one another, even though many clients are receiving multiple program benefits simultaneously. This can require a worker and client to visit multiple volumes of policies to understand a single policy element across all programs. Navigating within the volumes is also hard. Policies may reference other policies within the volume but there is no hyperlink to take a user between sections.[11]

What Counties Said about Colorado's Regulations

"I don't know how exactly to say this but make things more black and white. The rules are not always clear. and we do not always know how to apply the rule correctly."

"I think that all of policy is difficult for clients. Because it's written by attorneys, it's all incredibly difficult and complex language. Long, complex sentences with a bunch of terminology that is unfamiliar. We deal with a lot of clients who have a lower reading level, so having a clearer way of stating things would be very beneficial to them."

"I would make policy clearer to understand and maybe a little more black-and-white so that there isn't as much room for interpretation between eligibility workers/counties/state."

"Having rules/regs in a format that allows workers to process more effectively." (When asked what they would change if they were given a magic wand)

"Program policy that is easier to read and understand." (When asked what they would change if they were given a magic wand)

2. Each volume is organized in a different way.

Each program has shared policy elements such as income, resources, and application standards. These elements are not housed in the same sections across the volumes, which can make locating these common elements more confusing or time intensive.

3. The search functionality is limited.

Currently the only search functionality is 'Control F.' A major limitation is that the user must know the exact term for which they are searching. These exact terms sometimes don't match the terms used by CDHS and HCPF program staff and eligibility workers. In focus groups, workers discussed how they needed to know the "hidden" or "technical' terms that are used in rules to accurately find the rules for a specific policy.

4. The regulations are not written in plain language.

The formal and legal language used in Colorado's regulations make it difficult to read and interpret,

even for a person who is formally trained in the program. Adding to the difficulty is that the regulations may not be written in a black and white manner, leaving them open to interpretation both at the state and county level.

Regulations that are difficult to read and interpret are challenging because eligibility workers are instructed by managers to go to policy first when they have a question (21.6%). Eligibility workers themselves indicated that they go to the policy after checking any internal websites that house county developed materials to find an answer (17% and 26% respectively).

Peer State Comparison

California, New Jersey, New York, and Virginia have similarly formal regulations.

Minnesota, North Carolina, North Dakota, Ohio, and Wisconsin are less formal. North Carolina, North Dakota, and Wisconsin provide examples of the policy in action.

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[11] No state with a combined manual includes Medical Assistance in that manual.

5. Colorado's policies, memos, and training materials are not located in a single location.

Colorado's policies, memos, and training materials are current spread across eight different locations. Additional guidance may be provided in email or meeting minutes, neither of which are posted to a central website. Having different types of documents in different locations decreases administrative efficiency and increases the potential for missing something important.

Peer State Comparison

The manuals of both North Carolina and North Dakota include regulations, administrative letters, and change notices.

FIGURE 2 DEPICTION OF THE VARIOUS LOCATIONS WHERE REGULATIONS, MEMOS, AND TRAINING MATERIALS ARE HOUSED

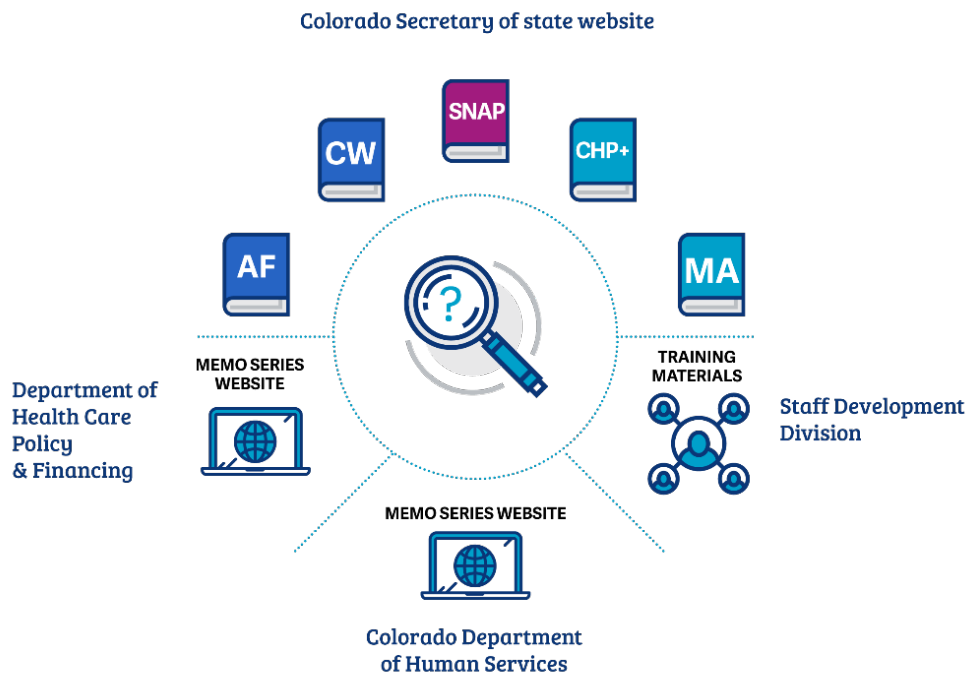### What Counties Said About Not Having a Single Location for All Resources

"It would also be easier if there was a one stop for resources and communications. We feel there are way to [sic] many emails for each program and hard to remember which ones to use."

"Better and more specific communication about rule changes should be provided. All reference material should be located in one place, right now there is COLearn, Train Colorado and the CBMS Community. I have not had much luck finding things in the CBMS community; when I search for things, I often don't get relevant or up to date information."

"SharePoint document library and knowledgebase 100%." (When asked what would change if they had a magic wand).

"A better flow on where to find what we need in ONE place, or there is ONE place to contact. It gets so confusing on who we need to reach out when there are questions." (When asked what would change if they had a magic wand).

Colorado Secretary of state website

CW
SNAP
CHP+
AF
MA
MEMO SERIES WEBSITE
Department of Health Care Policy & Financing
TRAINING MATERIALS
Staff Development Division
MEMO SERIES WEBSITE
Colorado Department of Human Services

3. THE PROCESSES USED FOR MAKING POLICY CHANGE ARE INCONSISTENT. THIS CREATES THE OPPORTUNITY FOR MISALIGNMENT ACROSS COUNTIES.

The only thing constant in the eligibility space is change. This has never been as true as in the last three years with the pandemic health emergency. Both the scope of the changes as well as the speed of the changes have been difficult for all parties involved. The pandemic highlighted three existing fractures within Colorado's change making process.

1. **The two state departments have different approaches to updating policy or policy interpretation.**
   - HCPF distinguishes between regulatory and sub-regulatory guidance:
     - Regulations are housed in Volume 8 and provide the legal authority and guidance required for the program to operate.
     - Sub-regulatory guidance is provided through memorandums (memos) and provide more specific information on how a regulation can be operationalized at the county level.

   Memos set policy and are binding on county actions. If what is being updated, or changed, is related to sub-regulatory guidance, it will be done through the memo series.

   - CDHS does not distinguish between regulatory and sub-regulatory guidance. Any regulatory changes are made within the relevant policies and are clarified and communicated through the CDHS memo series. The memo series is used to provide operational guidance to counties on new and existing regulations.

Memos are hosted on each department's respective website. There are several major differences between the two departments and their memos.

	Types of Memos	Organization on Website	Memo Lifespan
HCPF	• Policy - changes to department policy, interpretations, and provision of guidance for promulgated regulations • Operational - detailed instructions and/or clarifications to operationalize rules.	Calendar Year and then by memo type	Indefinite
CDHS	• Policy – ceased in July 2020 • Operational - detailed instructions and/or clarifications to operationalize rules.	Current and Archive and then by office within CDHS	Three years after the effective date

In surveys, county staff expressed a general frustration with HCPF's use of the memo series rather than updating its policies, as well as the overall lifespan of the memos.

Another challenge with the memo series is when the two agencies issue a memo on the same policy area but with conflicting guidance. The perception among counties is that when conflicting or contradictory directions are provided, the agencies do not collaborate to find a resolution, and that each view it as not being their problem to solve.

Peer State Comparison

New York combines its policies and operational memos within their policies.

FIGURE 3 EXAMPLE OF NEW YORK'S POLICIES WITH OPERATIONAL GUIDANCE

> SNAPSB
> 6/13/11
>
> SECTION 4 – APPLICATION PROCESSING
> D. Date of Application
>
> **D. Date of Application**
>
> **POLICY**
>
> The date of application filing shall be the date the signed form, containing at least the applicant's name and address (if they have one), is received through the mail, fax, electronically or in person by the local district. The filing date for faxed and electronic applications that are submitted after LDSS business hours is the following business day.
>
> An address may consist of a mailing address provided a reasonable explanation is presented by the applicant to explain the use of such mailing address.
>
> An interview with the applicant/authorized representative is not required prior to the filing of an application. [387.5(c)]
>
> **All local districts shall:**
>
> 1. Act promptly on all applications and provide SNAP benefits retroactive to the day of application to those households that have completed the application process and have been determined eligible. [387.5(b)]
>
> 2. Approve and issue benefits or deny applications for TA and NPA applicants within 30 days from the first calendar day following the filing date of an identifiable application. An identifiable application is one which contains a legible name and address of the applicant or authorized representative. For example, a household files a supplemental nutrition assistance program benefits application on April 1st. Unless the supplemental nutrition assistance program benefits application is opened sooner under expedited service, the local district has 30 days following the April 1st filing date, or until May 1st, to process the supplemental nutrition assistance program benefits application. In this example, the first day of the count is April 2nd.
>
>   For the date of application for households which are Jointly Processed see 87 INF-14.
>
> The local district must document the date the application was filed by recording on the application form the date it was received by the appropriate SNAP office. Electronic applications have a filing date automatically generated on the electronic form. Submission to the Supplemental Nutrition Assistance Program Benefits Bureau of the Food Stamp Application Register (WINR-1140 or the DSS-2550) is no longer required. The Department will, however, continue to monitor the timeliness of application processing and the issuance of initial benefits via the Management Evaluation (ME) process and the following WMS reports:
>
> 1. WINR-1240, Application/Registry Processing;

What Counties Said About the Use of Memos

"To HCPF directly… referencing memos that are 5+ years old, let alone the ones that are even older than that - is a practice that needs updating. Memos should expire after 3 years, and, if still important, incorporated into rule. We have no way of knowing which memos are still valid, which ones should still be followed, and no easy way to search for them when needed. You don't know to search memos for an answer. We search rule. That is our "bible". And it should be a one-stop shop to insure accurate case processing."

"When any change occurs, each department (CDHS or HCPF) issues directions to counties based on their rules/policies/needs. Those directions might contradict the other departments rules."

2. Changes are not clearly identified in the policies.

Adding to the difficulty presented with the memo series is that changes within the policies are not highlighted or otherwise noted to make them easier to find. A user must either have known what the policy previously said, or they must access the appropriate Notice of Proposed Rule Making. The Proposed Rule Making document is prepared by the agency and is intended for the State Board. Each document contains a table that compares the old language and the new language within the Overview of Proposed Rule section. New language is identified in all capital letters and removals are identified with a strikethrough.

There are several promising practices that other states, both peer and non-peer, have implemented to make it easier for staff and clients to identify changes in regulations.

State	Promising Practice	Description
North Carolina, North Dakota, Virginia, Indiana, Washington	Change Notice	A change notice details the section and section titles that changes along with a description of the change. Most states have these located within their policy manuals so a user can navigate between them easily. Some states have the change notices organized on a single webpage, which allows for easier searching.
Minnesota, North Carolina, Wisconsin	Highlighting changes in different font with reference to appropriate change notice	• Minnesota has a previous revision notation at the bottom of each section that talks about what was changed and on what date with a hyperlink to the previous version of that rule. • North Carolina highlights any new or changed language in red text and has a small box in the bottom corner that states the section that changed, the change notice number, and the change date. • Wisconsin has a notation on when the page was last updated, the release in which it was updated, the release date, and the effective date.
Arizona, Minnesota, Wisconsin	What's New Overview	Arizona, Minnesota, and Wisconsin have a "What's New" overview at the top of their manual webpage that describes the changes from the previous version. Users can also sign up to get notifications whenever the manuals are updated.

PREVIOUS REVISIONS

Date	Notes
06/2017	in SNAP adds a cross-reference to 0004.15 (Emergencies – Postponed Verification Notice).
12/2014	Removed WB. This program was suspended 12/1/14.
05/2013	changes section title. No policy was changed.

FIGURE 4 EXAMPLE OF PREVIOUS REVISIONS FROM MINNESOTA'S MANUAL

3. Like policy, changes aren't centrally located, which can make them hard to track down and identify.

It became clear through both the site visits as well as the surveys that eligibility workers, supervisors, and managers are overwhelmed with the constant barrage of policy changes. This same outpouring was present with the state agencies, who themselves have been inundated by changes by their respective legislative and federal partners, particularly because of the pandemic. Respondents spoke of the difficulty in keeping up with the changes due to the sheer volume. In addition, changes are communicated in various methods, including emails, memos, and various trainings. It can be hard for individuals to track down and find where changes were communicated.

Peer State Comparison	
	Virginia updates its TANF regulations only twice per year.

Another challenge discussed was how the information provided about the changes is confusing, conflicting, and/or insufficient. 85% of counties indicated that workers are responsible for staying up to date on changes. Confusing, conflicting, and/or insufficient information can lead to incorrect interpretations or integration of the changes into the eligibility workers' daily work, ultimately leading to errors.

What Counties Said About Changes

"The amount of emails, memos, meetings, etc. can be very daunting and trying to keep up with that alone is a challenge not to mention keeping up with cases and workload. Please keep that in mind when holding departments accountable."

"Just trying to keep up with changes and system issues in CBMS is a challenge."

"My two wishes…2) slow down on changes. It's hard to keep up!!!"

BUSINESS PROCESSES AND PRACTICES

Each of Colorado's 64 counties have nearly complete autonomy on how they administer the public and medical assistance programs. The only requirement for all counties is that they must use the state's integrated eligibility system (CBMS) and online application (PEAK). The counties argue that this autonomy allows them to design approaches to service delivery that best fit the needs of their specific county. The state argues that the county-administered model prevents the state from moving quickly and nimbly when changes arise.

Factors such as county size, geography, and the local economy can impact program administration and service delivery from one county to the next. This can contribute to widely different customer and worker experiences across the state.

4. EXPEDITED PROCESSING REQUIREMENTS AND INCREASED USE OF SCHEDULED APPOINTMENTS ARE LEADING TO COUNTIES CONTINUALLY REPRIORITIZING WORK.

Some households may be eligible for an expedited issuance of SNAP benefits depending on their income and resources. Expedited benefits must be issued within seven days of when the application was submitted, which includes conducting a household interview.

Counties reported an increase in the number of partial or incomplete applications being submitted. To ensure that they meet timeliness requirements, the county needs to treat these applications as expedited, often creating additional appointment slots to complete these interviews within the seven days.

These additional slots require a consistent reprioritization of work so that the county has adequate staffing to cover the interviews. Reprioritization generally looks like moving work or staff between different functions or lanes. This process takes administrative time from the supervisors or managers. It also can result in staff moving from their assigned function that they were trained in and have more experience in, to a function where they have less experience and therefore may be more likely to make mistakes or take more time than is expected.

This is important because of the number of applications that are being incorrectly identified as expedited (both in CBMS as well as due to their incomplete nature). Up to 32% of applications are being incorrectly treated as expedited, meaning that counties are unnecessarily moving staff around and creating additional appointment slots that weren't needed.

32% Incorrect expedited applications

14% Paper

18% PEAK
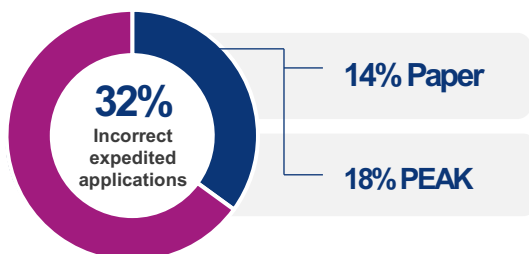
This shifting of workers and reprioritization of work can lead backlogs in certain work areas, primarily changes. This is for two reasons:

1. Changes are not tracked in the same way as applications and redetermination.
2. Failure to process a change will not terminate a household's benefits. However, failure to work a change timely can negatively impact a household if they are later found to have been overpaid or if they were underpaid and their supplemental payments are delayed.

5. COUNTIES HAVE DIFFERENT METHODS FOR CONDUCTING ELIGIBILITY INTERVIEWS WHICH CAN IMPACT PROGRAM ACCESS.

All CDHS programs require an interview prior to issuing benefits. Interviews can be done in person or by phone. Some counties offered clients walk-in appointments prior to COVID-19, while many others had shifted to primarily only offering scheduled appointments. The shift from walk-ins to scheduled appointments had been largely based on recommendations from previous business process reengineering efforts, which focused on shifting control of the workflow from the client to the county.

Walk-in appointments can be a critical and necessary way to serve many public assistance recipients. Specifically, walk-in appointments can help people who are unhoused to apply, interview, and potentially receive their benefits all on the same day.

56% of counties indicated that they offer walk-in interviews. The most likely reason why an interview will be conducted on the same day as application is if the client is unhoused. Small counties are the most likely to offer walk in interviews while large counties are the least likely (28% and 5% respectively).

The most common reason why a walk-in interview is conducted is if the client is unhoused. The second most common reason is if the client expresses an urgent need for benefits.

The use of walk-in interviews also helps to solve for a several major challenges that crop up with appointment scheduling. These challenges are not new:

1. Not every applicant has consistent access to a phone or their own phone number that the county can call. This is critical when most scheduled appointments are telephone appointments.
2. Counties may unknowingly schedule appointments at times that don't work well for the client, which can increase the chance that the client will miss their interview. This can result in the client rescheduling, which is a difficult process for the county administratively and can harm the client by delaying their benefits.
3. Mailed appointment letters have their own challenges, all of which can lead to the client missing their appointment and being rescheduled. These include:
   a. The current delays with USPS mail delivery may result in the client not getting their appointment letter by the date of their appointment.
   b. Applicants who are unhoused may lack an address to which the county can mail the notice. In most cases, they are sent to General Delivery, which requires the client to go to their post office to retrieve their mail.

Conducting walk-in appointments is also more difficult today given that the majority of counties having a partially remote workforce. That workers themselves are at remote does not prohibit the county from seeing customers in person. The county may need to assign in-office staff to these walk-in appointments or identify private locations where clients can conduct a telephone interview with a remote worker. At least one county mentioned employing the latter approach.

6. CASE CHANGES ARE DIFFICULT TO TRACK AND MANAGE. THIS CAN PLACE PROGRAM INTEGRITY AT RISK AND CREATE HARDSHIPS FOR CLIENTS.

Currently, the state and many counties lack the ability to track the number of changes (documents that aren't related to an application or redetermination) they have on hand and that haven't been worked. This largely is a technology issue, as changes don't need to be logged into CBMS like applications and redeterminations.

The exception is if a county has a work management system (WMS) with this functionality or some other type of tracking mechanism, such as a Google document. While the county may have visibility into their total work, the state doesn't. The lack of a statewide WMS or even county WMS with state access means that the state is unable to assess the depth of the pool of unacted changes and the potential impact of that unworked caseload.

Failure to process changes timely can severely hurt Colorado's most vulnerable citizens.

Overpayment	Underpayment
For the client already struggling to pay their bills, an overpayment might set them back months or even years.	For the client who reported a change that could've increased their benefit level months ago, the additional monies that they've been entitled to, but not received, could have been the difference in feeding their family.

Colorado Leading Practices

Weld County managers and supervisors start each day with a workflow meeting to identify what is coming due that day, upcoming due dates, and staffing to meet those dates.

7. WORK IS OFTEN ASSIGNED BLINDLY WITH LITTLE CONSIDERATION OF THE WORKERS SPOKEN LANGUAGES. THIS RESULTS IN INCREASED USE OF TRANSLATION SERVICES AND ADDS INEFFICIENCIES INTO THE ELIGIBILITY PROCESS.

Not every person receiving public and medical assistance recipients speaks English as their primary language. When a worker is assigned a household whose language is not English and the worker doesn't speak that language, they must use The Language Line. The Language Line provides on-demand translation services via telephone through a three-way call.

Using the Language Line is extremely inefficient – interviews can take double the amount of the time allotted. Staff talked about how long these appointments take and how an application requiring the use of The Language Line counts the same as an application that doesn't.

Additionally, contextual information gained from a conversation can be lost through interpretation. Lost information can result in costly errors being made and clients being under or overpaid. In addition to being inefficient, the Language Line is also costly. Nationally, contracts are established at the state level, and most are based on a per minute rate.

FIGURE 5 THE LANGUAGE LINE TRANSLATION PROCESS

Site visit highlighted that counties aren't currently taking into consideration the workers language with the tasks when assigning the work. This is regardless of whether the county has a work management system. As a result, an English-speaking worker may be assigned to conduct an interview for a Russian speaking household when their Russian speaking co-worker is assigned an application in English.

Another reason why work isn't being directed to native speakers is that some counties are unable to pay a wage differential to bilingual workers. Bilingual workers should be fairly compensated for their additional skills and not every county employs this practice. As such, they rely on The Language Line to provide all of their translation services. This assessment did not analyze if a county would see a reduction their translation costs by paying a wage differential to bilingual staff.

What Eligibility Workers Said About Speaking Another Language

"Bilingualism is a benefit as interviews are more authentic and more precise. When an interview is conducted in the client's home language, we gather more clear information in order to make an accurate determination of eligibility."

"I would have technicians available for Spanish speaking clients that could conduct any and all communications with Spanish speaking clients. Processing applications and information given to you in a language you don't speak is extremely difficult to work on and the language line is a greater burden than help."

"I wish [that] when we receive a Spanish paper application, there is a system to translate the entire app, so I wouldn't have to use google translate to interpret what the client is declaring."

The Costs of Translation

The Iowa Department of Health and Human Services (DHHS) pays a contracted amount of $0.57 per minute. Over a one-year period, the average call costed $7.76. DHHS staff used The Language Line, on average 974 times per month. This adds up to $7,558/month or $90,698/year.

8. THE LACK OF A COUNTY CALL CENTER AND THE STAFFING OF CALL CENTERS BY ADMINISTRATIVE STAFF CAN RESULT IN INCREASED WORK FOR ELIGIBILITY WORKERS.

Colorado currently doesn't have a statewide call center for public and medical assistance programs. Rather, calls are handled directly by the county in which the client lives. An exception is that HCPF has a statewide call center for Medical Assistance current customers, not applicants, to call. This call center is not staffed by eligibility workers because they manage calls relating to benefits, coverage, provider payment issues, Medicaid ID cards, and other health-plan issues. Eligiblity related calls are referred back to the caller's county of residence.

About eight in 10 counties don't currently have an eligibility call center (77%). In most of these counties, eligibility workers are responsible for fielding incoming calls (64%). These calls are often directly made to the eligibility workers and staff report that answering client calls distracts them and removes them away from the intake and reassessment process – sometimes for questions they may not even know the answer to.

Of the 11 that do have a call center, all are either large or medium counties. Most counties that have a call center use Cisco Finesse to field phone calls.

73% of counties with a call center staff that call center with eligibility workers. This allows them to answer questions, both simple and complex, as well as make changes within CBMS during the call. The benefit of this staffing strategy is that less work is being passed off. Some counties have workers rotate between call center and other tasks while others have staff permanently assigned to the call center.

The remaining counties staff their call centers with clerical, administrative and/or customer service workers. These staff can answer simple questions but otherwise create some type of ticket or task that gets routed to eligibility workers to complete.

Colorado Leading Practices

- El Paso County proactively increases call center coverage during peak hours to try to keep wait times low.
- Weld County staffs their central phone line with eligibility workers who can assist with processing changes during the call and answer more technical questions.

Calls Handled by Eligibility Worker Call Center Staff

Calls Handled by non-Eligibility Worker Call Center

Answer complex case questions ✅ vs ❌
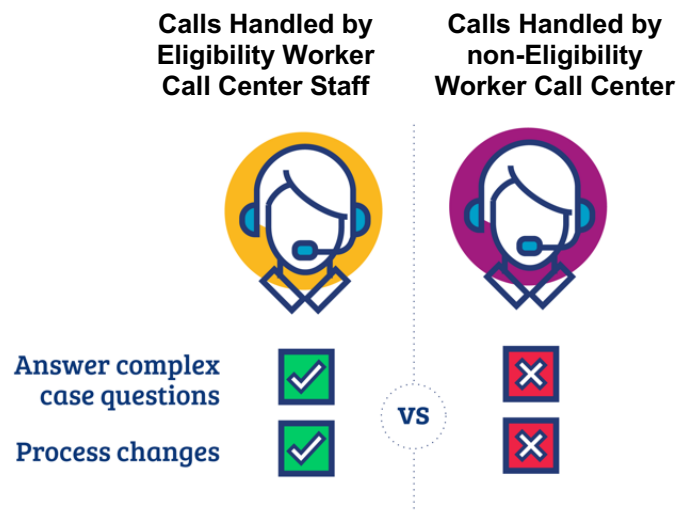
Process changes ✅ ❌

FIGURE 6 TYPES OF CALLS THAT ELIGIBILITY WORKER CALL CENTER STAFF CAN ANSWER VERSUS NON-ELIGIBILITY WORKER CALL CENTER STAFF
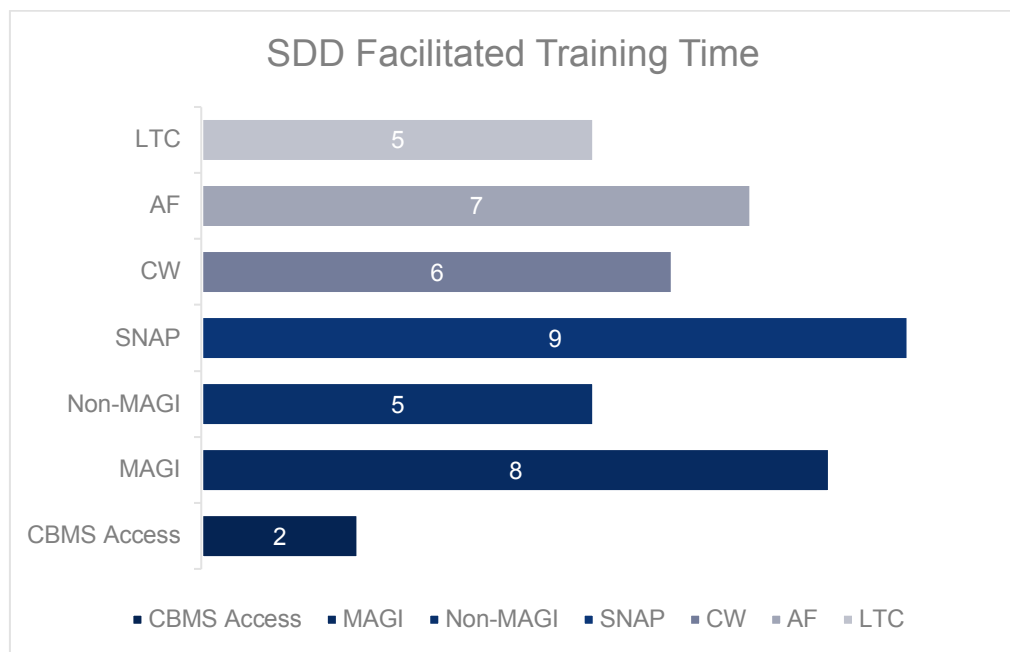
9. MOST COUNTIES SUPPLEMENT CLASSROOM TRAINING WITH ON-THE-JOB TRAINING FOR NEW EMPLOYEES. THIS INCREASES THE AMOUNT OF TIME UNTIL THE WORKER CAN FULLY CONTRIBUTE.

Around 2014, Colorado created the Staff Development Center, which is now known as the Staff Development Division (SDD). The SDD is responsible for creating and providing new and seasoned eligibility worker training for all CBMS programs. All workers, regardless of whether their county has its own in-house trainers, are trained with the SDD's new worker training curriculum.

In April 2022, the SDD launched a new curriculum for new eligibility workers that is referred to as Process Based Training. The training is a combination of web-based modules as well as instructor led training with this curriculum. The SDD can train a new worker in all programs in 42 days.
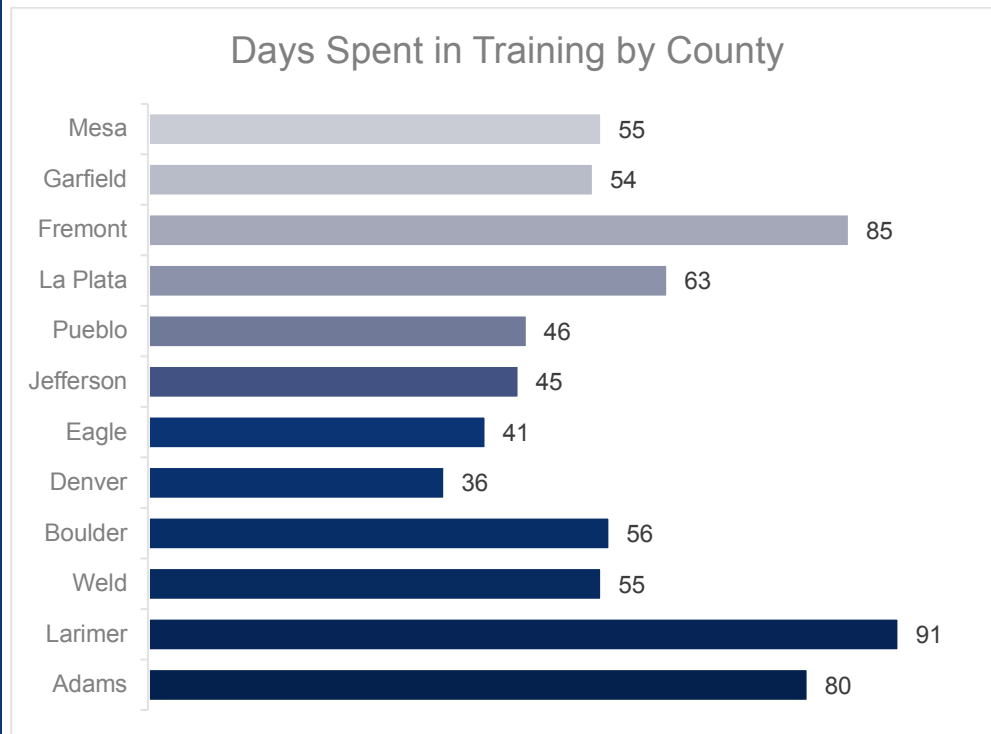
Chart C.1

Number of days in training with an SDD trainer.

SDD Facilitated Training Time

Program	Days
LTC	5
AF	7
CW	6
SNAP	9
Non-MAGI	5
MAGI	8
CBMS Access	2

■ CBMS Access ■ MAGI ■ Non-MAGI ■ SNAP ■ CW ■ AF ■ LTC

Some counties have their own trainers who are certified by the SDD to train the SDD's curriculum. Even though all counties use the same curriculum, the total length of time it took in 2022 to complete the training varied from 36 days in Denver County to 91 days in Larimer County. This variation may be the result of supplemental training that is needed for the worker to learn the county's specific business processes and technology.

Chart C.2

Number of days spent in training with an in-house county trainer, by county

Days Spent in Training by County

County	Days
Mesa	55
Garfield	54
Fremont	85
La Plata	63
Pueblo	46
Jefferson	45
Eagle	41
Denver	36
Boulder	56
Weld	55
Larimer	91
Adams	80

There are several limitations to the current CBMS training environment that make it difficult for trainees to leave the training room and be successful.
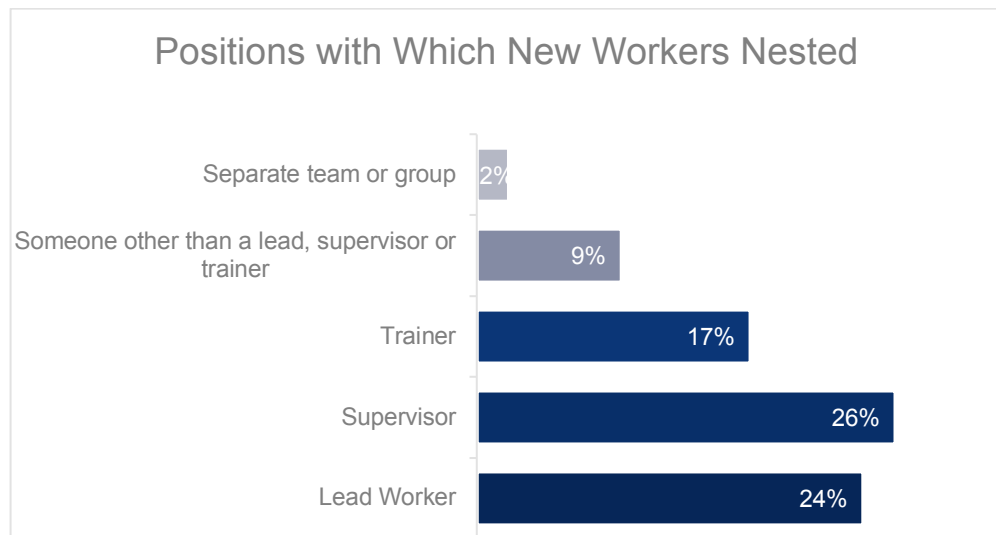
1. The SDD curriculum provides training on the policy and data entry requirements for both intake and ongoing tasks. However, hands-on data entry practice is currently not included. There are additional limitations within the system's training environment that don't allow trainees the types of hands-on practice needed to prepare them adequately for when they are released from training. For example, new applications don't have any types of interfaces, which tend to add a level of complexity for even seasoned workers. As a result, workers come out of training with policy and data entry knowledge but with limited hands-on experience to the most common types of cases that they will see in their day-to-day work.
2. Given the lack of a live environment and that the certification periods advance in real time within the training environment, trainees can't be trained on how to process any types of ongoing work, such as changes or redeterminations. Workers must learn these types of tasks once they are out of the training room.

As a result of these factors, some counties have implemented on-the-job training systems. 86% of surveyed counties indicated that they utilize a technique coined as "nesting." The goal of nesting is to provide intensive support and access to "real" cases, ideally with real-time feedback to help trainees get up to speed quickly and accurately.

Nesting is a practice employed regardless of county size, though its execution varies based on size. Small and medium counties nest new workers with a single supervisor or lead worker. Some large counties have entire units dedicated to nesting. The SDD encourages and recommends nesting and has provided counties with guidance and checklists on how to conduct nesting between classes.
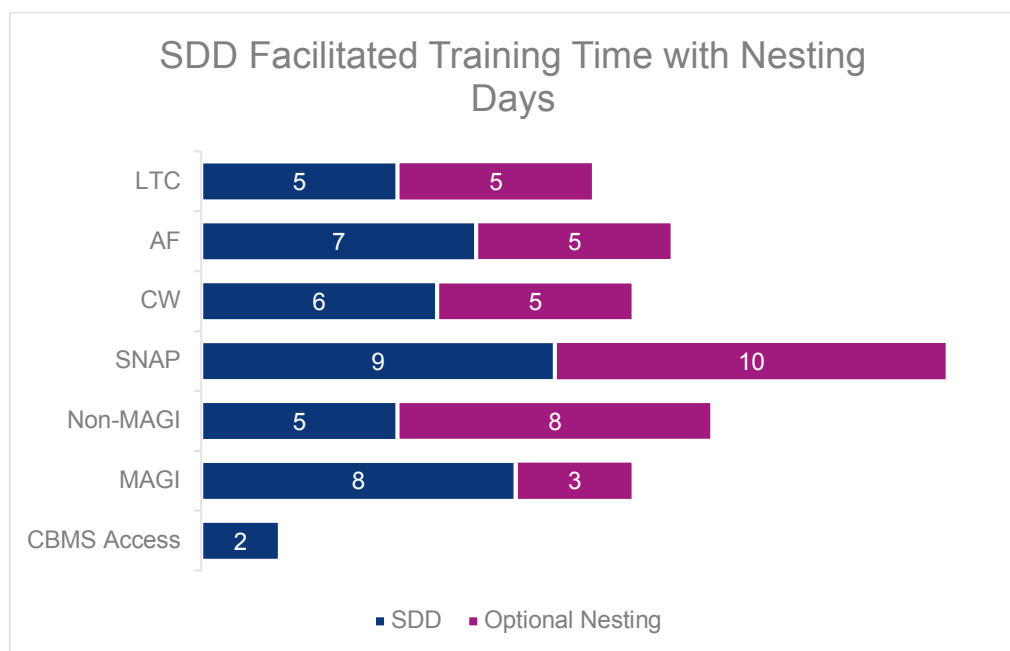
Chart C.3

Percentage of counties that assign new trainees to nesting by the staff position with which they are nested

Positions with Which New Workers Nested

Position	Percentage
Separate team or group	2%
Someone other than a lead, supervisor or trainer	9%
Trainer	17%
Supervisor	26%
Lead Worker	24%

Additionally, the length of time a new worker spends in their nesting period varies by county. The chart below shows the number of additional nesting days that counties added on when the SDD facilitated the new work training. The state indicated that the counties may not follow the recommended guidance for nesting because of their desire or need to have their staff trained more quickly. Colorado is likely not alone in trying to find the balance between making sure that workers get adequately trained in a time frame that allows them to get on the floor quickly.

Chart C.3

Number of days in training with an SDD trainer.

SDD Facilitated Training Time with Nesting Days

	SDD	Optional Nesting
LTC	5	5
AF	7	5
CW	6	5
SNAP	9	10
Non-MAGI	5	8
MAGI	8	3
CBMS Access	2	

■ SDD   ■ Optional Nesting

A major determining factor for the duration of nesting is improved accuracy or correct eligibility determinations. Nine out of 10 counties review 100% of trainees work prior to benefits being issued. While

a valuable practice, it is also time consuming and burdensome. Workers talked about how case reviews are more useful when they are completed the same day. This is often difficult given that reviews are an additional duty for trainers, lead workers, and supervisors, who already have a full schedule. The period in which 100% of cases are reviewed varies from three weeks to one year.

What Eligibility Workers Said About Training

"Training new staff to flow smoothly, SDC training now seems very choppy. Larger counties who have sit [sic] state trainers to do all training from start to finish and releasing them fully trained to teams. This could include have a "Training academy" type course where the techs report and "live" for 3 months going thru their training."

"Training. Training has been difficult. I think that the training needs to be completed all at one time, Non-MAGI, MAGI and SNAP. I also think that once you are out of the classroom training and doing over the shoulder, that we should still be in a classroom setting doing live cases and having someone available to help answer questions immediately and help guide you through."

10. VETERANS WORKERS FEEL LEFT BEHIND BY A LACK OF TRAINING.

County eligibility workers expressed that there is no training after workers have completed the new worker eligibility training. In speaking with managers and the SDD, we learned that this may be more of a perception than reality.

The SDD reported that they do provide training for all staff outside of their new worker curriculum. This training is both when there are new policies as well as when there are changes within CBMS. Some counties reported that scheduled trainings, such as the CBMS build trainings, can be difficult to attend due to appointment coverage or needing to take multiple workers away from processing at the same time.

There are several potential reasons why workers have this perception:

1. Supervisors reported that they'll provide updates or training in regular or ad-hoc unit meetings. Since this information is coming from a supervisor, staff may not view it as official training.
2. A perception that any supervisor assigned training is voluntary and therefore not a "real" training.
3. That the training isn't tracked (whether true or not) and is therefore not "real" or required.
4. A perception that it isn't training when an instructor isn't involved.

This perception can be harmful. Veteran workers expressed frustration that they are being left behind in learning about changes and that they are being cited with errors on a new or updated policy that they believe they weren't even trained to use.

What Eligibility Workers Said About Ongoing Training

"Yearly or every two-year refresher trainings for all seasoned staff, just to be on the same page of what the current rule sets are/changes in any processes."

"More trainings on changes as they occur and how they interact with the various pieces of processing."

"If it was possible to have more workers and/or reduced caseloads so that every tech was able to regularly designate a certain amount of time to trainings and keeping up to date with all the new stuff that the State comes up with, that would help with both timeliness and accuracy."

"There are people who have been here for 15+ years that have not had any training since they first started so I feel like new policies/procedures are communicated but it's not being executed like we think."

11. METHODS AND EXPECTATIONS FOR WORKER PRODUCTIVITY VARY AMONG COUNTIES EVEN THOUGH ALL COUNTIES USE THE SAME TRAINING AND ELIGIBILITY SYSTEM.

A national trend, and one that is seen in many Colorado counties, is the implementation of production standards for eligibility work. These standards have gained traction with the transition to shared caseloads and concerns over workers not doing their own fair share of the work. 53% of survey respondents indicated that they have implemented some type of production standards and three counties indicated that they are in the process of establishing them.

Some counties base daily production standards on program timeliness requirements while others base them on the number of households served in a day. The graphic below shows the minimum, median, and maximum daily production standards for the state along with the averages for the small, medium, and large counties. That there are differences across counties is important to note given that all counties use the same training curriculum and eligibility system.
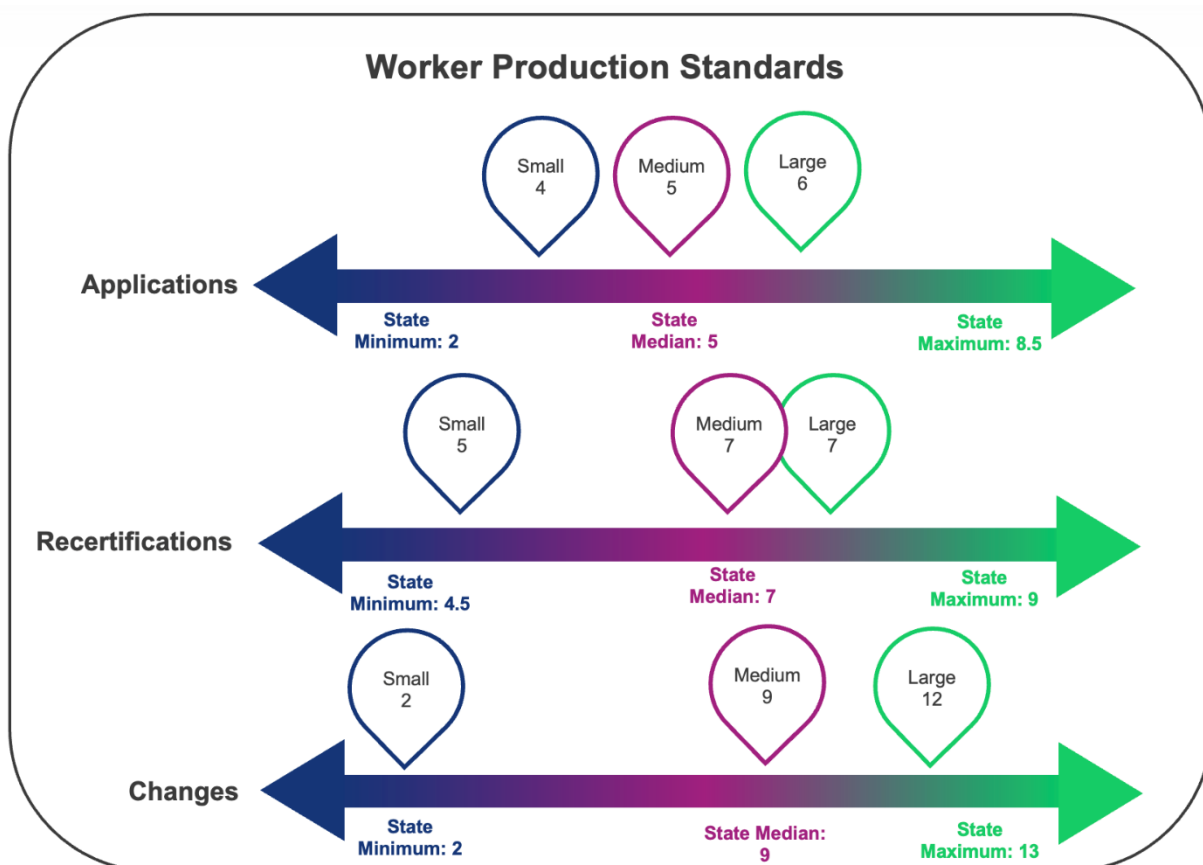

FIGURE 7 DAILY WORKER PRODUCTION STANDARDS BY COUNTY SIZE AND STATEWIDE

It may be reasonable to have reduced daily production standards based on the county size given that medium and small counties have fewer cases than the large counties and that in some of these counties, workers are responsible for additional programs outside of those housed in CBMS. However, across the

nine large counties that provided standards, none are the same. The figure below shows the standards for those counites that provided daily numbers.[12]
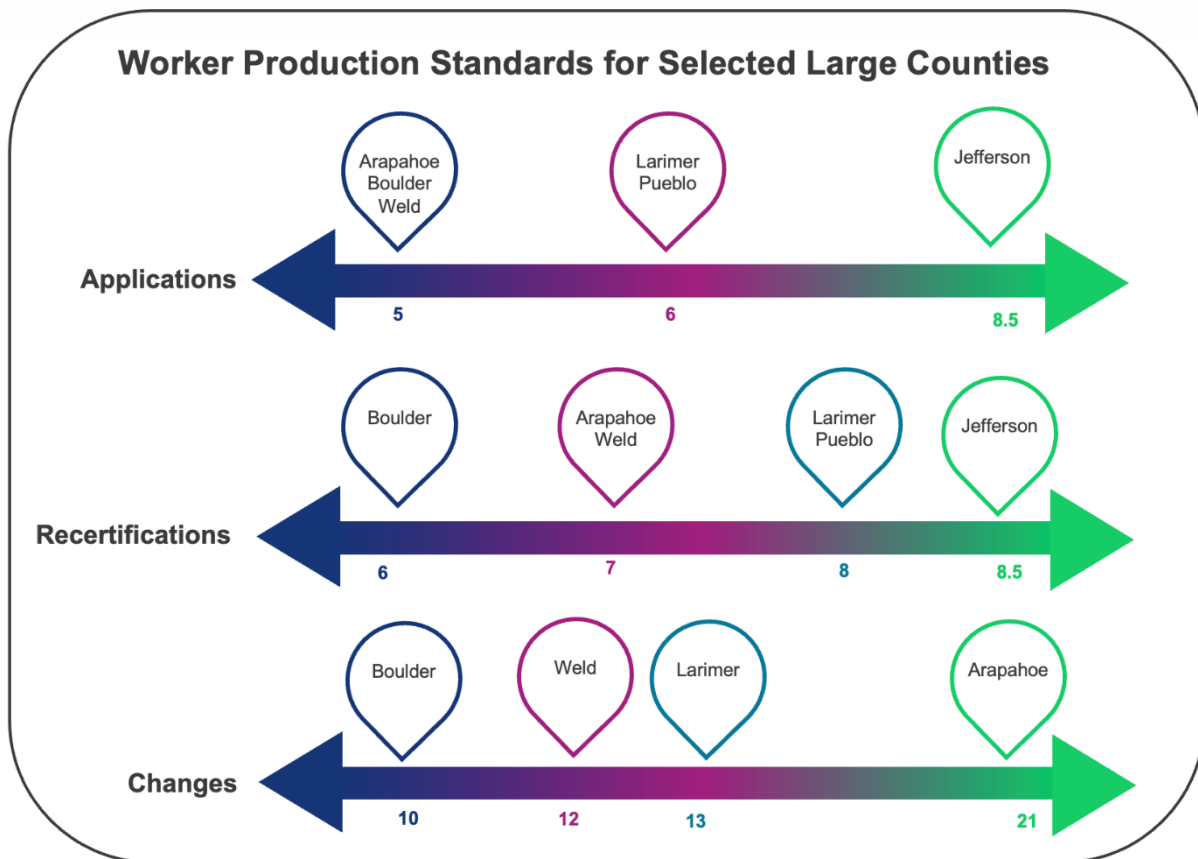

FIGURE 8 DIFFERENCES IN PRODUCTION STANDARDS FOR SEVERAL OF THE 10 LARGE COUNTIES

Production standards can place stress on workers, particularly when staff don't feel that the standards are fair. About three in 10 workers surveyed indicated that production standards would be a reason they would leave (33%).

"On production: I understand we have to get case done but I don't feel like I can do my best for a client if I have to hurry up to the next case."

"The production expectations have caused to me feel pressure in learning things faster and not allowing me to take time to properly assess documents."

3 in 10
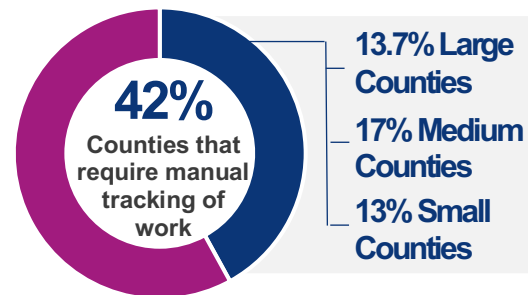Cited they would leave due to production standards (33%)

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[12] Adams County and Denver County currently use "effort points" for their production standards. These are calculated by the type of task and the average number of minutes needed to complete that task. El Paso County assigns a specific amount of time to each type of task but no effort points or standard.

12. WORKERS ARE BEING ASKED TO MANUALLY TRACK WORK BUT THIS TRACKING DOESN'T PROVIDE A COMPLETE PICTURE.

Electronic work management systems can help supervisors and managers in monitoring production standards. Some systems like HSConnects and Denver's WMS capture when tasks are completed through a worker log, which can be extrapolated into a report. This report will summarize how many specific tasks each worker completed in each day but not how long it took to complete the task. This specifically frustrates staff because each type of task is counted the same regardless of differences in a household's circumstances (number of household members, language spoken, etc.).

Site visit counties with a work management system are requiring eligibility workers manually track their work each day through some type of written log (normally an Excel spreadsheet). This was substantiated with the survey where 42% of respondents indicated that they require eligibility workers to track their work.
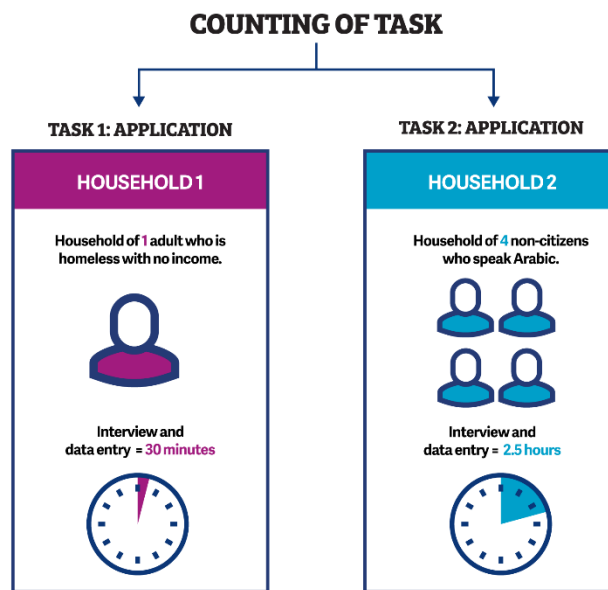
This requirement was seen across all county sizes.

42%
Counties that require manual tracking of work

13.7% Large Counties

17% Medium Counties

13% Small Counties

This requirement can be understood for those counties without an electronic work management system or other county level tool (such as a shared Google document) that allows for supervisors to track work production. The counties that require staff to track work even with a work management system reported that tracking is necessary because the work management system doesn't count all work or might not count all work correctly.

Eligibility workers expressed frustration with the additional responsibility of documenting their work as it takes time and can detract from their ability to assist clients. Additionally, they shared that the log doesn't provide a complete picture of how they spent their day because it doesn't track the amount of time spent on each task.

COUNTING OF TASK

TASK 1: APPLICATION

TASK 2: APPLICATION

FIGURE 9 HOW TWO APPLICATIONS ARE COUNTED THE SAME EVEN WITH DIFFERENT CIRCUMSTANCES

HOUSEHOLD 1

Household of 1 adult who is homeless with no income.

Interview and data entry = 30 minutes

HOUSEHOLD 2

Household of 4 non-citizens who speak Arabic.

Interview and data entry = 2.5 hours

13. COUNTIES REGULARLY RELY ON OVERTIME TO KEEP UP WITH DEMAND.

The use of overtime as a mechanism to manage workload and meet timeliness standards varies across counties. About six in 10 surveyed counties consistently offer overtime, the majority of which are large counties (62%). Large counties that consistently offer overtime were less likely to be above the statewide SNAP timeliness average while small and medium counties were more likely to be above the statewide SNAP timeliness average.

Counties were asked to provide the total amount spent on overtime in calendar year 2022. 19 counties provided this data and reported a combined $5,106,149 spent or budgeted on overtime. It is important to note that several of the large counties reported offering overtime but did not provide overtime costs. Of the counties that provided costs, $4,672,634 was spent by the 10 large counties (92% of all costs).

The use of overtime to manage the workload is not a new practice. Six counties reported that they have been offering overtime for more than five years, which precedes the start of the public health emergency. Only five counties reported that they started offering overtime in this current year or the last few years.

The way overtime is implemented varies based on county budget, perception of how much work can get accomplished, and whether a backlog existed. Most counties offer overtime on an optional basis and limit workers to a set number of hours on a set schedule (weekly, biweekly, or monthly). Other counties mandate overtime. Counties, such as Weld and Bent, reported rarely using overtime and having a general aversion to using it as a means of workload management.

When overtime is offered it is to tackle a specific area of work or amount of work. Counties that offer optional overtime recognized that overtime could lead to staff burnout.
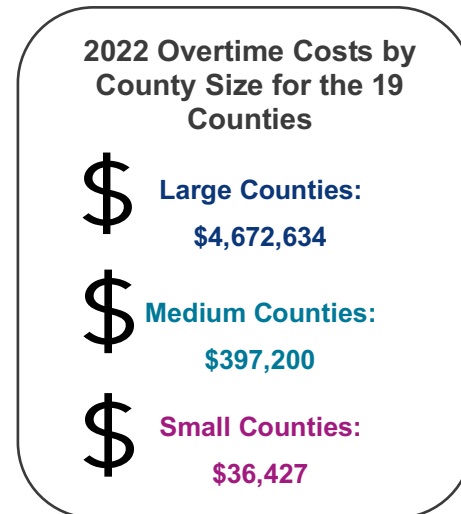
2022 Overtime Costs by County Size for the 19 Counties

$ **Large Counties:** $4,672,634

$ **Medium Counties:** $397,200

$ **Small Counties:** $36,427

FIGURE 10 CY 2022 OVERTIME COSTS BY COUNTY SIZE

Counties that consistently offer overtime track and monitor the work being completed more intensively than regular work completed during the normal work week. A common way that counties do this is by requiring staff to complete a daily work log of cases that were assigned and completed by them.

Colorado Leading Practices

El Paso County sets productivity expectations for staff based on tenure for work completed during overtime. Supervisors also play an important role in monitoring accuracy of cases during overtime by reviewing a sample of cases processed during overtime.

What Eligibility Workers Said About Overtime

"The past few years we have been put under mandatory overtime. It would be nice to have this voluntary at first and see who wants to help with extra work."

"I did when I first started, now I work 10-15 hours a week in overtime" (when asked if they work a second job)

"I don't mind when I can volunteer for OT, I get angry when we are required to complete Mandatory OT and Supervisors are not. I almost never call off and I hit use or lose time and then I can't [sic] take it because we have overtime."

WORKFORCE

Over the past decade or more, both CDHS and HCPF have conducted numerous assessments on county business processes, including efforts to redesign processes to improve efficiency, timeliness, and accuracy. These efforts were largely focused on the client experience and ensuring that Colorado met established federal requirements around timeliness and accuracy. Additionally, the state has conducted several workload studies.

The focus of these studies was not to assess the make-up of the workforce or the working conditions. Rather they were focused on assessing the quantity of the work and the duration of various tasks to determine if additional staff were needed.

SB 22-235 added a new focus for the departments, asking them to also look at the workforce, the staff who are responsible for determining eligibility. Of particular interest to the departments was an exploration in pay, retention efforts, tenure, and hiring.

14. HIRING FOR ELIGIBILITY WORKERS IN COLORADO WILL BE MORE DIFFICULT DUE TO THE DENSELY LOCATED WORKFORCE ALONG THE FRONT RANGE CORRIDOR AND THE SHRINKING LABOR FORCE IN THE RURAL COUNTIES.

Colorado's Front Range Corridor is a 175-mile stretch of cities and towns from Fort Collins to Pueblo. The 18 counties that make up this corridor account for over 70% of Colorado's total population, the "most isolated population center of its size in the continental United States." [xxx,xxxi]

The Corridor also accounts for 88% of Colorado's entire workforce and another 80% of the state's jobs.[xxxii,xxxiii] The majority of the workforce live in the Denver-metro area).
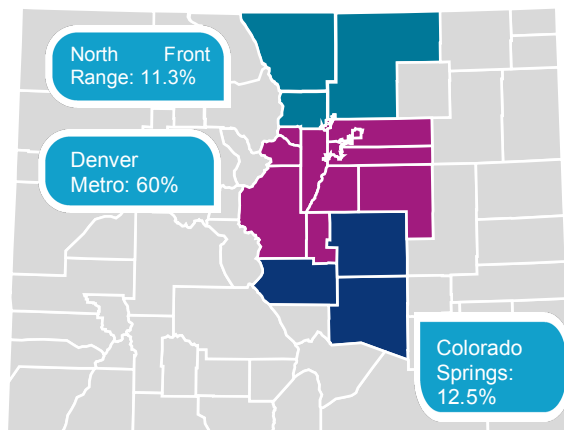

FIGURE 11 PERCENTAGE OF COLORADO'S WORKFORCE IN THE 3 PARTS OF THE FRONT RANGE CORRIDOR

Of Colorado's 64 counties, 47 or 73% are classified as rural.[xxxiv] On average, Colorado's rural counties cover about 1,670 square miles though the actual size varies tremendously from 4,775 square miles for Las Animas County (an area larger than the state of New Hampshire) to 376 square miles for Lake County.

While large in square mileage, they are small in population: only one in 10 Coloradoans live in a rural county (12.5%). [xxxv] Further, the percentage of working Coloradoans living in these areas was only 11.8% as of 2018.

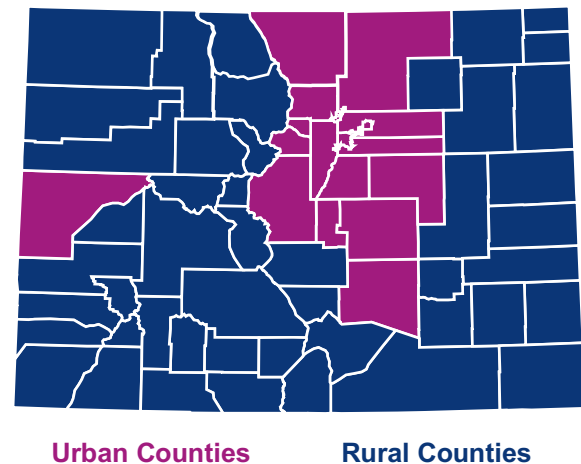**Urban Counties**   **Rural Counties**

FIGURE 12 BREAKDOWN OF COLORADO'S COUNTY BY URBAN OR RURAL DESIGNATION

Colorado's rural counties are significantly different than its urban counties. For one, in a rural community, it is far more likely that eligibility staff will personally know the families applying for benefits. This personal connection allows for these counties to understand the needs of their communities, helping them to identify and remove barriers, provide specific assistance, and more easily identify fraud. From the customer perspective, it may be more difficult to ask for help when the help is being offered by a neighbor.

Another major difference between urban and rural counties is that the latter are shrinking, much like their peers throughout the nation. The challenges faced by Colorado's rural populations include: [xxxvi,xxxvii]

Shrinking Labor Force	Aging Population
• Labor force participation was only 80% in 2018. • Fewer prime-age adults live in rural communities. • Significant outmigration by youth to the urban counties in search of higher paying jobs	• 40% of Colorado's population aged 80 and over live in a rural county. • The percentage of people over 65 living in a rural county is expected to increase to 20.7%

This information is important given Colorado's tight labor market. In July 2022, the Colorado Workforce Development Council (CWDC) reported that there were 43.6% more jobs than there were people to hire in Colorado.[xxxviii] This translates to about two job openings for every potentially available worker. A tight labor force makes hiring challenging, particularly for government agencies, which traditionally pay less than the private sector.

In Colorado, the tight labor market is layered over its densely located workforce and its shrinking labor force in the rural counties. All counties, both urban and rural, may be more at risk in hiring challenges both now and in the future.

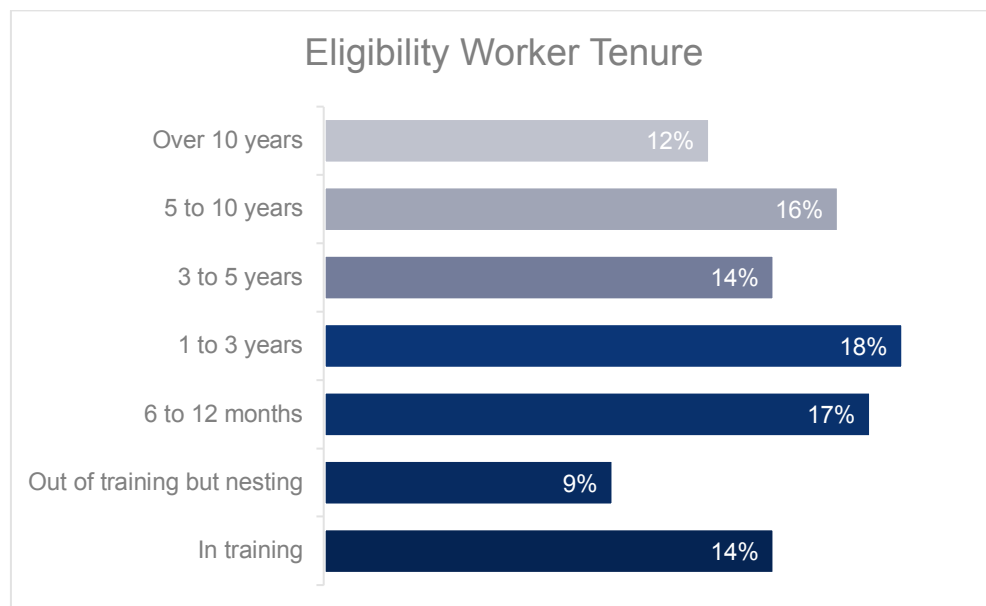## 15. THE MAJORITY OF COLORADO'S ELIGIBILITY WORKFORCE HAS LESS THAN THREE YEARS OF EXPERIENCE.

County survey respondents reported a collective total of 1,190.5 eligibility worker positions. Not every county reported on the tenure of the eligibility workers.[13] The data provided indicates that six in 10 workers have been with their county for three or fewer years. Only one in 10 workers have been with the county for over 10 years.

This are several implications to this:

1. The vast majority of Colorado's workforce has not determined eligibility under normal operations, without COVID waivers in place. They will need training to learn the traditional rules and there is the potential for all workers to confuse the COVID rules with the non-COVID rules, leading to increased errors.
2. Newer workers produce less work as they are learning the programs. An axiom in Colorado is that it takes about a year for an eligibility worker to really know the programs and be fully processing cases.

Chart D.1

Percentage of eligibility workers by tenure

Eligibility Worker Tenure

Tenure	Percentage
Over 10 years	12%
5 to 10 years	16%
3 to 5 years	14%
1 to 3 years	18%
6 to 12 months	17%
Out of training but nesting	9%
In training	14%

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[13] The tenure for 983.5 workers was reported.

16. ELIGIBILITY WORKERS ARE MOTIVATED TO JOIN THE COUNTY AND STAY IN THE COUNTY BECAUSE THEY WANT TO HELP OTHERS IN THEIR COMMUNITY.
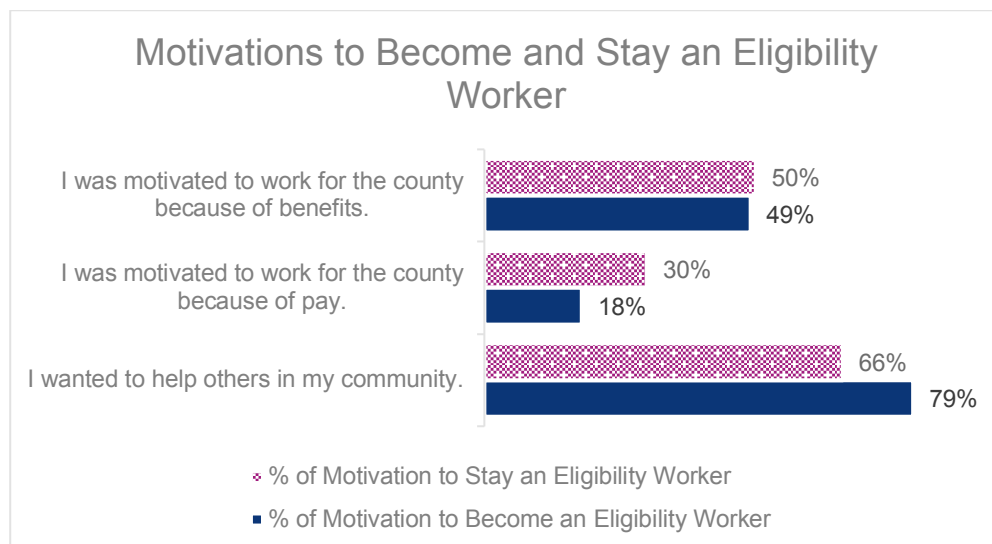
Eligibility workers were asked what motivated them to become an eligibility worker and what motivates them to stay in the county. Nearly eight in 10 workers reported joining the county to help others and nearly seven in 10 reported that as the reason why they stay (79% and 66% respectively). The chart below shows the motivations that were common between the two motivation questions.

Workers are also motivated to stay because of their relationship with their coworkers and their supervisor (52% and 45% respectively). These relationships were a common theme in an open-ended question asking what the county or eligibility site has done to encourage the respondent to stay in their position. About 20% of the free form responses indicated that they stayed because of their supervisor and about the same percentage mentioned their coworkers or team as their reason for staying (17.2%).

Pay was the third most cited reason for becoming an eligibility worker, however less than two in 10 respondents selected this option. In contrast, nearly six in 10 respondents cited it as the reason that they would leave (57%).

Chart D.2	
Number of eligibility workers who are motivated to become and stay an eligibility worker by reason	

Motivations to Become and Stay an Eligibility Worker

I was motivated to work for the county because of benefits.
- 50%
- 49%

I was motivated to work for the county because of pay.
- 30%
- 18%

I wanted to help others in my community.
- 66%
- 79%

⋅ % of Motivation to Stay an Eligibility Worker
■ % of Motivation to Become an Eligibility Worker

What Eligibility Workers Said About Working for the County

"Working for the County is amazing in my opinion. I get to help my community for those in need every day. It is my passion and couldn't imagine working anywhere else. Wish I could work from home every day as I find I am more productive at home than I am in the office and driving is getting harder for me but still love my job!"

"This is the first job I've had where I work remotely from home, helping my community, and work that's not labor intensive and domestic. I have enjoyed these past few months working with [County] and look forward to the future and all the opportunities the county has to offer."

"My co-workers, lead, supervisor and the less fortunate in my community that need help keep me encouraged to at working with my County."

17. MANAGEMENT STRUCTURES ARE MORE COMPLEX IN LARGER COUNTIES.

Thirty counties provided organizational charts that allowed us to explore the different layers of management across the state. These showed that management structures vary based on county size. Small counties are more likely to have only a few eligibility workers and a direct supervisor or manager whereas larger counties have more eligibility workers and consequently more layers of management.

Using eligibility workers as the first layer in a county's organization, we counted to identify how many layers of management existed. Only 3% of counties have just one layer above the eligibility workers, all of which are small. 41% of counties have at least two layers of management. Normally these are a supervisor or manager (depending on the language that the county uses) and either a director or deputy director.
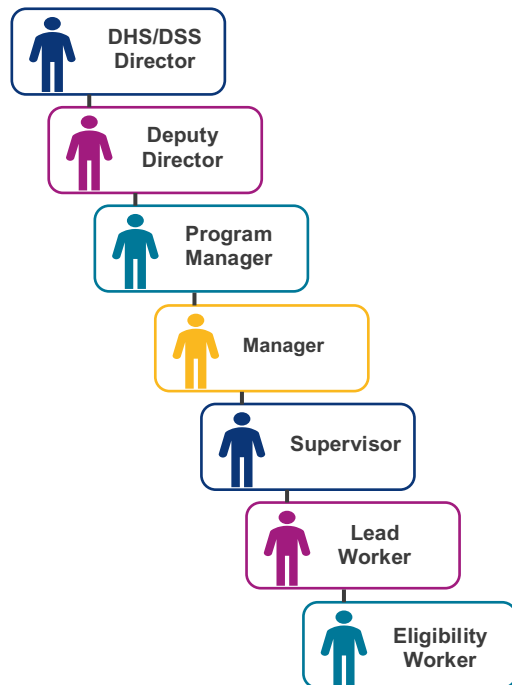

FIGURE 13 EXAMPLES OF THE DIFFERENT MANAGERIAL LAYERS SEEN IN COLORADO'S COUNTIES

The large counties were more likely to have at least four layers of management above an eligibility worker, though the first layer above is normally a lead worker. The addition of layers seems dependent on both the number of eligibility workers as well as the number of supervisors. The counties discussed how additional layers of management come with additional programmatic oversight or areas of responsibility.

Most of the large counties have supervisors and above accounting for 12% to 15% of their total workforce. The outliers are Weld County and El Paso County, which have the highest percentage of supervisors compared to total eligibility workers, and Denver County, which has the smallest percentage of supervisors to workers. Having a high percentage of supervisors doesn't indicate that the county is top heavy and having this higher percentage can result in lower supervisor to staff ratios, which in turn can improve staff retention.

One major challenge with additional layers in a management structure is difficulty in dispensing information. Information may be collected centrally and then dispersed to the layers below, essentially creating a government game of telephone. This can create the potential for delays in information being shared and that information being incorrectly interpreted.

We have 5 separate layers of internal "management" which is preposterous for any organization. No wonder we are months behind. communicating problems or issues through these levels of "management" is so tedious and cumbersome as to make effecting any change impossible.

18. COUNTY SUPERVISORS PLAY A ROLE IN STAFF RETENTION AND IN PROCESSING CASES

The role that supervision plays in staff engagement and retention is significant. There's a common belief that employees leave because of their supervisor– an organization might pay a good salary and offer great perks but when saddled with a bad or unproductive supervisor, an employee is more likely to leave.

When asked about their motivation to stay with the county, nearly five in 10 eligibility workers indicated their relationship with their supervisor. Eligibility workers were asked about their experiences with their supervisor, specifically if they receive actionable feedback and support from their supervisor. Over seven in 10 workers agreed or strongly agreed that they receive actionable feedback from their supervisor (36% and 35% respectively). Over five in 10 workers strongly agreed and agreed that they feel supported by their supervisor and another three in 10 agreed with the same statement (52% and 29% respectively).
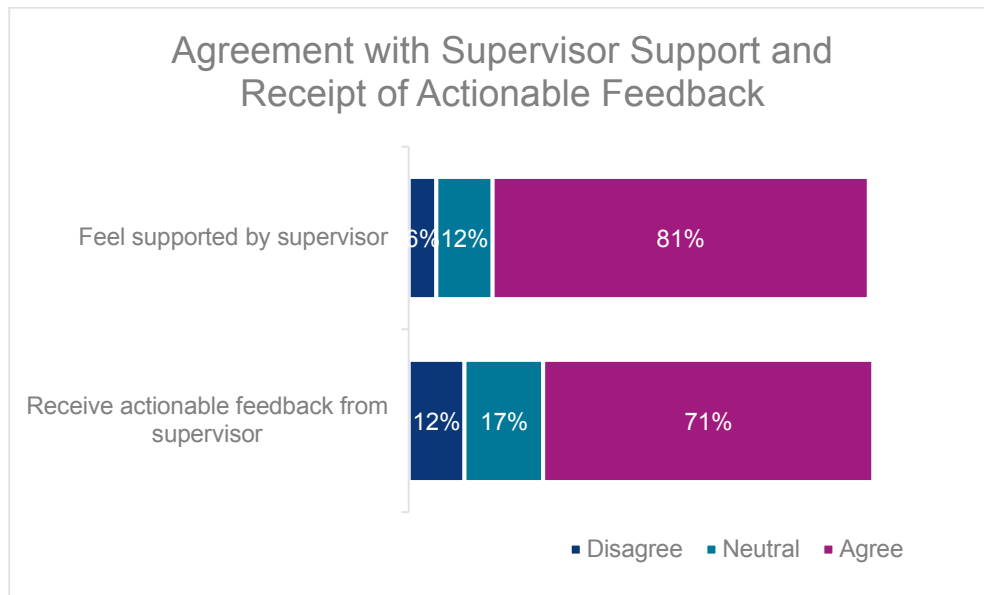
5 in 10
Motivated to stay because of their supervisor (45%)

Chart D.3

Percentage of eligibility worker respondents by supervisor support and actionable feedback

Agreement with Supervisor Support and Receipt of Actionable Feedback

Through the focus groups with counties, we identified two major reasons that can potentially negatively impact current and future staff engagement and retention specifically related to supervision:

1. Supervisors regularly process cases.

76% of counties have their eligibility supervisors (and in one county, even managers) process cases. Of the counties where supervisors regularly spend time completing case work, 16% of them reported spending 10-20 hours per week on case processing, which accounts for 25% to 50% of their total working hours.

The tradeoff for supervisors processing cases is that cases get processed, but eligibility staff get less access to the traditional supervisor responsibilities.

2. Supervisor to eligibility worker ratio.

There is no set standard for how many employees a supervisor can supervise. However, when a supervisor has too many employees, there is a natural decrease in their ability to effectively support their employees. Supervisor to employee ratios vary widely across counties, both statewide as well as across the three different groupings of county sizes.

We calculated the average and actual supervisor ratios from the data provided by the responding counties. These averages include vacant positions and are based on an equal distribution of staff across all supervisors, which is often not the case.

FIGURE 14 SUPERVISOR TO STAFF RATIOS BY COUNTY SIZE
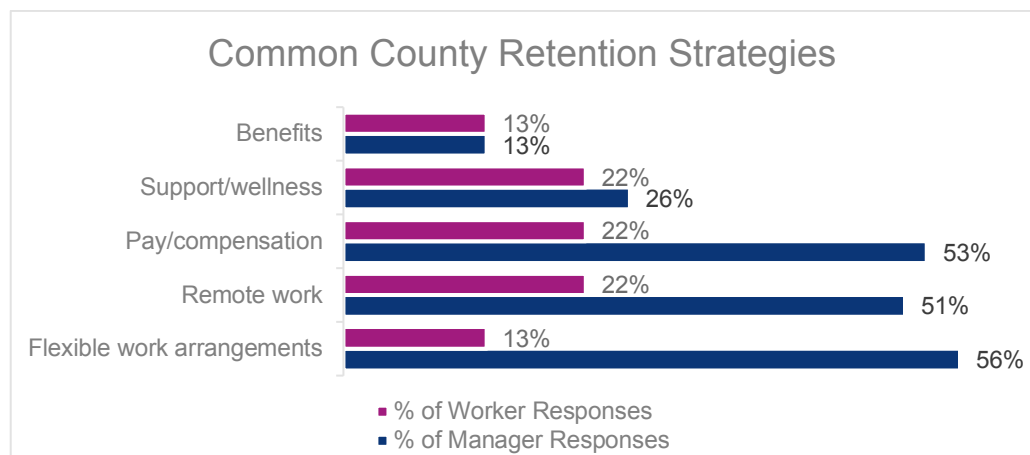
19. COUNTIES USE A VARIETY OF STRATEGIES TO HELP RETAIN STAFF.

Retention was discussed as one of the major challenges across all counties and in interviews with peer states. Retention in the counties along the Front Range Corridor is particularly difficult given the ease with which eligibility workers can move between counties for more pay and better working conditions with little to no change in their commute (if any!).

Both county managers/directors and eligibility workers were asked to identify their county's staff retention methods in a free form question. Several methods were discussed by both groups, with flexible work schedules and remote work being the most mentioned items among managers and workplace factors most mentioned by workers.

Chart D.4

Reported eligibility worker and county manager county retention strategies

Common County Retention Strategies

- Benefits: 13% / 13%
- Support/wellness: 22% / 26%
- Pay/compensation: 22% / 53%
- Remote work: 22% / 51%
- Flexible work arrangements: 13% / 56%

■ % of Worker Responses
■ % of Manager Responses

What Eligibility Workers Said About Staff Retention Strategies

In my old job at a hospital my supervisor never let me know if I was doing a good job and I didn't feel appreciated. Currently working for DHS in Phillips County I am told at least once a month that I am appreciated."

"I work with a very supportive and caring team and supervisor."

"Mentorship, I have high quality leadership, the team is welcoming, I feel good about the work I do every day to help the community, the job is challenging, ability to work from home, flexibility with my supervisor about taking time off."

"I am treated as a person, not an asset."

I have never considered working as an eligibility worker for another county and I will never work for another eligibility site. I feel my supervisors have done an AMAZING job in supporting my coworkers and me. They have worked hard over the last couple years to ensure we all receive raises in pay, are treated with respect, and are treated fairly.

20. MANY COUNTIES STILL OFFER REMOTE WORK. THIS IS AN IMPORTANT WORK CONDITION FOR ELIGIBILITY WORKERS.

Remote work switched from being a luxury offered in select counties to being the norm during the height of the COVID-19 pandemic. Over the last year, however, many counties have started to roll back their remote work policies, reverting to either full time in-office work or a hybrid work schedule (a combination of working some days in the office and some days at home). For some counties, this transition back into the office is sometimes driven by the fact that these are human services agencies and there is a human aspect to their work, such as the previously mentioned in-person interviews.

70%
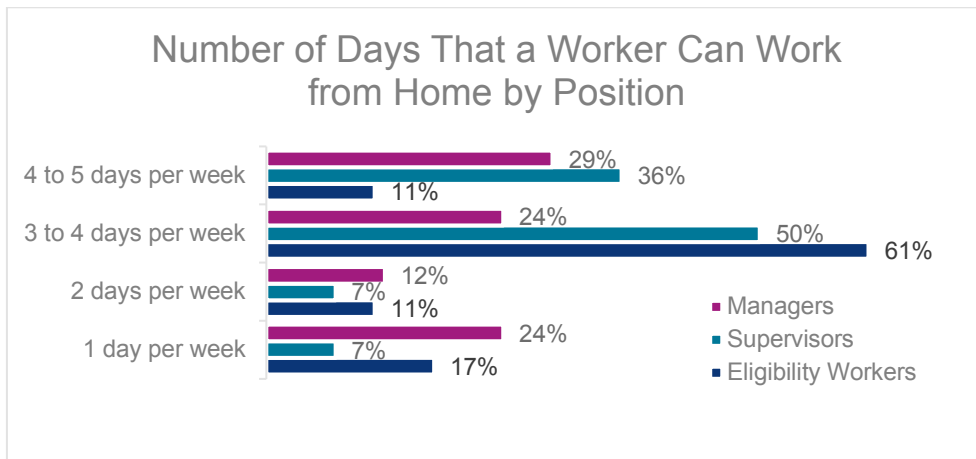**Counties that offer remote work arrangements**

Of the surveyed counties, 70% continue to offer remote work arrangements for eligibility workers. Most counties offer weekly remote work arrangements with 61% of counties allowing staff to work from home three to four days per week.
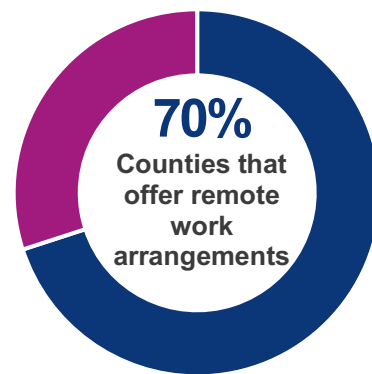
Remote work arrangements are less common for eligibility supervisors but more common for managers than for supervisors. Only half of the surveyed counties offer remote work to eligibility supervisors (24 counties) while 29 counties offer remote work flexibility for their managerial level.
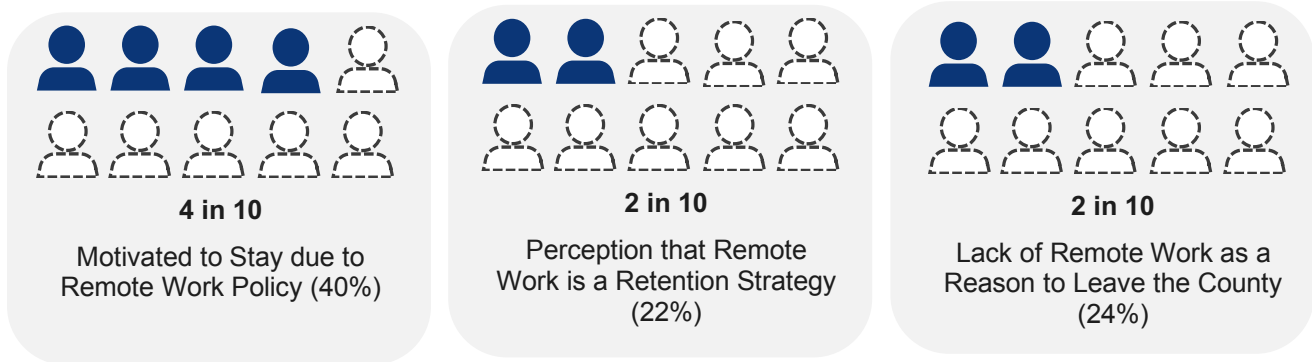
Chart C.5

Reported remote work arrangements by eligibility staff position

Number of Days That a Worker Can Work from Home by Position

	Managers	Supervisors	Eligibility Workers
4 to 5 days per week	29%	36%	11%
3 to 4 days per week	24%	50%	61%
2 days per week	12%	7%	11%
1 day per week	24%	7%	17%

We heard very clearly in eligibility worker focus groups how important remote work arrangements were to them. Staff reported that they enjoy working from home and that they feel more productive there because they are less distracted. One axiom used was to compare coming into the office once a week to going to happy hour, but at the office, because all everyone did was talk to one another and socialize.

While some workers are okay with a hybrid model, many expressed a desire to be in the office as little as possible (if at all). Staff desire to work remotely was apparent in the eligibility worker survey responses, which are shown to the right.

4 in 10

Motivated to Stay due to Remote Work Policy (40%)

2 in 10

Perception that Remote Work is a Retention Strategy (22%)

2 in 10

Lack of Remote Work as a Reason to Leave the County (24%)

"Productivity slows when coworkers come to your desk to chat…or you have to find a desk with working equipment or parts, adjusting desks to fit and chairs to fit you. [It] was better when we had an assigned cubical to go to."

21. THE MEDIAN ELIGIBILITY WORKER SALARY IS $38,158 PER YEAR.

Eligibility worker salaries are set at the county level by the Board of County Commissioners, which results in a wide range of salaries. The salaries for 37 counties were collected and analyzed to determine the median salary for a starting eligibility worker. It is currently $38,158 per year. There are two counties that pay less than $30,000 per year and only two that pay more than $50,000 per year.

The CWDC's Talent Pipeline report identifies top-tier jobs each year.[xxxix] These jobs are identified as such based on several factors, including if the job pays a living wage. The eligibility worker pay ranges were analyzed using CWDC's Tier 1 and Tier 2 classifications:[14]

- Tier 1 jobs have an income that can support a family of three with one working adult, one non-working adult, and a child.
- Tier 2 jobs have an income that can support a single adult.

No county pays a wage high enough to qualify as a Tier 1 job and only 19 out of the 37 that we have salary data for pay a wage high enough to qualify as a Tier 2 job. The living wages provided below are specific to Colorado.[xl],[15]

Colorado Eligibility Worker 1/A Starting Salaries

County	Salary
Summit County	$53,518.40
La Plata County	$44,720
Denver County	$43,473
Arapahoe County	$41,849.60
Boulder County	$41,787.20
Adams County	$40,497.60
Gunnison County	$38,272
Douglas County	$36,212.80
Yuma County	$34,152
Otero County	$32,976
Las Animas County	$32,614.44
Dolores County	$29,120

FIGURE 15 SELECTED SALARIES OF ELIGIBILITY WORKER 1/A POSITIONS STATEWIDE

Eligibility Worker Pay Compared to MIT Living Wage

Eligibility Worker Median Salary: $38,188

Living Wage for 1 Working Adult: **$39,978**

Living Wage for 1 Working Adult and 1 Child: **$83,632**

Living Wage for 1 Working Adult, 1 Non-Working Adult, and 1 Child: **$77,488**

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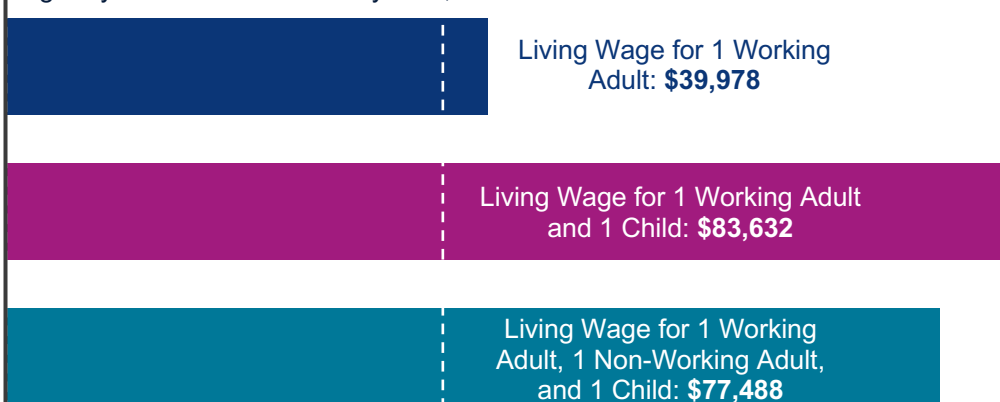
[14]Tiers are not geographically adjusted.

[15] The living wage for a two-adult, one-child household assumes $0 child care costs where a one-adult, one-child household assumes $12,000 in child care costs.

What Eligibility Workers Said About Pay

"I don't get paid enough for rent and food, yet I can't get approved for Medicaid or food stamps while approving people who have thousands of dollars in bank accounts. It's disheartening. We work for the city, yet we don't get health insurance like Medicaid. We have to pay more. I have to pay $288 a month for medical care for me and my kids when in reality they should be approved for Medicaid due to being under 18. We are assisting other people but who is assisting us? I am told about food trucks but I'm eating popcorn because I have enough food in my apartment. I love the days you guys support us with food. It's the one day that I don't have to worry about if I'm going to eat while at work or have to wait till dinner."

"The benefits are good but not as good as other counties or even the state. As a government entity, healthcare should be the same across the state. $600 a month is too much to pay based on my wages of $22 hourly. Each year I have had an increase in pay, that increase for 2 years did not even cover the increase in the cost of healthcare so my take home after a raise was less than the year before."

"I think people should be paid according to their knowledge and skills regardless of where they live."

"I would love to stay in my position if there were more opportunities for growth and advancement in my position and with the pay. Its [sic] hard to make a living making $20 /hr."

A major challenge faced by county agencies is the struggle to justify higher wages for eligibility workers. In many counties, eligibility workers are classified as administrative rather than professional positions.

Several workers specifically talked about how their pay is reflective of the job being entry level but that they are doing "so much more than just data entry."

Colorado Leading Practices

Adams County recently adjusted the pay grade for eligibility staff from an administrative grade to a professional grade to recognize the complexity and professional level of the work required.

What Eligibility Workers Said About Eligibility Worker Position Classifications

"In the county's pay plan, Eligibility Specialists are currently classified in the Administrative and Technical pay grade rather than the Professional and Technical pay grade. I think that this classification is based on a misunderstanding within HR departments related to what the Eligibility work entails. This work is no longer entry level or just data entry work and should be classified as professional/technical work in the pay grade classifications. This coupled with an increase to the Admin Allocation would permit counties to pay the staff wages commensurate with the work that they do and the professionalism necessary for the role and responsibilities."

"Eligibility is a very hard job to master and stay proficient with, and we treat them like entry level positions. The training plan is incredibly in-depth and still only scratches the surface. The pace of the work expected level of output and quality, and entry level pay keeps turnover high at our county. But these employees often go other places in the county, so we are a welcome mat for new people sometimes."

22. COLORADO WILL SPEND UP TO $16,000,000 ON FILLING VACANT ELIGIBILITY WORKER POSITIONS IN 2023. MUCH OF THIS WILL BE SPENT WITHIN THE RRONT RANGE CORRIDOR COUNTIES.

The financial impact of filling vacant eligibility worker positions is significant. While there is no established cost for filling a vacancy, estimates for filling vacant technical positions range from one to four times the salary of the vacant position. The costs associated with filling a vacancy include:

The money that it takes in hiring the new employee	Lost production	Overtime costs to cover for the vacant position or to offload the work to others
The time and salary for the managerial and supervisory staff who are involved in the hiring process	Onboarding and training time for the new employee	Reduced production by the new employee post-training

9

County managers reported a total of 185 vacancies throughout the state. The cost of filling those vacancies was calculated by multiplying the median annual salary by 100% (low estimate), 250% (middle estimate), and 400% (high estimate). The cost to fill those vacancies ranges from $7,064,928 up to $16,779,204.

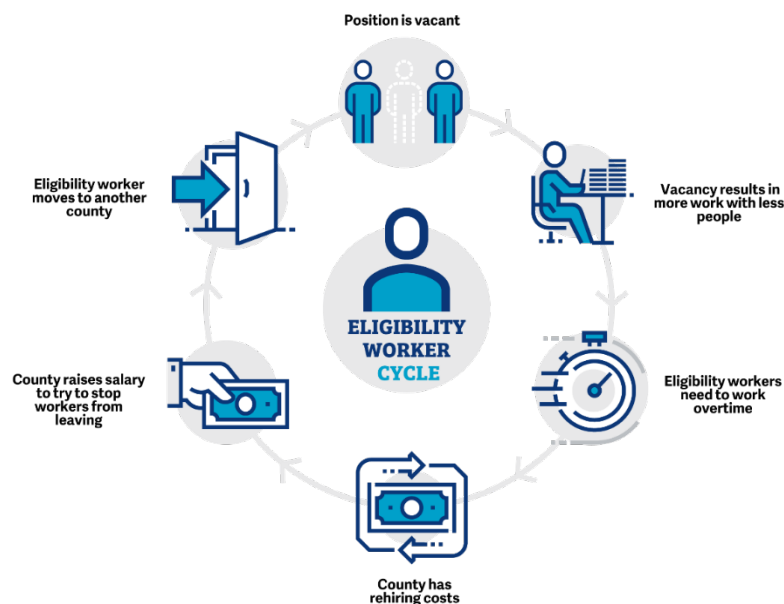| Vacancies	Median Salary		% of Salary		Cost
185	$38,188	X	100%	=	$7,064,928
185	$38,188	X	250%	=	$17,662,320
185	$38,188	X	400%	=	$28,259,712

FIGURE 16 DEPICTION OF THE ELIGIBILITY WORKER HIRING AND VACANCY CYCLE

Much of these costs will be realized in the Front Range Corridor counties. This is largely because these counties lack standardized pay and working conditions. This misalignment creates an eligibility worker market, where workers can pick and choose the county that provides them with the best working conditions and highest pay. The lack of collaboration among the counties isn't surprising and makes sense given that there are cost of living variations and differences in the benefits packages available due to county size.

However, the lack of standardization, even for something as simple as remote work, has a significant cost. In focus groups, managers within the Front Range Corridor counties expressed how many staff they have lost to other surrounding counties.

Using the vacancies and salaries for the available Front Range Corridor counties, we calculated the potential cost of filling their 141 vacancies as $4,926,475 (100% salary) to $11,700,380 (230%).[16] The calculations for this total can be found in Appendix E.

This cost is paired with the overtime costs that these counties are also paying. Ten of the Front Range Corridor counties regularly offer overtime, spending a combined total of $4,543,149 on overtime in 2022 (89% of all reported overtime costs).[17]

What Eligibility Workers Said About Movement of Staff

"Our County spends alot [sic] of time and money training new employees that do not stay. This job is alot [sic] of information and many many programs to learn and apply."

"I feel that if all counties had the same rate of pay and ability to work from home at the same level there would be less county hopping."

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[16] Douglas, Gilpin, and Park Counties did not report any vacancies in the survey.
[17] Overtime costs are a combination of expenditures and budgeted costs.

23. THE CAREER LADDER IS TALLER AND WIDER FOR LARGER COUNTIES. A LACK OF CAREER PROGRESSION MAY BE UNATTRACTIVE TO NEW AND CURRENT WORKERS.

Career progression varies dramatically throughout the state. Colorado's larger counties typically have a taller and wider career ladder simply because they are larger organizations with more of any given position. A major rung on the career ladder is the lead worker position, which is more prevalent in larger and some medium counties. While this rung isn't overly big, there is often only one lead worker position under a supervisor, it is often a coveted position because it has more pay and more responsibility with sometimes less actual case work.

Promotions on the career ladders in medium and large counties may occur automatically based on tenure. Three counties indicated that promotions are automatic after one year as a first level eligibility worker.

In contrast, small counties and some medium counties have a much smaller and narrower career ladder, if they have one at all. Most promotional opportunities in these sized counties occur only when a position becomes vacant, which can be infrequent. Eight out of 45 counties indicated that promotions are only available when a higher position becomes available.

"Our county has no positions to be promoted to unless an opening occurs (rare). We have eligibility workers, one supervisor... and that's as far as it goes."

Another way to broaden a career ladder is with positions that are tangentially related to eligibility: trainers, fraud investigators, and quality assurance specialists. Of the counties that responded, nearly 90% reported having at least one non-benefit position. Of the five counties that reported either not having the positions or having their supervisor perform the specialized tasks, all were medium.

24. COLORADO MAY BE HEADING TOWARD A SIGNIFICANT DROP IN ELIGIBILITY WORKERS IN THE NEXT TWO YEARS.

We asked eligibility workers if they saw themselves in their same role (or in a promoted position) within the next two years. Seven out of 10 eligibility workers indicated affirmatively. However, two out of 10 workers indicated that they were considering leaving (21%) and another one in 10 reported that they will be leaving. This combination means that three out of every 10 eligibility workers could leave Colorado's eligibility workforce by 2025.

Six out of 10 workers indicated that they would leave because of pay. Another three in 10 indicated that they would leave because of the production standards.

6 in 10
Would leave due to pay (60%)

3 in 10
Would leave due to production standards (35%)

2 in 10
Would leave due to telework (24%)

Peer State Comparison

Every peer state interviewed articulated that they were dealing with workforce recruitment and retention issues. The two most common reasons cited were the low pay relative to the complexity of the role, particularly considering workforce shortages in other sectors driving up wages in a manner that counties couldn't easily compete with. Lack of telework flexibility was also cited as a reason for turnover in counties with more stringent rules.

TECHNOLOGY

Technology is a keyway for states to engage with clients and for states to improve and streamline the eligibility process. The Colorado Benefits Management Systems, CBMS, is the state's integrated eligibility system. CBMS and the Program Eligibility and Application Toolkit (PEAK), are the only two mandatory statewide systems for counties to use. All other technology that a county wants to use to support their business processes must be procured, implemented, and maintained locally because of a general adherence by the counties to use a state created system. These systems often have little to no integration with the statewide system.

25. THERE IS NO SINGLE WORK MANAGEMENT OR ELECTRONIC DOCUMENT MANAGEMENT SYSTEM THAT ALL COUNTIES USE. THIS MAKES IT HARD TO SHARE WORK AND FOR CASE FILES TO BE TRANSFERRED EASILY.

In lieu of a statewide solution, counties have implemented their own work management systems and electronic document management systems. This results in a colorful map of differing systems that don't talk to one another and that don't provide a window for the state agencies into county workloads.

Work management systems

Work management systems are useful in supporting counties to manage, prioritize, and assign work to eligibility workers. Counties that have implemented a work management system have done so at their own cost. About six out of 10 counties have some form of a work management system. Four in 10 of them use HSConnects, which was developed by Arapahoe County (44%).
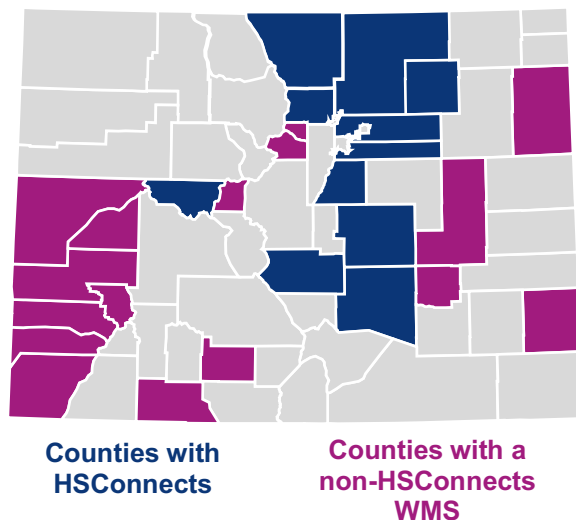

Counties with HSConnects

Counties with a non-HSConnects WMS

FIGURE 17 COLORADO COUNTIES WITH A WORK MANAGEMENT SYSTEM

The remaining counties use a different work management system. These systems may be sophisticated, like Denver's WMS or less sophisticated, like a Google Workspace (Sheets). Not all counties reported using a workload management system that was designed specifically for eligibility work.

Document management systems

Electronic document management systems play an important part in the eligibility process because most counties have transitioned to electronic case files. Many of Colorado's counties have their own electronic document management system although a sizable number of the small and medium counties use the state's Electronic Document Management System (EDMS).

Without a universally adopted system, counties can't easily transfer active cases to another county. If a client moves to another county and the new county does not use the same document management system, there will be additional barriers to sharing the client's case file and documentation. This creates more work for staff, potentially delaying benefits for clients.

Peer State Comparison

North Dakota, Virginia, and Wisconsin all have a statewide electronic document management system.

In a focus group with the HCPF Member Experience Advisory Council, some members talked about how the lack of a statewide document manager system impacted them. They talked about how their case file was "lost" when they moved to a new county and needed to be recreated, which created a burden on them to gather up all of the documentation again. Another member shared that it can be easier to just reapply when they moved to a new county because the county transfer process is so difficult.

Some document management systems are integrated with work management systems from the same developer. Examples of programs that manage both documents and work include PaperVision and HSConnects. Others, however, are standalone and may require a different system or manual process to push or pull work.

Counties that have integrated HSConnects into their work and document management system were praised by eligibility workers.

26. LACK OF ELIGIBILITY WORKER TRAINING ON PEAK LEADS TO AN INABILITY TO HELP CLIENTS USE THE SYSTEM CORRECTLY AND ANSWER QUESTIONS.

As a result of COVID-19, PEAK usage increased dramatically. There are more individuals using PEAK in general as well as more individuals using all the features within PEAK. This increased traffic has led to increased questions to eligibility workers because the PEAK website offers very limited support to users.

However, eligibility workers do not receive any formal training on the client side of PEAK. This means that they are usually unable to offer the client much assistance and instead must refer them to a statewide PEAK help hotline. About two out of 10 eligibility workers surveyed felt strongly or very strongly about their confidence in PEAK (23%). Additionally, only one in 10 eligibility workers surveyed felt confident in being able to answer client's questions with PEAK (12%).

In focus groups, workers expressed a sense of frustration and even embarrassment that they could not help clients. Part of this stemmed from knowing that by helping the client use PEAK correctly, there would be less work on the back end when they received the document. Another part of it stemmed from the fact that workers want to help their clients and they feel that they should know how to troubleshoot client questions.

Peer State Comparison

- Both **North Dakota** and **Virginia** have an enterprise call center that customers can call if they need help using the state's online portal.
- California's BenefitsCal online portal offers nine how-to videos on the various functions within the system.
- Ohio Benefits has an online help handbook that includes technical help as well as details on the type of information requested on each page within the online application.
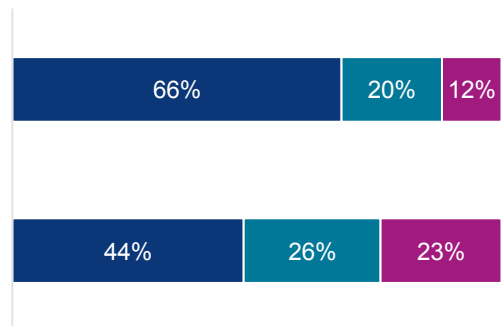
Chart E.1

Reported eligibliity worker confidence with PEAK.

Eligibility Worker Confidence with PEAK

I feel confident supporting clients with PEAK-related questions.
| 66% | 20% | 12% |

I feel confident using PEAK.
| 44% | 26% | 23% |

■ Disagree ■ Neutral ■ Agree

What Eligibility Workers Said About Their Lack of PEAK Knowledge

"Client's often ask me questions about PEAK page this or question that. The question don't normally match up to the actual SPA, I would like to have like a PEAK trn [sic] where I could help explain to the client what happened and why that entry hurt their case."

"Being able to see peak from clients [sic] perspective or at least a training on it.'

"Not necessarily technology, but training on PEAK. CBMS has a sandbox, PEAK should have something similar to go through practice applications, etc., to help clients maneuver through the site."

"If we had a chance to take a peak training course (as if we were the client) we would then be able to help client to navigate the site and get the case processed faster."

"When clients call with questions about PEAK, we are unable to answer their questions. As technicians, we do not have access to the PEAK accounts. We have no idea what the clients are seeing or reading on their end. Creating a "Sandbox" version of the PEAK website would help technicians guide clients more efficiently because we would be able to understand what the clients are experiencing."

27. COUNTIES HAVE IMPLEMENTED SEVERAL INNOVATIVE SERVICE DELIVERY TECHNOLOGIES ACROSS THE STATE, USING THEIR OWN MONEY FOR PROCUREMENT AND MAINTENANCE.

Counties can serve as a laboratory for technology systems to help improve service delivery. This is largely due to them having smaller Information Technology departments (though this may not always be the case). These smaller departments can have more dedicated personnel and financial resources to both design systems and make changes as it is being rolled out and used. A major example of a technology system that was established in a county and then rolled out to other counties is HSConnects, the work management system that was developed in Arapahoe County.

Below are several examples of technology systems that have been implemented in counties across Colorado.

Digital Appointment Reminders

In addition to the required notice letter sent by mail, Garfield, Fremont, and Arapahoe counties have implemented innovative ways to encourage client attendance through digital reminders. These include both email reminders as well as text reminders. For texts, clients receive a message at the time of scheduling, and an additional reminder shortly before their scheduled appointment. Clients seeking benefits often live busy lives, and just as their dentist or doctor might send them a text reminder, so can their county DHS.

> **Peer State Comparison**
>
> Ohio Benefits offers a statewide text messaging and automated voice calls service.
>
> Reminder and notifications are provided for applications, reporting and redetermination requirements, program updates, benefit amounts and load dates.

ArapaSOURCE Online Resource Finder

Arapahoe County created ArapaSOURCE, an innovative online portal that allows residents to search for services, programs, and types of help from not only the county agencies but through county and regional partners. This type of resource can be a tremendous help largely because it can be next to impossible for any one person to know all the different resources that are available in their community.

ArapaSOURCE is updated quarterly to ensure that all resources and listings are current. Additionally, users can add resource corrections and additions through a button on the website.
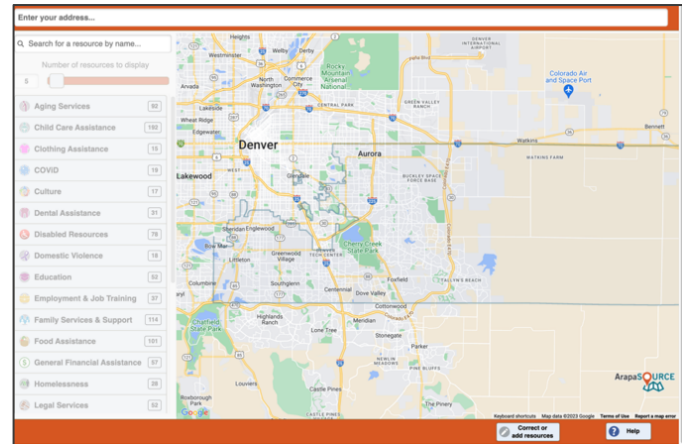

FIGURE 18 SCREENSHOT OF ARAPASOURCE

Lobby Kiosks

The lobby remains an essential part of the eligibility process, even though foot traffic has decreased since the start of the public health emergency. In the past, a challenge faced in county lobbies was the routing of clients to a worker who could best serve their needs. In response to this challenge, some counties, like Arapahoe and Douglas, have implemented check-in kiosks to help better organize their lobby. There are three main advantages to a lobby kiosk:

1. By selecting the reason for their visit, customers are placed in separate queues that will route them to the most aptly trained front desk person.
2. Kiosks can help the front desk staff clear up an overcrowded lobby by helping them to prioritize faster interactions such as document drop off or EBT pickup.
3. Supervisors can view the data from the queues in real time, seeing how long it takes on average for a given staff member to assist customers, how many customers are walking through the doors each day, and what issues are bringing customers in. This type of data can be used to plot changes to processes or communication that might reduce potential traffic into the lobby in the future.
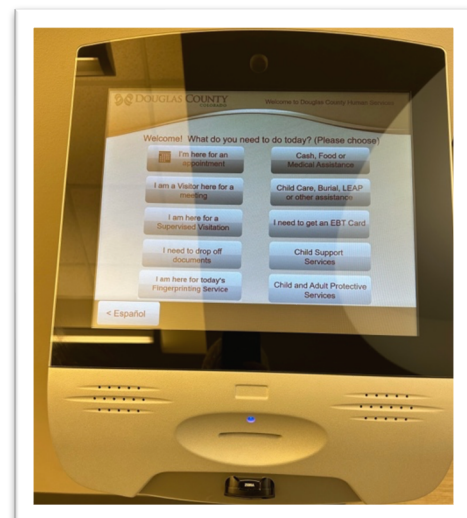

FIGURE 19 PICTURE OF DOUGLAS COUNTY'S LOBBY KIOSK

Another type of lobby station can be found in Arapahoe County. Arapahoe County installed computers in the lobby and directs all clients first to these computers to apply via PEAK. Since then, over 90% of their applications have been submitted through PEAK.
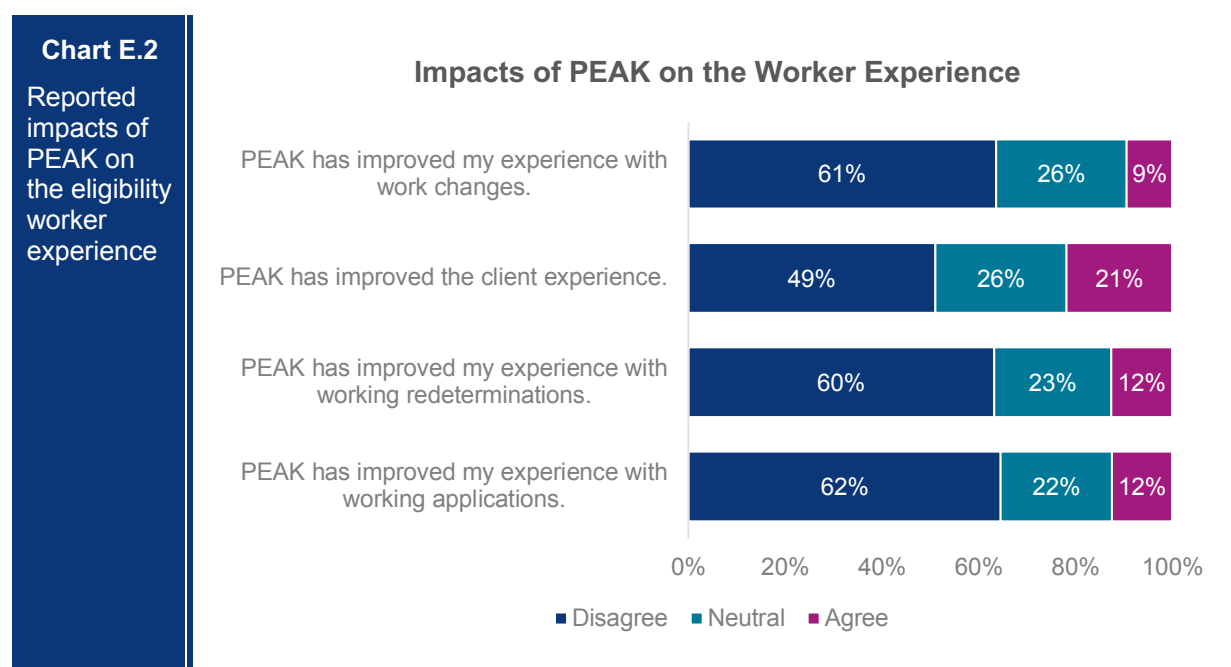
> **Workers suggested having kiosks or computers in the lobby for clients to use to print documents as a type of technology or automation that could help clients**. Computers with printers can be particularly helpful for Adult Financial and Long-Term Care clients, many of whom lack the skills or ability to effectively access technology. As a result, they miss deadlines or submission of documents. Having a computer in the lobby would help them because they could come into the office and print the documents requested. When face-to-face interviews were more prevalent, workers would allow clients to use their computer during the interview to print documents.

28. THE CURRENT LEVEL OF CLIENT ACCESS IN PEAK CAN RESULT IN INCREASED WORKLOAD FOR STAFF AND INCORRECT OR DELAYED BENEFITS FOR CLIENTS.

PEAK is unique in the degree of discretion given to clients in updating their case information. The emphasis for more client self-service is driven by Colorado leadership's philosophy that clients should be able to complete 90% of tasks themselves.

In theory, allowing clients to manage and update their information (e.g., update their address, report a new job etc.) saves staff time. Particularly with Medical Assistance, information that is updated or reported by a client may not need any type of worker intervention due to Medicaid's real time eligibility requirements and the use of the Federal Hub.

While key in Colorado's delivery of benefits, PEAK is not perfect and there are numerous challenges created due to a client's unparalleled access. Largely, eligibility staff statewide identify PEAK as problematic and a source of additional challenges to their everyday work. The imperfections significantly impact staff by taking them away from their work and potentially impacting accuracy of benefits. They also hurt the client by having incorrect information used to determine eligibility and delays in benefit issuance.

Chart E.2

Reported impacts of PEAK on the eligibility worker experience

Impacts of PEAK on the Worker Experience

	Disagree	Neutral	Agree
PEAK has improved my experience with work changes.	61%	26%	9%
PEAK has improved the client experience.	49%	26%	21%
PEAK has improved my experience with working redeterminations.	60%	23%	12%
PEAK has improved my experience with working applications.	62%	22%	12%

■ Disagree ■ Neutral ■ Agree

There are four significant challenges cited by county staff of all levels regarding PEAK.

1. The types of changes that clients can make in PEAK.

The most cited challenge by county staff of all levels regarding PEAK is about the changes that clients can make in PEAK. Many of these changes result in eligibility workers needing to spend extensive time to undo or fix what a client has attempted to correct. 36 different workers mentioned the challenges they experience due to the current ability of clients to make changes. One example of the types of changes that clients attempt to make that are incorrect, and therefore need worker intervention to override, is the updating or deletion of interfaced information. This information should never be changed by workers or clients because it is from the source directly (Department of Labor, etc.) and therefore verified already. However, clients can edit or delete records, resulting in incorrect eligibility determinations or the need to recreate the records by eligibility workers.

What Eligibility Workers Said About Change Reporting in PEAK

"The system needs to work for the eligibility technicians not against them. Client changes have result in hours of wasted time trying to fix what they have messed up."

"The way that PEAK submissions change data entry in CBMS is also frustrating and frequently takes a lot of time to correct due to the errors it creates in data entry. We also get a ton of PEAK changes that are not actually updating anything."

Workers identified restricting client changes in PEAK as one of the things they would change in the eligibility process. In addition to limiting edits, some workers feel that limiting the frequency of edits could eliminate the need to process duplicate change reports.

2. Changes reported on a case with more than just Medical Assistance require worker intervention.

When a household is receiving Medicaid and a CDHS program and they submit a change through PEAK, their case will be set to a pending status and then sent to a worker to be reviewed. This happens even if the change will not affect the household's benefit amount, such as adding an email address. This can cause a delay in the household receiving their benefits and, for those changes that don't affect eligibility, cause frustration among staff who need to work something that really didn't need their attention.

What Eligibility Workers Said About Worker Intervention in PEAK

"PEAK changes should not ALL change the Data Complete indicator to "no" Several changed [sic] that are uploaded thru PEAK are phone number or email updated [sic], or even changing the way they want their communications (SNAP) this flipping of the switch has caused more problems, during the pandemic, hundreds of families getting their max allotment months late, these changes did NOT affect eligibility of any type. Same with address changes within the same county. These changes hold up Recerts getting mailed out correctly. It would be beneficial is anything uploaded thru PEAK, the system could determine what changes affect eligibility and only flip those cases to Data Complete - No."

"If there is more than MA on it, don't make actual changes and wait for a tech to interpret it/do it (they set data entry in case wrap up to 'no/incomplete', so we have to look at it ANYWAY)"

3. The same change is being submitted multiple times.

Another major challenge discussed by county staff concerns multiple submissions of the same information. This happens for two main reasons:

1. PEAK doesn't provide clients with a receipt telling them what they reported and uploaded. For uploads, clients are only given an indication that their upload was either successful or unsuccessful. Clients may continue to resubmit the same change because they are nervous that the change wasn't submitted previously. Workers reported instances of getting five to 10 of the same change within 20 minutes of each other.
2. Client changes don't take place in real time. Many clients are used to seeing real time updates when they submit a change to a system like Amazon. As a result, they will resubmit the same change over and over to try to get it updated.

4. The forms generated by PEAK are hard to read and it is difficult to locate information on them.

Workers also discussed how hard it is to understand the forms that PEAK generates for workers. These include:

1. The current PEAK generated change report form does not clearly identify what information was changed. As a result, workers need to go through the entire PDF and the case to find what changed.
2. The layout of information on the various documents is different from document to document. This makes it hard for the worker to quickly navigate to the questions and answers that they need for an interview or to process a change.

What Eligibility Workers Said About PEAK Forms

"It would help if the PEAK applications were easier to read and follow. For example, the ones that list what the information stated before on the left and what it's been changed to on the right is helpful. The ones that leave the old information out are less so. It would also help if CBMS directed the worker to changes, especially those that need to be entered in a specific way. This would make it easier to find the changes, adjust them if needed, and approve them or remove/end-date them as needed."

"Well, I would like for PEAK to be laid out in the same format for every application, RRR and change. This would help me read through the information more easily."

Workers identified simplified reporting in PEAK on what clients have changed as one of the things they would change in the eligibility process. If client changes cannot be restricted, workers report wanting an easier way to quickly skim a client profile to see which edits were made. Another suggestion given by workers was to display client changes as "requests," allowing workers the ability to accept or revert changes and provide notice to the clients as to why.

Eligibility workers in focus groups across several counties even went so far as to describe how they encourage clients to use other means to apply, such as coming in and filling out a paper application, due to their frustrations with PEAK. This instruction doesn't come from a place of wanting to get rid of PEAK. Rather, workers appeared concerned about PEAK's negative impact on clients and that trickle-down effect on them. For changes specifically, the emphasis was not on removing the ability to report changes. Instead, workers spoke to how much time they would save if changes reported by the client were simply populated on a change report form for them to then data enter.

What Eligibility Workers Said About How They Talk to Their Clients About PEAK

"I understand why there is the PEAK app. However, when clients use it, I have heard them say, "Oh, I didn't know what I was doing so I just kept putting information in, but I don't know if it is right." This causes me as the eligibility worker to have to clean up the case since the client entered in either numerous records that are the same information, especially in income, resources, and shelter expenses. This takes up a lot of time and if I am doing an interview with the client it takes longer to clean up their entries that were incorrect. PEAK is not a helpful tool for eligibility workers."

"The average person cannot correctly ever go to PEAK and report anything. We have never had anyone tell us that they love the system, in fact the opposite. It is not user friendly, so people end up entering information that is not correct or unclear or they enter it multiple times which is a huge time waster for them and us. there has to be a better way."

29. SYSTEM ERRORS, BROKEN INTERFACES AND DOWNTIME MAKE IT HARD TO BE EFFICIENT.

Federal and state interfaces are key in verifying client information and ensuring correct determinations. They are also a major way to streamline and automate the eligibility process. However, in Colorado, many parts of CBMS have been plagued with consistent issues (something experienced by many states with integrated eligibility systems). Eligibility workers reported some interfaces as being chronically broken, while other interfaces don't run after hours or on weekends. Specific problems with interfaces as well as suggestions for changes can be found in Appendix F.

Additionally, there is misalignment with the rules around interface use that causes confusion for staff. A client can be on both SNAP and Medical Assistance and the interface can be used for Medical Assistance but not for SNAP. Counties may access The Work Number site for SNAP but at their own cost, with some counties electing to not use it due to that.

Additionally, eligibility workers reported several issues with CBMS functionality in focus groups. They spoke about bugs and general broken functionality and how these cause major challenges in their workflows. System-wide downtime was frequently reported and discussed in survey responses. Overall system slowness also creates inefficiency in eligibility processing. When the system is down or is slow, workers need to work on the case for more time, sometimes needing to return to them in the morning or after a few hours when CBMS is not experiencing issues.

> 28% of managers responded that some form of improvements or enhancements to CBMS would make the greatest difference to their work.

CBMS Changes

- Fix errors or bugs within CBMS to make it functional 100% of the time.
- System downtime which negatively impacts productivity and client access.
- Faster rollout timelines and implementation of CBMS builds.

PEAK Changes

- The client's ability to make significant changes in PEAK and duplicate work for staff (e.g., changing income information).
- The duplication of change reports in PEAK is due to client access and functionality permissions.
- Lack of education and training on PEAK.

30. MOST COUNTIES LACK ACCESS TO AN EFFECTIVE SYSTEM FOR SCHEDULING CLIENT INTERVIEWS.

While attending an eligibility interview is a requirement for all CDHS programs, there is no single statewide system for appointment scheduling. Counties use a variety of tools, some of which were designed for scheduling and managing appointments (DaySmart), and others that have been adapted at no cost to fit the use (Google, Outlook).

Some counties have no digital tools for scheduling, instead opting for a paper log maintained by a staff member. In addition to being inefficient, this presents an additional concern for record keeping. If the physical log is misplaced, or the staff member assigned to scheduling is out of the office, staff may be unaware of upcoming appointments.

Peer State Comparison

Wisconsin implemented a client facing appointment scheduling system where clients can schedule and reschedule their own interviews.

COUNTY-ADMINISTERED SYSTEM DYNAMICS

There are unique dynamics within a county-administered structure. Colorado has additional dynamics given the division of the public and medical assistance programs into two separate state departments. Within CDHS there is further separation between SNAP and the cash assistance programs (Colorado Works and Adult Financial). There are different dynamics not only between CDHS and HCPF but also within CDHS's two divisions. For this section, we refer to HCPF, SNAP, and the Division of Economic and Workforce Support (DEWS) as the state program areas.

31. THE COUNTIES AND STATE ARE ORGANIZED DIFFERENTLY. THIS CREATES CHALLENGES WITH COLLABORATION, OWNERSHIP OF SOLUTIONS AND DIVERGENT COMMUNICATION SYSTEMS.

There are three program areas spread across two state agencies in charge of the eight programs in scope for this assessment:

Program Area	Programs
Division of Employment and Workforce Solutions (DEWS)	-Colorado Works -Adult Financial
Food and Energy Assistance Division (FEAD)	SNAP
HCPF	Medical Assistance

In contrast, Colorado's 64 counties each have a single agency that administers both public and medical assistance programs. From a customer or member standpoint, this is very helpful given that many individuals receive multiple types of benefits. Additionally, being combined allows for the county to coordinate eligibility functions, more efficiently share employee resources, and effectively help clients. There are several challenges created by Colorado's state bifurcation.

1. Collaboration is naturally more difficult when each agency and program area has its own philosophy and priorities.

Both CDHS and HCPF, as well as FEAD and DEWS, have their own philosophies and priorities that are guiding the programs under their purview. These can be very different and can result in an unintentional overall misalignment between the agencies or program areas. Counties discussed in person and in the survey how hard it is to be in the middle of these conflicting priorities and how important it is to them for HCPF, FEAD, and DEWS to collaborate. This collaboration is needed because the counties must determine eligibility for all programs within a single integrated eligibility system.

When asked, about two in 10 counties agreed that HCPF and CDHS collaborate (19%). Across CDHS, three out of 10 counties agreed that DEWS and FEAD collaborate.

Peer State Comparison
16 states, including six peer states, have their public and medical assistance housed in different departments.

Chart F.1	Collaboration between State Agencies

Reported agreement with collaboration between state agencies and program areas

Collaboration between State Agencies

- DEWS and FEAD Collaborate: 29% | 40% | 30%
- HCPF and CDHS Collaborate: 57% | 23% | 19%

■ Disagree ■ Neutral ■ Agree
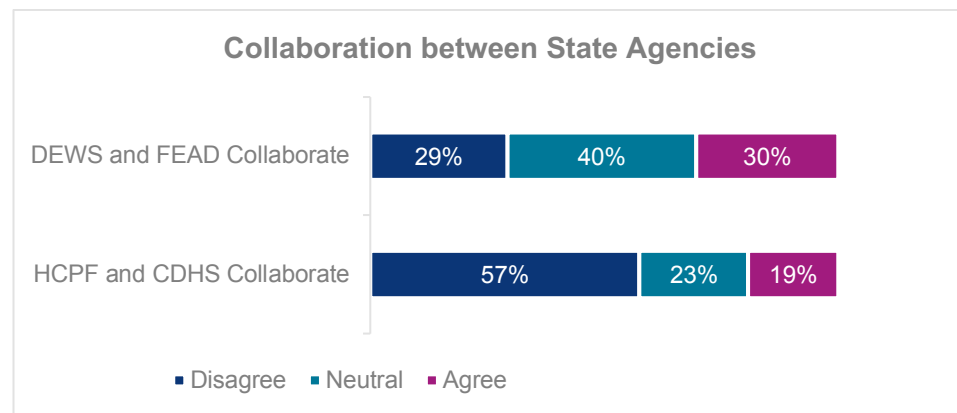
2. Due to structure, no single state agency can take a whole household focused approach in the same way as a county.

This is a strength of the county-administered model, but it comes with its own set of challenges when there is no single arbiter at the state level. Counties struggle to be in the middle of three separate bodies who can sometimes provide siloed responses that don't have the same level of cross-programmatic insight. In these instances, the counties feel like the responsibility to find an agreement is left to them.

3. Each program area maintains its own regulations and procedures for the same administrative elements.

Each program area has policies that set policies on the county themselves. These include things like supervisory case reviews, working of various reports that are generated outside of CBMS, and reviewing discrepancies. While each program area has these regulations, the policies themselves are not aligned creating administrative burdens on the counties. Examples include:

Supervisory Case File Reviews

- All counties are required to perform internal supervisory case file reviews.
- The number of case files to be reviewed is set by the program area.
- Each program area can pull a sample for the county, but the sample will only contain the applicable cases.

Management Evaluations

- All program areas conduct a formal evaluation (referred to as a management evaluation).
- The frequency is not coordinated across the program areas and can result in a single county having more than one ME in a year.

Management Evaluation Case File Review

- CDHS program areas review cases as part of the ME. Each program area pulls their own sample.

"Concerted effort to align policies, processes, and expectations between CDHS and HCPF. For example, case reviews, working reports and memo series all look different across programs."

4. Staffing experience and knowledge among state program areas is different from the counties.

Eligibility workers, and even many supervisors, must be experts in both CBMS and the policies of the programs in which they are trained. In contrast, many state staff may be experts in one program and the intricacies of its policies, systems, and history, but may not fully appreciate how programs intersect, particularly in complex cases. When asking a question, multiple state staff may need to be included to fill in the gaps in each other's knowledge.

Counties also observed that state staff who are policy experts may not be experts in CBMS, which can create a knowledge gap that county staff need to fill.

What Counties Said About the State Staff Experience

"Since so many state staff have never done the job or haven't in a while, it would be a really great practice to come out periodically to various sized counties and observe for several days, not to audit or critique but just to observe and learn."

"Also, it would be unbelievably helpful if the state would hire people who have done the job and worked in CBMS. Every week, we hear from state staff that they've never actually determined eligibility, or they've never actually used CBMS and yet they are working on builds and providing guidance, direction, and problem solving to the county staff who are doing these things. It can be disheartening."

5. Data reporting varies by program area.

There has been a massive increase in the use of data to guide decisions over the past few decades. All three program areas have their own data teams who are responsible for pulling data and creating reports or dashboards. These reports may be used by the state to guide decision making and they may also be disseminated down to the counties for their own use.

Through this assessment, we identified that even though all program areas are pulling from the same data warehouse, how they pull the data (the queries used) and export the data varied greatly. For example, each of the program areas were asked to provide a report on caseloads and each of the three areas produced a different report that then needed to be analyzed and compiled for this assessment. Another example was the export of the data varying across program areas. When asked to produce a report of the number of applications received, two program areas provided a .CSV file while the third program area provided a dashboard that needed to be opened in a specific software.

That the three program areas have their own data teams and that these teams have different skills and knowledge about the programs and how they interact with one another can make it difficult for the counties to get accurate, complete, and useful reports. As a result, some counties have established their own data teams so that they can create useful reports. This is a luxury that is not afforded to all counties, however, and it creates inequity issues amongst the counties.

32. EACH PROGRAM AREA USES DIFFERENT COMMUNICATION METHODS TO ENGAGE WITH COUNTIES.

Communication is one of the most critical pieces to the county and state relationship. As discussed in an earlier section, both the state agencies and the counties feel overwhelmed by the volume of communication coming from every angle. So much of this overwhelm comes from the complexity of the programs and all the changes occurring over the last three years. This can and has led to a perception of one-sided communication, even though that may not have been the intent.

There are upwards of 15 separate meetings that provide information about the state's public and medical assistance programs. None of these meetings are solely focused on all CBMS programs. Both HCPF and FEAD have their own meeting for their respective programs while DEWS does not. As a result, counties need to attend multiple meetings, interpret information received by one program against the rules for other programs, and resolve any conflicts independently.

Meeting	HCPF	FEAD	DEWS
Policy Advisory Committee	x	x	x
Economic Assistance Sub-PAC	x	x	x
CHSDA	x	x	x
Client Integrated Project Team (IPT)	x	x	x
User Integrated Project Team (IPT)	x	x	x
HCPF Leadership Meeting	x		
Semi-Annual HCPF Conference	x		
Front-Line CBMS Meeting	x		
Monthly Task Group	x		
SNAP Quarterly Administrators Meeting		x	
SNAP Rule Making Group		x	
Single Purpose Application Workgroup		x	
Timeliness Workgroup		x	
Error Resolution Workgroup		x	

FIGURE 21 TABLE SHOWING THE VARIOUS MEETINGS HELD BY **HCPF, FEAD,** AND **DEWS**

In addition to meetings, all program areas provide regular electronic communication. Examples include:

- Newsletters, "did you know" emails, and "hot topic" emails.
- Memo distributions
- CBMS Communications

53% of county survey respondents agreed that DEWS communication approach works well for them. This approach includes the Did you Know email, assigned staff to each county, and a centralized policy email box for Colorado Works and Adult Financial programs. County respondents also mentioned appreciating that when DEWS has meetings, they allow the county to ask specific questions, perhaps implying that meetings are collaborative versus presentations to attendees.

Chart F.2	Agreement to Program Area Communication Approach
Reported agreement with the communication approach for each program area	
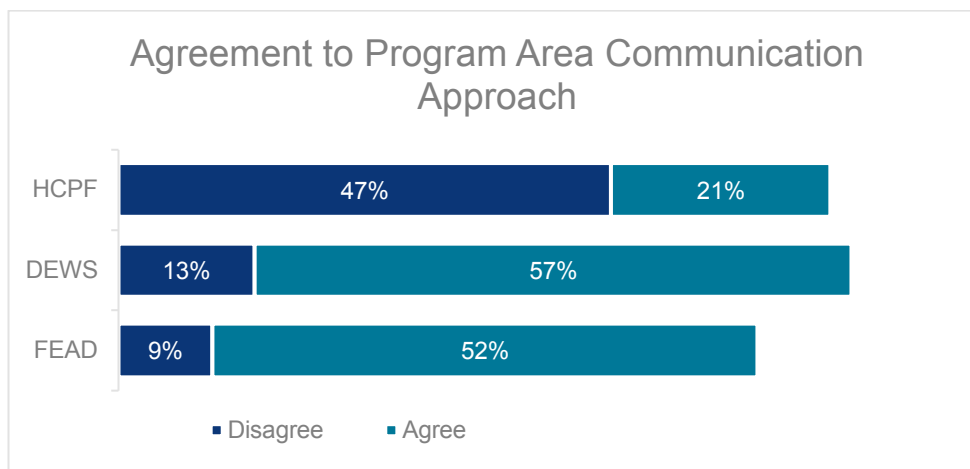
Overall, 58% of counties agreed that all state agencies are responsive to questions and needs. At the department level, this stayed the same, with about six in 10 respondents indicating an agreement or strong agreement to this question for FEAD and DEWS (58% and 61% respectively). In contrast, three in 10 respondents felt the same about HCPF (29.8%).

Chart F.3	Responsivness to Questions and Needs by Program Area
Reported agreement with the responsiveness of each program area	
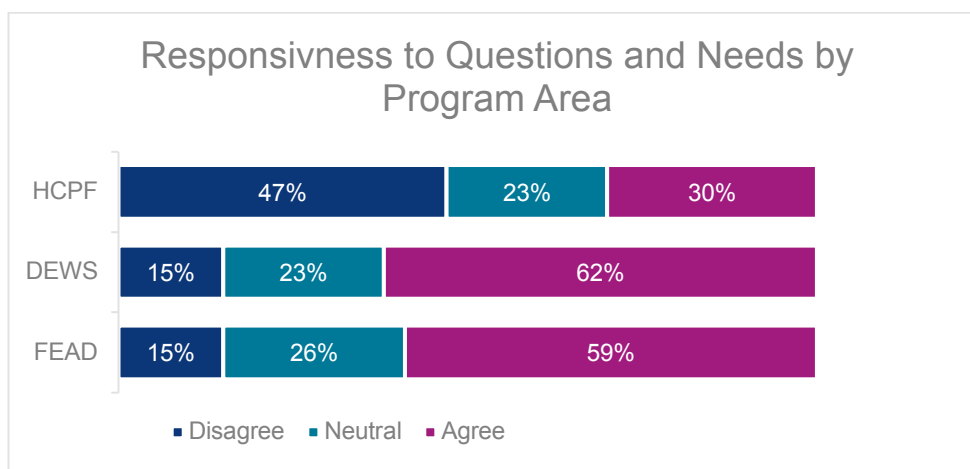
While responsiveness was rated highly, satisfaction was not. In focus groups and through the survey, county staff discussed an overarching frustration when emailing the state departments. Some staff indicated that state staff don't feel accessible by phone in this post-COVID world and this inability to call someone can make a question drag on. Additionally, some questions are simply easier said verbally than in writing.

County staff also offered that they generally do their own research in policy manuals and rules before reaching out, so they are looking for additional guidance, typically on a complex case or policy. Therefore, it's inefficient for both the state and the county if the response is to point them towards the rule. In addition, it's a challenge when the complexity of the case crosses programs, because there may not be anyone at

the state level readily available who can speak to all aspects. This can create a back-and-forth that is both frustrating and inefficient for county and state staff alike.

What Counties Said About the Program Area Answers

"HCPF and CDHS: Counties need more support working on difficult cases. When we email the respective teams, we get replies that are general, vague, and just a plain copy and paste of rules. We feel like whoever is in charge of answering the policy inbox is afraid of committing to an answer and that's why they provide a 'non-answer'."

"Not always being quoted rule when emails are sent about cases."

"Sometimes email answers we recieve [sic] from State policy emails appear cryptic or negative and don't actually answer the question we asked. From my position now, I understand why you have to be careful but only sending a screenshot of policy doesn't help. Sometimes we are emailing because we read policy and it doesn't make sense at our level. Please send emails with clear and easy to follow steps."
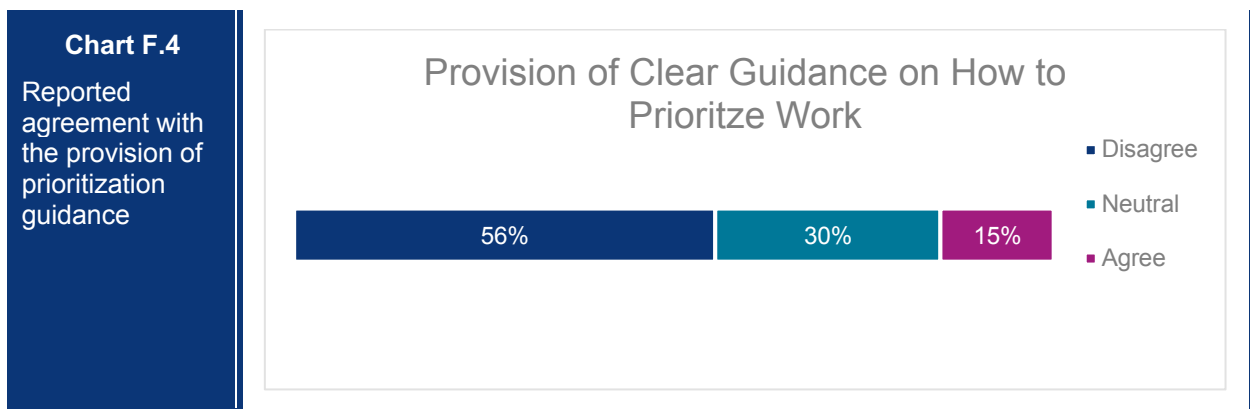
"The State giving clearer guidance. Often, we receive responses that are too vague or high level to be very useful in our real scenario eligibility determinations."

33. THERE ARE OPPORTUNITIES FOR THE STATE TO HELP THE COUNTIES AND FOR THE COUNTIES TO HELP THE STATE.

The counties are invested in serving their communities and ensuring that their residents are getting access to programs on time and accurately. This message shined through during the focus groups across all levels of staff and in all sizes of counties. To best serve their communities, the counties need help from the state in four key areas.

1. Prioritization

The shared responsibility to administer all public and medical assistance programs creates challenges with prioritization given limited resources, heavy workloads, and conflicting deadlines. The counties would like help from the state to better prioritize their work. This type of prioritization currently isn't provided, as reported both by the state agencies as well as in the survey, with over half of survey respondents disagreeing that CDHS and HCPF provide clear guidance on how to prioritize their work.
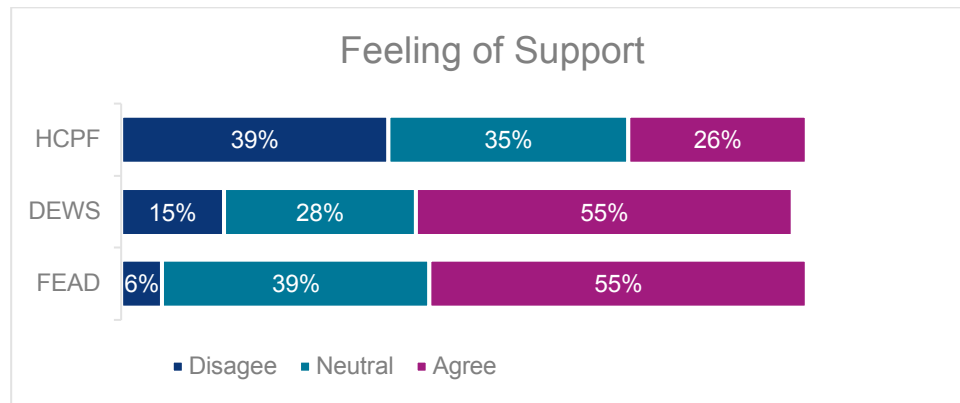
Chart F.4

Reported agreement with the provision of prioritization guidance

Provision of Clear Guidance on How to Prioritze Work

| 56% | 30% | 15% |

- Disagree
- Neutral
- Agree

2. Support

The counties want to feel supported. Support can be tangible, such as the program areas helping to research or resolve client complaints rather than simply passing them on or working simple reports to reduce the county's workload. It can also be intangible – that the counties feel like their feedback and input is sought and heard.

Nearly five in 10 counties agreed or strongly agreed that they felt supported by FEAD, DEWS, and HCPF (46%). One survey respondent offered the observation that HCPF had recently seemed more focused on its regulatory oversight and accountability role, and that this had hampered some of the collaborative approaches that had been more common in the past.

Chart F.5 Reported agreement with the support of each program area	

Feeling of Support

Program	Disagree	Neutral	Agree
HCPF	39%	35%	26%
DEWS	15%	28%	55%
FEAD	6%	39%	55%

■ Disagee ■ Neutral ■ Agree

"In all I feel that we have a good working relationship with CDHS - HCPF. There is always room for improvement on both sides."
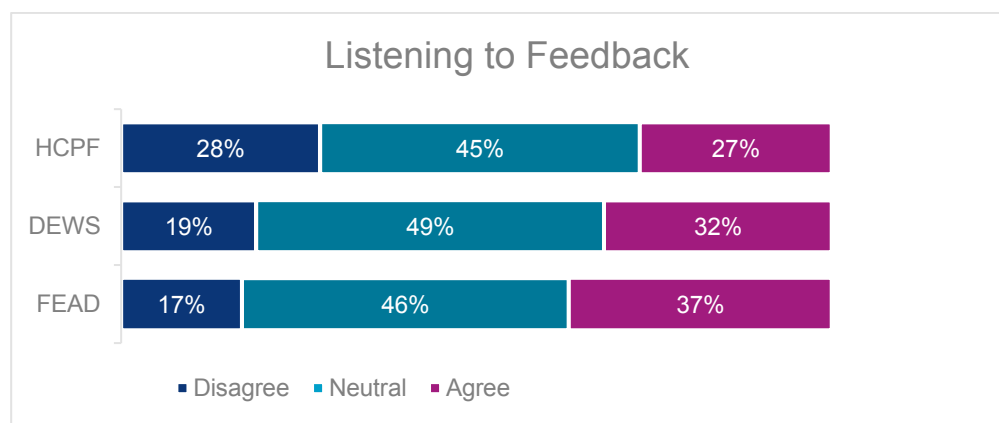
3. Being Heard

Being heard is something many counties expressed as being important to them. Counties provide key details not only on how a policy will impact their ability to deliver services but with key details on the member or family experience and needs. Overall, only 32% of counties agreed or strongly agreed that the state agencies listened to their feedback.

One specific area identified as a place where counties don't feel like their feedback is heard is PEAK. Four in 10 workers identified PEAK changes as a form of automation that could help in the eligibility process. Within their responses, workers consistently alluded or outright mentioned not feeling their feedback regarding PEAK was valued by the State. Staff stated that they perceive that changes are made with the client in mind, but the state may unintentionally overlook how the changes will impact workers.

Chart F.6 Reported agreement with each program area listening to feedback	

Listening to Feedback

Program	Disagree	Neutral	Agree
HCPF	28%	45%	27%
DEWS	19%	49%	32%
FEAD	17%	46%	37%

■ Disagree ■ Neutral ■ Agree

4. Knowing Who to Call.

Each of the program areas has different points of contacts for their programs. DEWS has regional representatives (regional reps), who are assigned to division established regions. These staff serve as the

first point of contact and are responsible for providing any type of technical assistance and support to their counties. Counties can contact their assigned regional rep and/or the respective Adult Financial or Colorado Works policy email boxes.

FEAD previously had regional reps for SNAP but has since moved away from this model. Now they and HCPF have only a centralized email box, one for policy and one for systems, that county staff can email when they have questions.

5. Taking Work "Off their Plate"

County operations have been demanding over the last several years with the pandemic, increased caseloads, turnover and retention issues, and transitioning to remote environment — counties have been managing a lot. County managers were asked to identify which tasks or responsibilities they would "give away" to the state. The most cited responsibilities that the counties would "give away" included:

Medical Assistance Only Cases	Medical Assistance Redeterminations	Appeals
Supervisory Case Reviews	Reports	

34. COUNTY AND STATE POLITICAL DYNAMICS ARE NOT ALWAYS IN ALIGNMENT. THIS CAN MAKE COLLABORATION DIFFICULT.

As we discussed earlier in the business processes section of this report, there are truly 64 different ways that public and medical assistance programs are delivered and administered within Colorado. While each county must answer the same basic questions to create their business design model, the answers can range from slightly aligned to wildly different.

Another dynamic in Colorado's county-administered structure is the governance of the counties by their Board of County Commissioners (BOCC). BOCC's are responsible for establishing the budget and priorities of the county. They essentially are responsible for steering the county. BOCC's are political positions and members are elected by county residents.

Each BOCC has its own priorities, whether they be political in nature or not, and these priorities absolutely touch on public and medical assistance program administration and delivery. Some counties discussed in site visits how their BOCC, and sometimes even their Department Director, didn't have a clear understanding of the work that they do. This makes it difficult for the division staff to advocate for resources, such as computers as well as staff positions.

Additionally, when the priorities of the BOCC are in contrast to that of the state agencies, it makes collaboration particularly difficult. For example, some counties may be directed to focus on reducing fraud and put into place stricter requirements around interviews and verification than what is necessary or directed by the state. Navigating a balance is challenging because the counties are statutorily mandated to administer the programs and the state has not placed a framework around what administration does and doesn't entail.

PEER STATES

Colorado is one of ten states where public and medical assistance programs are administered at the county level. Another three states have child welfare administered at the county level while their public and medical assistance programs are administered at the state level.

We explored each of the nine other county-administered states to learn more about any similarities and differences between these states and Colorado. We wanted to see if the challenges faced in Colorado are present in these states and what best practices these states have implemented that might be useful to Colorado.

All nine county-administered states were contacted, requesting an interview. Four states responded and accepted the request while five states did not respond. Initial outreach was conducted solely to the SNAP contacts in each of the states based on available contacts. Of note, due to the timing of the Medicaid redeterminations effort, most of the interviews conducted were with SNAP and TANF staff.
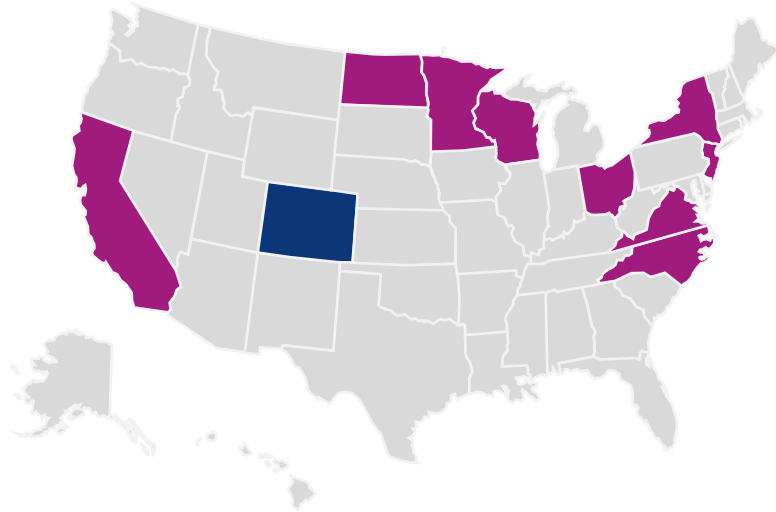

FIGURE 22 STATES THAT ARE COUNTY-ADMINISTERED

State	SNAP	TANF	Medical Assistance
California	No response	No response	No contact identified
Minnesota	Interviewed	Interviewed	No response
New Jersey	No response	No outreach	No contact identified
New York	No response	No contact identified	No contact identified
North Carolina	Interviewed	No contact	No response
North Dakota	Interviewed	Interviewed	Declined
Ohio	No response	No response	No response
Virginia	Interviewed	Interviewed	Interviewed
Wisconsin	Declined	Interviewed	Declined

The organizational design and practices in the states that either declined interviews or didn't respond were also reviewed.

PEER STATE DEMOGRAPHICS

The nine other county-administered states range from predominantly urban, high population coastal states such as California to a number of predominantly rural north central states such as North Dakota. States also represented a range of poverty rates, from North Carolina, which currently ranks 15th in terms of having the highest poverty rate, to New Jersey and Minnesota, who rank 45th and 46th, respectively.[xli] Notably, Colorado ranks 44th, just above New Jersey.

While not included in the table, there is also tremendous political diversity represented in this group. This high-level data suggests that the county-administered structure isn't driven by a particular state characteristic, but rather by the decision-making processes of state and local leaders about what makes sense for their state.

State	State Population[xlii]	# of Counties	Poverty Rate[xliii]	Individuals Receiving SNAP[xliv]	Individuals Receiving Medicaid[xlv]	Individuals Receiving TANF[xlvi]
California	39,538,223	58	12.07%	5,196,207	13,813,649	712,607
Colorado	**5,773,714**	**64**	**9.07%**	**556,362**	**1,622,818**	**28,475**
Minnesota	5,706,494	87	8.77%	461,854	1,309,700	33,823
New Jersey	9,288,994	21	8.93%	790,463	2,115,983	21,557
New York	20,201,249	62	12.62%	2,887,608	7,174,044	173,080
North Carolina	10,439,388	100	13.18%	1,627,594	2,238,772	22,507
North Dakota	779,094	53	9.55%	45,507	122,189	1,738
Ohio	11,799,448	88	13.02%	1,447,559	3,242,826	74,703
Virginia	8,631,393	95	9.37%	832,658	1,903,397	37,698
Wisconsin	5,893,718	72	10.43%	709,795	1,363,624	24,675

MEDICAID EXPANSION

The 2010 Affordable Care Act (ACA) gave states the opportunity to expand Medicaid eligibility and coverage to previously uncovered and underserved populations. As of April 2023, Wisconsin is the only county-administered state that hasn't expanded Medicaid as North Carolina expanded their Medicaid in April 2023. The table below shows the income limits for designated Medicaid populations as well as if the state has enacted the allowable 12-month postpartum period for pregnant women and the 12-month continuous eligibility period for children.[xlvii]

State	Medicaid Caseload	Children	Pregnant Women	Parents	Childless Adults	Seniors & People with Disabilities	12-month post-partum	Continuous eligibility for children
California	13,813,649	266%	322%	138%	138%	100%	Yes	Yes
Colorado	1,622,818	265%	265%	138%	138%	74%	Yes	Yes
Minnesota	1,309,700	288%	283%	138%	138%	100%	Yes	No
New Jersey	2,115,983	355%	205%	138%	138%	100%	Yes	Yes
New York	7,174,044	405%	223%	138%	138%	83%	Yes	Yes
North Carolina	2,238,772	216%	201%	39%	0%	100%	Yes	Yes
North Dakota	122,189	175%	162%	138%	138%	74%	No	Yes
Ohio	3,242,826	211%	205%	138%	138%	74%	Yes	Yes
Virginia	1,903,397	205%	205%	138%	138%	81%	Yes	No
Wisconsin	1,363,624	306%	306%	100%	100%	83%	No	No

STATE ATTRIBUTES

Similar to Colorado, the other county-administered states that were interviewed had little information about county operations and workforces. As a result, the focus was on learning as much as possible about the attributes of each state, viewing attributes as the decisions that each state makes to operate their public and medical assistance programs. There are three attributes identified as being critical for operations and that illustrate the many ways that states have structured these programs.

ATTRIBUTE 1: STATE DEPARTMENT ORGANIZATION

The first way in which a state can organize their programs departmentally.

Attribute Variations

Single Department	Two Departments	Other
A single state department oversees all public and medical assistance programs. States with this structure were more likely to have their medical assistance programs in a separate division than SNAP and TANF. In some cases, SNAP and TANF were also organized in different sub-departmental divisions	Two state departments oversee public and medical assistance programs. Except for Wisconsin, one department oversees public assistance, and another oversees medical assistance.	States where Medicaid eligibility is in the same department as public assistance but the ongoing management of Medicaid, such as benefit decision and managed care oversight, are separate. Alternately, states where Medicaid is in a different Department but there is an overarching umbrella executive office.

There are several potential drivers for why a state will have two separate departments overseeing their public and medical assistance programs. These include:

- There are operational and financing differences between running a health plan agency versus a grant driven set of programs.
- The outsized role of the Medicaid program in state budgets.
- The sheer number and complexity of state-administered public assistance programs.

FIGURE 23 STATE DEPARTMENT ORGANIZATION

- Single Department
- Two Departments
- Other
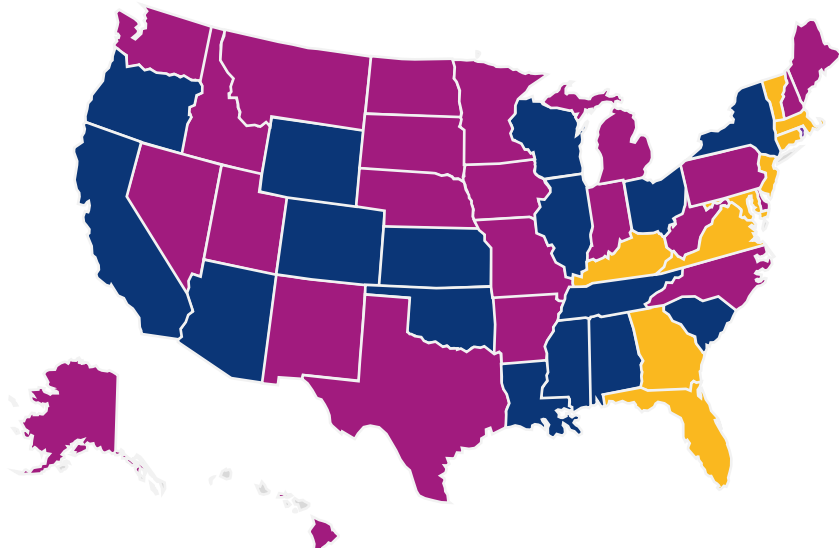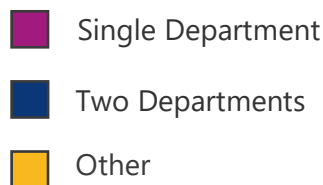
Peer State Organization

About half of the county-administered states have two separate state departments. Virginia's Medicaid eligibility is within the same state agency as the public assistance programs while Medicaid operations are within the Department of Medical Assistance Services (DMAS).

The graphic below shows the differences in how the 10 county-administered states have organized their public and medical assistance programs into state departments.

Degree of State Department Organization Across County-Administered States

MN NJ NC ND — **Single Department**

CO NY OH WI — **Two Departments**

VA — **Other**
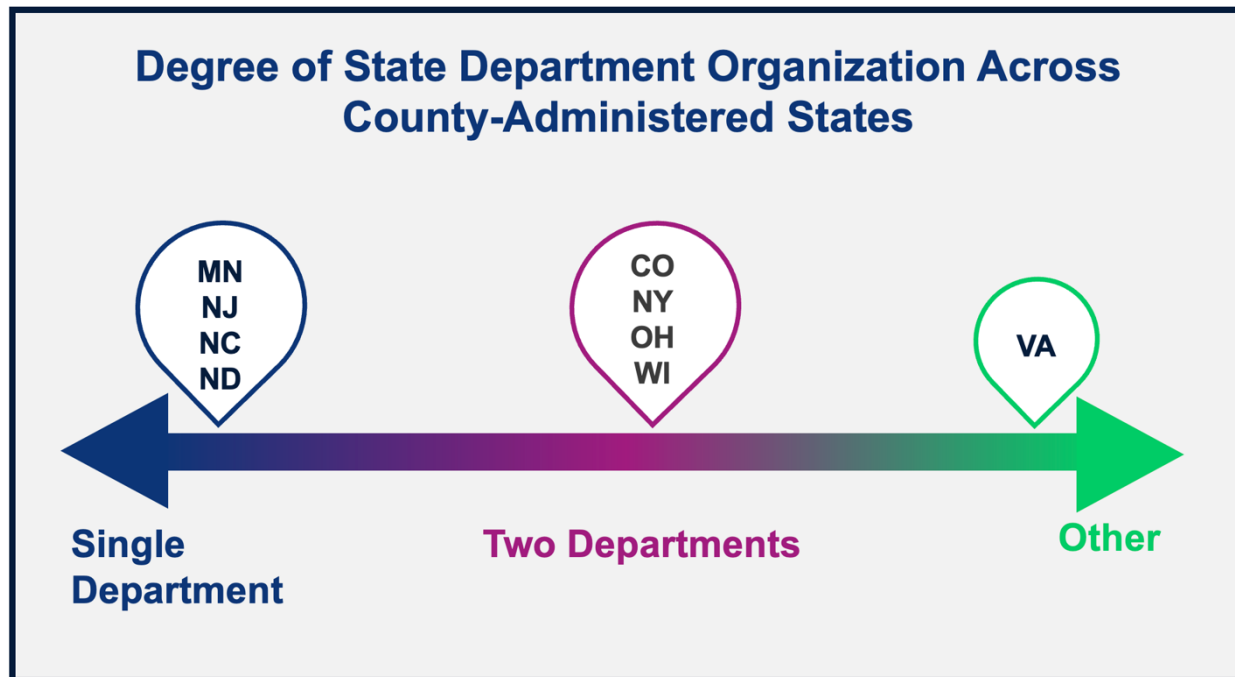
Collaboration

All states indicated that collaboration between the different program areas or departments is important. The formality of that collaboration varies.

Minnesota: The COVID-19 pandemic made it easier for the Economic Assistance Division (housing TANF and SNAP) and Health Care division to collaborate. The two divisions started having weekly meetings. The Economic Assistance division has its own monthly meeting where the TANF and SNAP division directors can connect and update their peers within the broader division.

North Dakota: North Dakota's state staff spoke to having high levels of collaboration with each of the program directors. They host a monthly economic assistance division meeting with all program leadership. A more formal way to collaborate is that all new policies are sent to each director to review and comment.

Virginia: Like the two states above, Virginia spoke to how regularly they communicate and collaborate between the state program area directors. Their offices are right next to one another, which makes it easy to have informal conversations and brainstorm.

ATTRIBUTE 2: COUNTY ORGANIZATION

The second attribute is if the counties within the state may operate independently or if they are either mandated or able to self-select into regional or consortia models.
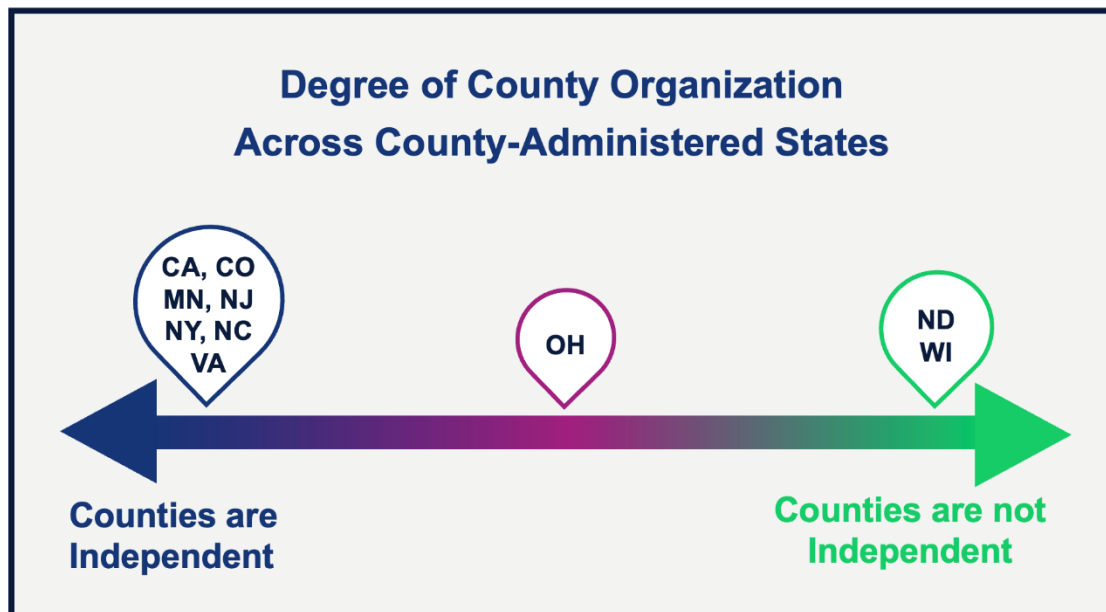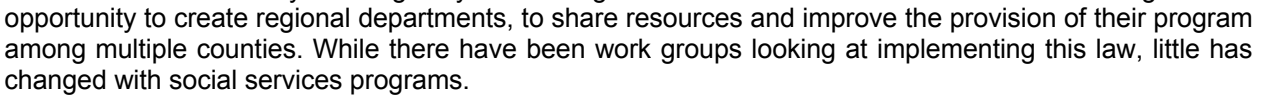
Attribute Variations

Counties are Independent	Counties are Mandated to Organize Together	Counties may Optional Organize Together
The counties operate independently from one another and have discretion to create their own business processes and procure their own technology.	The counties are mandated through legislation to be organized into regional or consortia models. Under this structure, business processes and technology are aligned within the grouping.	The counties may elect to organize with other counties. Under this structure, organized counties share the same business processes and technology.

Over the past decade, some county-administered states have moved to a regional or consortia model. In these models, the counties may maintain their autonomy in terms of employee pay, but they are organized into groups that allow the counties to share work. As part of conversations about organizational design, many interviewees cited the tension between the efficiency gains associated with increased centralization versus the flexibilities and community-specific focus associated with a less centralized approach.
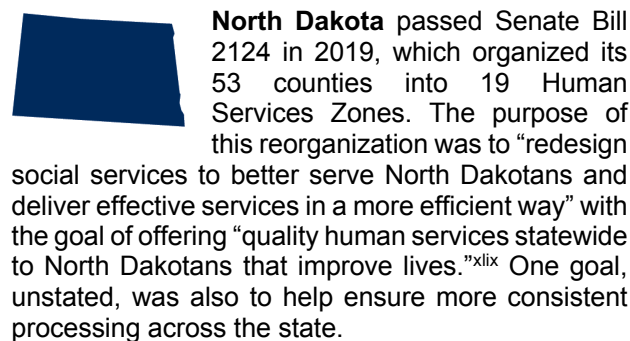
Peer State Organization

The graphic below shows the degree to which counties are independent within each of the 10 county-administered states have organized their public and medical assistance programs into state departments. 70% of the county-administered states have independent counties.

North Carolina's legislature passed Rylan's Law in 2017.[xlviii] The purpose of this legislation was to reform North Carolina's social services and child welfare programs, largely due to passage of Family First Prevention Services Act in 2018. Under the legislation, the state was to improve its supervision of the 100 counties by creating a system of regional state offices. The counties were to be given the opportunity to create regional departments, to share resources and improve the provision of their program among multiple counties. While there have been work groups looking at implementing this law, little has changed with social services programs.

North Dakota passed Senate Bill 2124 in 2019, which organized its 53 counties into 19 Human Services Zones. The purpose of this reorganization was to "redesign social services to better serve North Dakotans and deliver effective services in a more efficient way" with the goal of offering "quality human services statewide to North Dakotans that improve lives."[xlix] One goal, unstated, was also to help ensure more consistent processing across the state.

FIGURE 24 NORTH DAKOTA'S 19 HUMAN SERVICES ZONES

Each Human Services Zone has a "host county" which is responsible for administrative functions. In the zone model, counties can support their other zone counties and clients were able to seek assistance from any county in their zone. Even with the organization into zones, each county maintained its own staff and budgets.[18]

In February 2023, North Dakota further organized the Zones into four regions: Northeast, Northwest, Southeast, and Southwest. The Human Services Zones continue to be the public facing organization for the counties. In speaking with North Dakota staff, they shared that the purpose of this transition was to continue efforts in delivering services more efficiently and to allow more counties to support one another. Perhaps the single greatest reason was that North Dakota could implement a statewide business process model with statewide, centralized functions. Another goal was to help level the number of caseloads among counties.

Major changes include:

Centralized Functions	Single Business Process	Statewide Technology

• All North Dakotans call a single statewide phone number, which is routed to call center staff located throughout the state but who are county staff.
• All physical mail and emails are routed to the state. State staff scan and upload physical mail and upload emails into the statewide work management system. Tasks are created and then assigned out by supervisors in the county.
	• Programs are organized into four groups:
	  o Group 1: MA
	  o Group 2: SNAP or SNAP/MA
	  o Group 3: Childcare, LIHEAT, SNAP, MA
	  o Group 4: TANF, SNAP, MA, Childcare, LIHEAT
	• Staff are organized into lanes.
	  o Applications
	  o Redeterminations
	  o Maintenance (changes)
	  o Call center
		• Shared work management system,
		• Single electronic document management system that feeds into shared work management system
		• Statewide call center,
		• Integrated eligibility system

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[18] This statement was made during the interviews even though information on North Dakota's website indicates that the Human Services Zone has a host county in charge of administrative functions like payroll.

It is important to note that while North Dakota has transitioned to both the zone and regional model, work is still primarily handled by staff in the county of residence. However, work can be transferred between counties as needed. For example, to address a backlog, the Human Services Zones voted to assign three backlog cases to all workers across the state.

Ohio implemented County Shared Services (CSS), an optional initiative that allows counties to organize together to share staffing resources and business processes. The purpose of CSS was to expedite and standardize eligibility and enrollment processes for consumers across county lines, while preserving local-decision-making and delivery of services.[l] Local decision-making is maintained in that the county can opt into the initiative as well as decide which counties they will partner with.
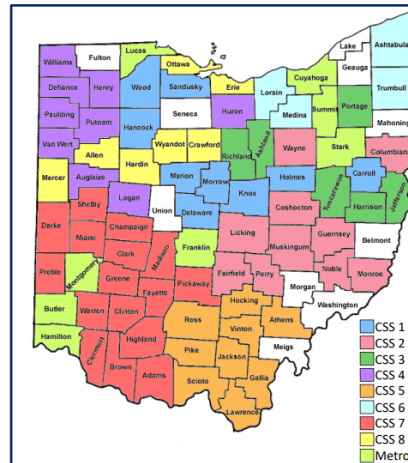
FIGURE 25 OHIO'S COUNTIES THAT ARE IN THE COUNTY SHARED SERVICES

By joining the initiative, counties are eligible to access a single enterprise number, shared best practices in business processes, virtual call center capabilities, and a common client experience. Much of the CSS was driven by the passage of ACA and the statewide call center is the main selling point by the state. There is little available information about the CSS online and the most recent data was provided in a 2018 report. Ohio could only move to the CSS model after legislation was passed in 2011 that allowed counties to consolidate operations. Prior to that, counties were prohibited from consolidating operations.

Wisconsin has the most centralized organization for its public and medical assistance programs. SNAP and Medicaid are part of the Department of Health Services (DHS) while TANF falls under the Department of Children and Families (DCF). TANF has always been contracted by DCF, both for eligibility determinations as well as case management. The state is divided into 10 geographic areas, four of which are in Milwaukee. The state currently contracts with eight different vendors to deliver TANF across the ten geographic areas.

FIGURE 26 WISCONSIN'S 11 CONSORTIA

Beginning in 2011, Wisconsin's counties were organized into 11 consortia to deliver the SNAP and Medicaid programs.[li] These services are delivered by the county agencies within the consortia and the counties within the consortia can share work between them. Each consortia operates independently, and each has their own call center.

The state has a single document management system that is used for all public and medical assistance programs. Clients apply for benefits using the same online application and those applications interface into Wisconsin's integrated eligibility system.
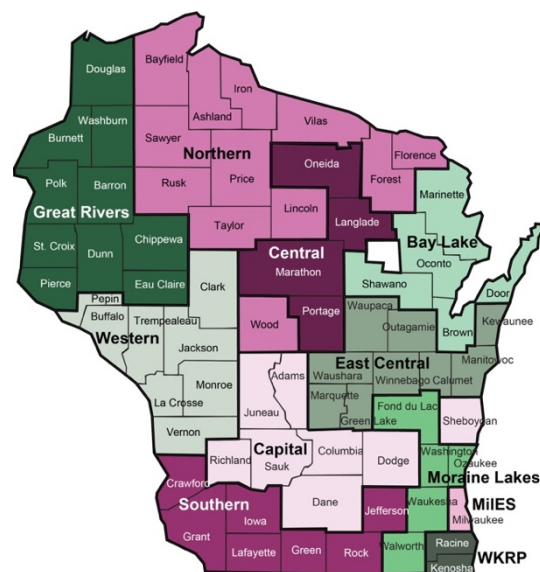
ATTRIBUTE 3: CENTRALIZATION OF ELIGIBILITY FUNCTIONS AT THE STATE LEVEL

Centralization of specific functions at the state level is another attribute identified in research. Training and client call centers were the two most frequently referenced centralized functions.

Training

There are a range of approaches to training eligibility workers in the group of county-administered peer states. States with centralized training functions cited it as a strength for consistency and efficiency, though at least one state noted a lack of adequate staffing in their centralized training function.

The graphic below shows the degree to which training is centralized at the state or county level within each of the 10 county-administered states.
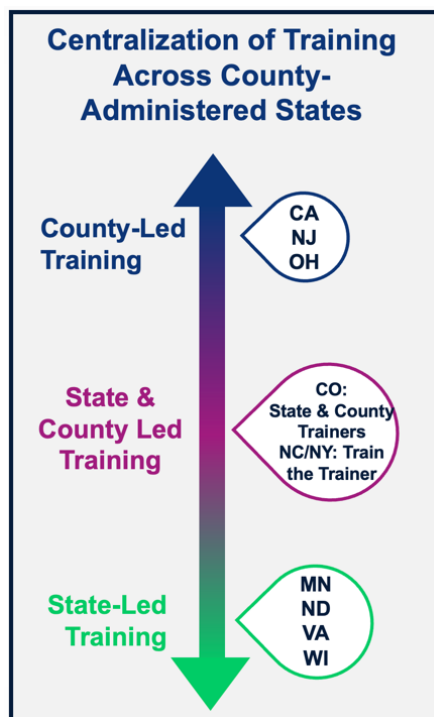
Within the peer states, the counties in **California**, **New Jersey**, and **Ohio** are responsible for providing training to eligibility workers.

New Jersey and **New York** use a train-the-trainer model where state staff train county trainers in how to teach the curriculum. This is like

the structure in **Colorado**. Colorado is slightly different in that training may be conducted by the state's trainers or by the county's trainers. All trainers use the same, state issued curriculum for new workers.

Minnesota, **North Dakota**, **Virginia**, and **Wisconsin's** TANF's program staff are trained by state trainers.

Call Centers

Statewide call centers are not very common in county-administered states. However, some counties may have their own call center (similar to Colorado). These are typically the largest counties that have the most households receiving benefits. In the graphic below, states with county call centers indicates that the responsibility for handling calls is left to the counties.

The graphic below shows the degree to which calls are handled at the state or county level within each of the 10 county-administered states.
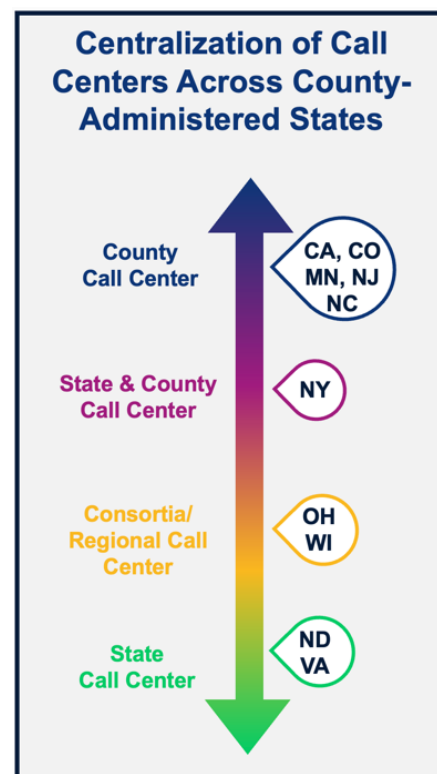
All interviewed county-administered states maintain some type of state phone number that clients can call to ask questions or make complaints. For example, Minnesota maintains a help desk for issues with the eligibility system, and there is a staff member who handles incoming calls from clients directly to the Department. Wisconsin has a similar model where most calls are handled at the local level by the contracted program administrators, but the state maintains a customer complaint line and a "where do I go" help desk.

COUNTY-STATE DYNAMICS

The following section discusses the various dynamics that come into play in a county-administered system. They include communication and staff organization.

COMMUNICATION BETWEEN COUNTIES AND STATE

Information on communication approaches comes from interviews with personnel from the SNAP and TANF programs in North Dakota, Minnesota, Virginia, and Wisconsin. There was not too much variation across the states in how they communicated with counties. All programs hold regular meetings with county staff as well as send out email communications.

Minnesota's holds virtual bi-monthly meetings for its 87 counties and two tribes. They also make use of memos and bulletins for policy changes. In addition, more informal "pop-up" meetings are used to solicit feedback or tackle emerging issues. State staff will additionally go to the county administrators meeting each month.

Minnesota's TANF and SNAP team has a policy center, which is a centralized email address that is staffed by two to three front line staff. Eligibility workers can email this address with policy questions. If needed, the front-line staff can answer the questions directly or they may need to reach out to policy specialists within TANF and SNAP for additional clarification. Medicaid questions are directed to their own policy center.

North Carolina issues both administrative letters and change notices within its program manuals. Administrative letters discuss both policy procedures as well as implementation procedures for county offices. Change notices are issued when there are updates to the policies contained within the manual. Change notices are essentially a cover page that provides a list of the changes being made with a sentence or two about each change. They are followed by an attachment that contains the specific sections of rules being changed with the changed text in red to make it easy to see what was changed.

FIGURE 27 CHANGE NOTICE FOR NORTH CAROLINA WITH SCREEN SHOT FROM ATTACHMENT

FIGURE 28 CHANGE NOTICE FOR NORTH CAROLINA'S WORK FIRST (TANF) PROGRAM

North Dakota has monthly meetings with the Human Services Zones directors, who are in turn responsible for disseminating the information to the counties within their Zones. The state can send communications directly to staff through its eligibility system as well as post policy updates on a statewide SharePoint site. The Policy and Training teams send out a monthly newsletter. Email is the primary means of informal communication, though staff also routinely call the counties directly.

Virginia's three programs have regular meetings with county staff. They will also send out mass emails and conduct monthly and/or quarterly training courses as needed. Medicaid has an internal listserv that is subscription based and they also hold monthly program calls on the eligibility system. TANF program staff participate in the Benefits Program Organization, which is the professional organization for workers within the localities.

Wisconsin's TANF team holds regular meetings between the contractors and state staff. They also utilize two types of memos, administrative and operational, to provide updates and clarifications to contractors. These memos may be published solely by DCF or may be a joint memo with DHS if needed. Wisconsin also provides updates in its online policy manual. W2 state staff will attend the monthly IMAC (SNAP and Medicaid) meetings to ensure that they are up to date with what is happening with those programs.

One insight that came out of the Colorado county survey was an interest in having the state provide regular, coordinated guidance of work priorities. As a result, all states were asked if there is coordination across programs, including Medicaid, to prioritize eligibility work. While all states had ongoing dialogues between their agencies, no state articulated an intentional process for aligning work prioritization across state agencies to the benefit of counties and eligibility workers.

STAFF ASSIGNMENT

Like communication, the information on how state staff are assigned to work with counties is based solely on interviews with Minnesota, Virginia, and Wisconsin.

Minnesota doesn't have state staff assigned to specific counties or regions. For TANF, there were regional staff in the past, but this stopped about 7 years ago.

Virginia has a regionalized model, comprised of five regional offices, which serve as the intermediaries between the counties and the state. Regional offices are staffed by state workers. Regional offices are responsible for county monitoring, training, and technical assistance. The state staff, who work in the home office, have very little direct communication with the county staff. Home office staff will interact with county staff through trainings and communicate about the eligibility system as this is not a focus for the regional staff.

Each regional office is staffed with one practice consultant per program, a QC staff person, and licensing staff as well as childcare and adult protection staff.

Wisconsin has state staff who are assigned to each region. The contractors within the region have a direct line of communication to that regional person and additionally will meet with the regional representative on a regular basis.

Colorado Comparison

DEWS is the only program area which assigns specific staff to counties (regional representatives).

FEAD previously used this model but has transitioned to using a central policy email box. This is also the approached used by HCPF.

POLICY MANUALS

The Current State in Colorado section identified several challenges presented by Colorado's current policies. These included:

The regulations are independent of one another and within themselves	Each volume is organized in a different way	The search functionality is limited	The regulations are not written in plain language

Colorado is not alone in these challenges. **California and New Jersey** also have separate sets of policies for each of its programs. These regulations are written in formal, legal terms. The other seven county-administered states have moved to some type of online manual or handbook to simplify language and provide clear guidance on how to operationalize policies.

Minnesota is the only state to have a combined manual for its TANF and SNAP programs. The combined manual is largely tied to the fact that TANF and SNAP benefits are issued as a single grant, the only state in the nation to do this. Medicaid regulations are housed in a separate manual.

From the main page, users can access a "what's new" section. The manual also has a future changes section that will provide upcoming policy changes that take effect in the current month or one month in the future. The manual is updated monthly. A separate link on the home page takes users to links to resources for eligibility workers. These include forms and tips.

Minnesota also has CountyLink, which is an online portal for eligibility staff that hosts all administrative documents for all programs.

ASSISTANCE PAYMENTS
INCOME

ISSUE DATE: 04/2021

MFIP, DWP:
For which assistance payments to count see 0017.12.03 (Unearned Income). Also see 0011.21 (Receipt of Other Assistance).

SNAP:
EXCLUDE:

- Cash assistance vendor paid to domestic violence shelters.
- Cash assistance payments that are intended to cover or correct a previous month's assistance payment. This includes EGA.
- EGA vendor payments.
- Nutritional Assistance Program benefits.
- Any Initial Refugee Resettlement Funds, whether received as cash or as vendored third party payments. See 0030.01 (Local Resettlement Agencies).

COUNT

- Cash assistance that can be anticipated for the issuance month, unless exempt above.

FIGURE 29 MINNESOTA'S COMBINED MANUAL

North Carolina has separate regulations for each of the programs. The regulations are contained within manuals that include the regulations, administrative memos, and change notices. Regulations are written in plain language and include examples when necessary.

The NC Medicaid manual additionally contains forms, a specific section on eligibility information system procedures and regulations, Director of Social Services letters, and a county playbook.

North Carolina had an integrated eligibility manual, which can still be accessed online. Based on the dates of the manual, it appears to have not been updated since 2016. The manual was created when North Carolina was transitioning to NC Fast as part of the Work Support Strategies effort.

FIGURE 30 HOME PAGE FOR NORTH CAROLINA'S MEDICAID MANUAL

North Dakota has separate manuals for each of its programs. The manuals all contain links to the current policies, manual letters, and informational memos. When memos are put into the manual, they are moved from outstanding into archived informational memos. Its manual letters start with a description of changes and then include the actual regulations that are being updated within the same document, with changed text in red.

One strength of North Dakota's manual is that it is written in plain language and contains very specific instructions for implementing a policy.

The state has a statewide SharePoint that program areas can use to post formal FYI letters.

New York's policies combine both policy and operational guidance.

Ohio's regulations are structured in a unique way. They are volumes of policy, but they are written in a question-and-answer format with slightly plain language.

FIGURE 31 SCREEN SHOT FROM OHIO'S POLICIES

Virginia has separate volumes of policies for each of its programs and is written in somewhat formal language. It also maintains Fusion, which is an online portal that all eligibility workers can access. This portal has separate portfolios for each program group and contains administrative guidance, desk aids, and links to resources.

Additionally, it offers hyperlinks to see what's new in the current release and provides a list of previous updates. Workers and the public can sign up to be notified when the manual is updated. The manual has hyperlinks within each major section to the tertiary and quaternary level policies. It offers examples of specific policies that can benefit from such information and there are also notes for workers.

Wisconsin has [handbooks](#) for each of its programs. The manuals offer four ways to search, which is a particular strength of it. These include searching by:

- Table of contents
- Keyword
- Terms
- Typing in a term/word
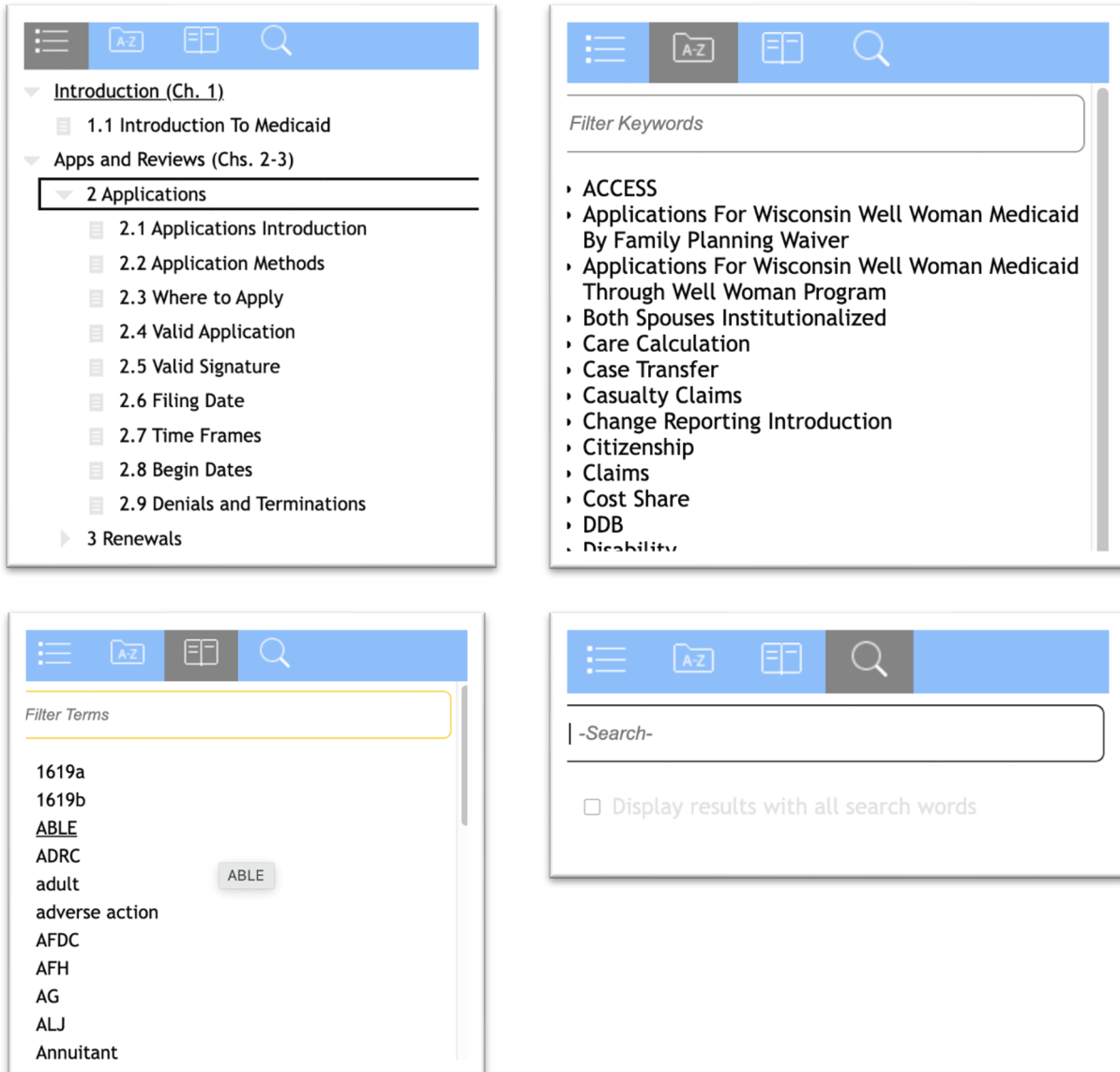
FIGURE 32 SCREEN SHOTS OF WISCONSIN'S 4 SEARCH FUNCTIONALITIES

Additionally, it offers hyperlinks to see what's new in the current release and provides a list of previous updates. Workers and the public can sign up to be notified when the manual is updated. The manual has hyperlinks within each major section to the tertiary and quaternary level policies. It offers examples of specific policies that can benefit from such information and there are also notes for workers.

TECHNOLOGY
Integrated Eligibility Systems

Integrated eligibility systems provide one system for eligibility determinations across programs including Medicaid, SNAP, and TANF. According to the Kaiser Family Foundation, 14 states do not have integrated eligibility systems. Of those 14 states, three (California, New York, and Minnesota) are county administered.[lii] It should be noted that New York is in the process of developing an integrated eligibility system. California is in the process of integrating its three legacy, county-based human services eligibility systems, but maintains a separate Medicaid eligibility system.

Minnesota's SNAP and TANF system, MAXIS, remains a legacy system and while most medical assistance cases have been moved into MNBenefits, its updated medical assistance system, some cases are still in MAXIS. Virginia also has two systems, one for eligibility and another for medical assistance administrative functions, MMIS.

Colorado Comparison

Colorado was one of the first states to implement an integrated eligibility system, the Colorado Benefits Management System (CBMS) in 2004.

Workflow Management Systems

North Dakota has a common workflow management system across all counties, which they cited as one of the enabling factors that makes sharing of work more straightforward. As a state with a regionalized approach, cases are typically shared only within a given region. However, in the instance that a particular county or region is experiencing a backlog that can't be easily addressed within that region, counties from all over the state can and do assist.

Document Management Systems

Minnesota is the only interviewed peer state that lacks a statewide document management system. Like Colorado, Minnesota's counties must procure and implement their own system, if interested. In Colorado, this is due to counties perception that the state can't mandate that they use a specific technology. Minnesota's staff shared that this is a major limitation to counties

Colorado Comparison

Colorado does not have a statewide workflow management system although 12 counties have implemented the same system, HSConnects.

Colorado's Electronic Document Management System (EDMS) is integrated in CBMS but is not mandatory to use. Mostly its small and medium counties use the system while large counties use their own.

being able to help one another.

Online application

A mobile application option enables health and human services programs to provide clients with another pathway to access programs. All but one state nationally (Alaska) has created an online portal for public and medical assistance benefits. These portals became more popular due to increased funding from the ACA as well as COVID-19.

Colorado Comparison

Colorado was one of the first states to create an online application system.

The Program Eligibility and Application Toolkit (PEAK) has since evolved to allow a client to apply, report a change and file a redetermination. Colorado additionally has two mobile apps, one for CDHS programs and one for HCPF programs.

The online portals vary greatly in their capabilities and integration with the state's eligibility system. The table below identifies the types of activities a client can perform in each of the peer states' online portals. A check indicates if the system allows for that activity, an x indicates that the system doesn't allow for that activity, and a question mark indicates that we couldn't find information on that activity.

State	Apply for Benefits	Report Changes	Recertify	Upload Documents	Notices	Notes
California	✓	✓	✓	✓	✓	• How to videos for common tasks within the system
Colorado	✓	✓	✓	✓	✓	
Minnesota	✓	✕	✕	✓	?	
New Jersey	✓	✕	✕	✕	?	
New York	✓	✓	✓	✓	?	• Track application status
North Carolina	✓	MA only	MA only	Send documents	?	• Enhanced account expands access for MA only. • Submit MA appeals. • Apply for SNAP without creating an account
North Dakota	✓	MA and SNAP only	?	?	?	• Check benefits
Ohio	✓	?	?	?	?	• Check benefits
Virginia	✓	✓	✓	?	?	• Number to call if you need help applying online. • Apply for MA by itself or together
Wisconsin	✓	✓	✓	✓	✓	

Wisconsin was the only state we interviewed that stated their online application integrates with their eligibility system. North Dakota has some integration, but the majority of information needs to be entered by the worker as it needs to be verified. Virginia is similar in that the information does integrate but worker intervention is required for public assistance programs.

Several peer states had already launched mobile application capabilities. Two peer states cited the development of a mobile app as an innovation they were hoping or planning to pursue in the future.

Scheduling Software

Wisconsin addressed a pain point for eligibility workers and clients by implementing a software solution that enables applicants to schedule and, if necessary, reschedule their own programmatic interviews.

Interactive Voice Response (IVR)

New York and Illinois have Interactive Voice Response (IVR) call center technology that allows clients to complete their redetermination interview without speaking with a live eligibility worker. IVR is available only in New York City in New York and for both states, was allowable due to a waiver by FNS. The use of the IVR is limited to certain households.[liii]

Automated Bots

Several states have begun using "bots" within their eligibility systems to handle more routine tasks. For example, Virginia reported that it is creating a bot for adding a newborn to a case. This is based on the Baby Bot that Ohio implemented.

Weld County reported that Tennessee has created a bot for the redetermination process. We were unable to find more specific information on these bots.

Text Messaging

Text messaging is another technology that is beginning to be used more and more by states. A major use of text messaging is to remind clients about upcoming dates, such as an interview or redetermination. Other states that had implemented text messaging as of 2018 include California, New York, and North Dakota.[liv] Minnesota also rolled out texting through AWS Pinpoint because of the P-EBT program.

Colorado Comparison

Some counties in Colorado use text messaging software, though the platform used varies by county.

POLICY

In our interviews, we asked states about any innovative policies that they have implemented that have helped improve the programs or program delivery. A challenge we had with many states is that they are coming out of three years of very intense changes due to the COVID-19 crisis.

Minnesota has taken a particular emphasis on applying an equity lens for TANF and SNAP. Currently state staff review all fair hearing decisions for bias. All IPV decisions are reviewed by the SNAP and TANF program directors to assess for bias as well. Moving forward, the state is looking at changing its policies for claims to reduce the potential for unconscious bias in the establishment of overpayment.

SNAP will be applying for a waiver with FNS for ABAWDs. Currently ABAWD exemptions can only occur at a county level, however, Minnesota has identified that there are specific zip codes within counties that have higher unemployment rates and that these unemployment rates are disproportionally worse for non-white Minnesotans. They will be requesting a waiver to exempt specific zip codes so that non-white Minnesotans are not unfairly impacted.

The TANF program continues to have some time-consuming policies, namely monthly status reports and retrospective budgeting. The state has legislation this year trying to remove the monthly status requirement and move to a 6-month certification period.

While not specifically policy, state staff have been working to shift messaging around the program from the adults to the child. They emphasize that the program is about the children being served and how these children didn't ask to be born into poverty and all deserve their basic needs to be met. They're asking counties to set aside the parents and rather think about the family.

North Dakota is currently trying to modernize its TANF policies with the help of Mathematica. This includes:

- Increasing income eligibility
- Increasing the TANF benefit amount.
- Extending eligibility to all pregnant women not just those who are in their third trimester.
- Removing the benefit cap for children who are born after the family begins receiving TANF.
- Adding additional months of earned income disregard.

Similar to Minnesota, the state also has monthly status reports, and they are in the process of trying to eliminate this policy. They believe that this will be a policy change and will not require legislation.

State program staff write policy together to make sure they are consistent and that they aren't establishing a policy that conflicts with another area.

Virginia has implemented several new policies for Medicaid that will help improve the eligibility process for clients and workers. These include:

- Interfacing with the National Change of Address database to help with returned mail.
- Changing over to a state-based exchange.
- Increasing the reasonable compatibility threshold from 10% to 20%.
- Allowing SSI-only institutionalized residents with no real property to go through the ex-parte process.

In **Wisconsin**, SNAP clients have access to on-demand interviews, which means that the client can call their consortia call center at their own leisure to conduct the interviews. For TANF, several changes that the state identified as being helpful include the online application, online fillable forms, and telephonic signature.

WORKFORCE

Like Colorado, the interviewed peer states have varying degrees of information about the workforce of their counties. The information they provided included:

The education requirements for eligibility workers vary across the state of **Minnesota**. Some counties, like Dakota and Hennepin require a degree while Ramsey doesn't. Similar to Colorado's metro counties, county staff will "county hop" based on pay and education requirements. This can happen particularly between Ramsey and Hennepin counties, which are located directly next to each other. Minnesota does have unions in its counties.

Starting this year or next, Minnesota will be implementing an annual survey to all counties to collect data on their business processes and their workforce. This will help ensure that they have a basic or foundational knowledge about how the counties are operating.

North Dakota has about 350 eligibility workers statewide. Its largest workforces are in its two largest counties. Like other states, they are also having trouble filling positions with quality staff, even with many counties still offering some degree of telework options. Major challenges with the workforce include both pay as well as the pressure that this type of work brings.

Virginia does not have standardized pay across the state although pay is grouped into three different levels. These levels are based on the area in which the worker lives as well as the median income for that area.

Workforce challenges in **Wisconsin** are more prevalent in the rural areas. Like Minnesota, North Dakota, and Colorado, pay is not standardized for TANF contracted staff or for eligibility workers. Wisconsin's TANF program collects salary information for contractor CEOs in order to comply with federal salary cap regulations.

PERFORMANCE DATA

Performance for each of the county-administered states in the three different federal programs varied widely. This is similar to performance across all 50 states and is not something unique to the county administered structure. This section includes a table for each of the three federal programs, specifically looking at performance measures that are used at the national level and for which data are available. Due to this data being collected federally, there is a wide range of years that are included as "current."

SNAP

The SNAP Performance Table includes data on performance measures as well as program access and caseload data.

Caseload and Program Access[lv,lvi]

While not a performance measure, FNS currently tracks and reports on program access for SNAP. Program access looks at the percentage of households that are receiving SNAP compared to the percentage of households that are eligible but not enrolled. A higher program access rate means that more people who are eligible for SNAP are enrolled in the program. FNS also reports on the both the number of individuals and households participating in SNAP.

Timeliness[lvii]

The primary measures for performance for SNAP include timeliness and accuracy. Timeliness for applications is based on whether the application was processed within 30 days. There are two different timeliness standards for redeterminations based on when the household submits their redetermination paperwork.

Accuracy

SNAP has one of the most rigorous quality control programs of any federal safety net program. States are mandated to review a sample of cases each year and maintain an error rate that is under the national standard. FNS additionally re-reviews a sample of the state's cases to ensure that the state's findings were correct. There are two measures for accuracy:

Payment Error Rate (PER)	Case and Procedural Error Rate (CAPER)
The Payment Error Rate is the measurement of correct payments. States must have a PER that is at or less than 6%. If it is more than that for two consecutive years, the state faces the possibility of financial liability.	The Case and Procedural Error rate is a measurement of the accuracy of negative case reviews.

SNAP Administrative Costs[lviii]

FNS provides data on each states' administrative costs for operating SNAP. Administrative costs consider the non-labor costs of the state's administrative expenditures, the wages or salaries of SNAP staff, the actual hours worked by SNAP staff and divides those costs by the number of eligible households and the participation rate. This equation creates the state administrative expenditures per case.

SNAP Performance Table

State	Caseload (Dec '22)	Program Access (FFY 19)	SNAP PER (FFY 22)	SNAP CAPER (FFY 22)	SNAP Timeliness	SNAP RRR Timeliness	SNAP Cost per Case (FFY 16)
California	5,196,207	70%	10.28%	41.82%	86.38%	88.58%	$808
Colorado	**556,362**	**80%**	**6.91%**	**72.31%**	**79.28%**	**72.31%**	**$488**
Minnesota	461,854	76%	7.89%	35.06%	90.41%	76.15%	$555
New Jersey	790,463	81%	4.50%	28.57%	98.99%	97.93%	$726
New York	2,887,608	87%	12.49%	38.33%	83.64%	92.87%	$531
North Carolina	1,627,594	69%	11.88%	30.77%	99.18%	73.99%	$273
North Dakota	45,507	64%	9.37%	46.15%	89.74%	73.65%	$749
Ohio	1,447,559	85%	6.74%	27.78%	99.27%	83.41%	$258
Virginia	832,658	73%	8.19%	46.81%	99.04%	76.91%	$546
Wisconsin	709,795	93%	4.33%	46.15%	100%	80.67%	$389
National Average	--	82%	10.47%	40.40%	86.81%	78.31%	$358

TANF

The TANF Performance Table contains information on the one federal performance measure as well as other data that speaks to program access, including the number of people served and the maximum benefit amount paid for Basic Cash Assistance.

Caseload[lix]

While not a performance measure, the number of individuals on TANF can indicate how generous a state may be in terms of their allotment and their policies. TANF caseloads vary widely across the United States, regardless of the administration model employed.

TANF-to-Poverty Ratio[lx]

The Center for Budget and Policy Priorities uses a TANF-to-poverty ratio to "measure the number of families receiving TANF for every 100 poor families with children." North Carolina is the only county-administered state that helps less than 10 families for every 100 poor families (they are one out of 13 states to help this few families). In comparison, California and Minnesota help more than 40 families, two out of only six states nationally to do so.

Work Participation Rate[lxi]

The only national measure against which any states are held is the Work Participation Rate, or WPR. The WPR has been subject to a great deal of conversation and debate at the national level as many states don't believe that it is the best driver to ensuring a family becomes self-sufficient. The WPR measures the number of individuals who are considered work-eligible that were engaged in work activities for the specific number of hours mandated by federal law.

Block Grant and Carryover[lxii]

While not a performance measure, the data on each state's TANF block grant and how much they carry over from the previous year was provided to show the difference in the potential size and spending of the program by state. A state is not required to spend their full TANF block grant and they can carryover any unused balance indefinitely.

Monthly Maximum Benefit Amount and Percentage Spent on BCA[lxiii]

These are not performance measures but are included because they provide a picture of how the state spends their block grant. The percentage spent on BCA (Basic Cash Assistance or the monthly payment to a family) represents the percentage of all dollars that were spent on BCA out of the state's full block grant. The monthly maximum benefit can indicate how generous a state is in their monthly BCA payment.

TANF Performance Table

State	Caseload	Poverty Ratio	WPR	Block grant (FFY 21)	Carryover (FFY 21)	Monthly Maximum Benefit (2021)	% spent on BCA
California	712,607	71:100	52.1%	$3,634,315,731	$100,860,421	$925	37.3%
Colorado	**28,475**	**20:100**	**44.2%**	**$151,762,363**	**$87,485,550**	**$508**	**13.5%**
Minnesota	33,823	60:100	14.9%	$259,569,108	$103,991,022	$632	24.5%
New Jersey	21,557	16:100	4.3%	$402,701,508	$56,942,388	$559	5.7%
New York	173,080	25:100	10.3%	$2,724,929,779	$886,556,368	$789	30.8%
North Carolina	22,507	39:100	4.7%	$336,228,135	$55,334,820	$272	5.3%
North Dakota	1,738	5:100	8.5%	$26,312,690	$1,499,759	$486	14.8%
Ohio	74,703	12:100	31.9%	$725,565,965	$592,991,715	$542	19.0%
Virginia	37,698	18:100	14.5%	$157,762,831	$133,170,185	$559	24.9%
Wisconsin	24,675	20:100	36.9%	$312,845,980	$204,996,623	$653	14.6%

MEDICAID

The Medicaid Performance Table includes caseload information, participation rates, and accuracy.

Participation Rates[lxiv]

While not performance measures, the table below indicates the Medicaid caseloads as well as the state's share of costs on the Medicaid program. The state share is based on the Federal Matching Assistance Percentage (FMAP), based on statewide poverty rates.

This table also includes the percentage of the state's low-income population who are covered by Medicaid as well as the percentage of all state residents who are covered by Medicaid to demonstrate the size of the state's Medicaid program.

Accuracy[lxv,lxvi]

The major federal measure for Medicaid is assessed through the Payment Error Rate Measurement (PERM), which measures improper payments for Medicaid and CHP+. Like SNAP, the PERM audits were paused in FFY 2020 but have since restarted. The PERM looks at improper payments for fee-for-service (FFS), managed care, and eligibility components for Medicaid and CHP+. The table below only details the improper payments for Medicaid and CHP+ eligibility components. Unlike SNAP, states are only reviewed on a cycle for the PERM and therefore not every state has PERM data below.

Medicaid Performance Table[lxvii]

State	Caseload	Amount spent	State FMAP	% of low-income population covered	% of all population covered	PERM IP
California	13,813,649	$109,600,000	$0.50	28%	27%	N/A
Colorado	1,622,818	$10,800,000	$0.50	23%	19%	N/A
Minnesota	1,309,700	$15,000,000	$0.49	22%	28%	2%
New Jersey	2,115,983	$19,100,000	$0.50	21%	18%	N/A
New York	7,174,044	$75,400,000	$0.50	27%	28%	12%
North Carolina	2,238,772	$16,900,000	$0.32	32%	19%	N/A
North Dakota	122,189	$1,400,000	$0.48	25%	12%	7%
Ohio	3,242,826	$27,600,000	$0.36	30%	32%	8%
Virginia	1,903,397	$16,000,000	$0.49	32%	16%	5%
Wisconsin	1,363,624	$10,400,000	$0.40	25%	18%	6.8%

Combined Performance Data

It is also important to look at the performance across all programs given that the program doesn't operate in silos. The table below provides a comparison of the timeliness and accuracy indicators of all programs for each of the peer states.

State	SNAP QC Timeliness	SNAP QC PER	SNAP QC CAPER	SNAP Program Access Rate	MA PERM IP	TANF WPR
California	86.38	10.28%	41.82%	70%	N/A	52.1
Colorado	79.28%	6.91%	72.31%	80%	N/A	44.2
Minnesota	90.41%	7.89%	35.06%	76%	2%	14.9
New Jersey	98.99%	4.50%	28.57%	84%	N/A	4.3.
New York	83.64%	12.49%	38.33%	87%	12%	10.3
North Carolina	99.18%	11.88%	30.77%	69%	N/A	4.7%
North Dakota	89.74%	9.37%	46.15%	64%	7%	8.5%
Ohio	99.27%	6.74%	27.78%	85%	8%	31.9%
Virginia	99.04%	8.19%	46.81%	73%	5%	14.5
Wisconsin	100%	4.33%	46.15%	93%	6.9%	36.9%

The table below provides a comparison of the caseloads and program access rates of all programs for each of the peer states.

State	SNAP Caseload	SNAP Program Access Rate	SNAP Per Case Cost	Medicaid Caseload	% of low income on MA	TANF Caseload	TANF to Poverty Rate
California	5,196,207	70%	$808	13,813,649	28%	712,607	71:100
Colorado	556,362	80%	$448	1,622,818	23%	28,475	20:100
Minnesota	461,854	76%	$555	1,309,700	22%	33,823	60:100
New Jersey	790,463	81%	$726	2,115,983	21%	21,557	16:100
New York	2,887,608	87%	$531	7,174,044	27%	173,080	25:100
North Carolina	1,627,594	69%	$273	2,238,772	32%	22,507	39:100
North Dakota	45,507	64%	$749	122,189	25%	1,738	5:100
Ohio	1,447,559	85%	$258	3,242,826	30%	74,703	12:100
Virginia	832,658	73%	$546	1,903,397	32%	37,698	18:100
Wisconsin	709,795	93%	$389	1,363,624	25%	24,675	20:100

Appendix

APPENDIX A: SITE VISIT DETAILS

County	Date	Designation
Weld	1/31/23	Large, Urban
Arapahoe	2/1/23	Large, Urban
El Paso	2/2/23	Large, Urban
Archuleta	2/21/23	Medium, Mountain
Lake	2/23/23	Small, Mountain
Denver	2/28/23	Large, Urbe
Douglas	3/1/23	Medium, Urban
Bent	3/2/23	Small, Rural

APPENDIX B: ELIGIBILITY WORKER SURVEY QUESTIONS
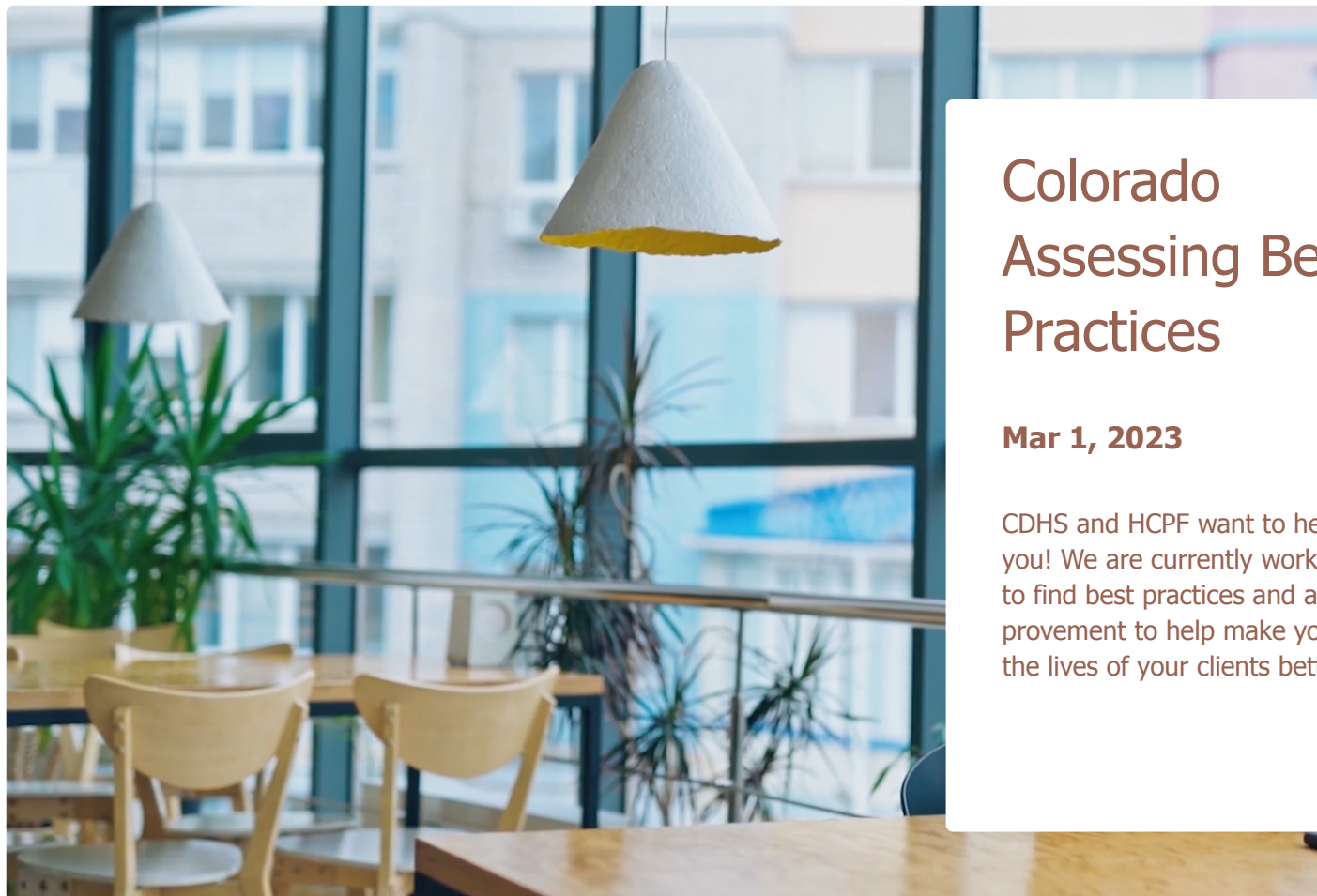
Colorado Assessing Be: Practices

Mar 1, 2023

CDHS and HCPF want to hea
you! We are currently worki
to find best practices and ar
provement to help make you
the lives of your clients bett

* Required

Instructions

Thank you for taking the time to complete this survey - your county, CDHS and HCPF want to hear from you! We are currently working together to identify best practices and areas for improvements to help make your life and the lives of your clients better. We need to hear about your experience. **This is not a workload survey.**

What type of questions will you be asked?
We are asking for you to tell us about your experience with CBMS programs, policies, and technology. We also want to learn more about your employment experience with your county or MA site.

General

1. Do you work for a county Department of Human/Social Services or a Medical Assistance site? *

   ○ County Department of Human/Social Services

   ○ Medical Assistance site

2. Select the county where you **currently** work. *

   Select your answer ⌄

3. Select the MA site where you currently work *

○ Colorado Access

○ Denver Health (all locations)

○ Express Eligibility Connections

○ Gipson Eastside Family Health Center

○ Hilltop Health Services

○ Kemberton Health Care

○ La Casa Quigg Newton Family Health Center

○ Lowry Family Health Center

○ Montbello Family Health Center

○ Northwest Colorado Health

○ Parkhill Family Health Center

○ Peak Vista Community Health Centers

○ Westside Family Health Center

○ Westwood Family Health Center

4. Have you been an eligibility worker in this eligibility site for **more than 1 year?** *

○ Yes

○ No

5. How many **months** have you been an eligibility worker with this eligibility site?

[   ]

6. How **many years** have you been an eligibility worker with this eligibility site?

[   ]

7. Immediately prior to your current role, were you an eligibility worker in another Colorado county or at another eligibility site?

○ Yes

○ No

8. Which eligibility site were you previously an eligibility worker at?

Select your answer   ⌄

Workforce

9. What **motivated you to become** an eligibility worker? Select all that apply.

☐ I wanted to help others in my community.

☐ I was motivated to work for the county because of the pay.

☐ I was motivated to work for the county because of the benefits (e.g., health insurance, pension etc.)

☐ My family and/or friends worked for the county which motivated me to want to.

☐ Other

10. What **motivates you to stay** in your current position? Select all that apply.

☐ I want to help my community.

☐ I enjoy this type of work.

☐ My relationship with my coworkers.

☐ My relationship with my supervisor.

☐ I am motivated to stay because of the pay.

☐ I am motivated to stay because of the benefits.

☐ I am motivated to stay because of the telework policy.

☐ Other

11. Do you see yourself still working as a eligibility worker (or a promoted position) in the next 2 years?

○ Yes

○ No

○ Maybe

○ Other

12. What has the county/your eligibility site done that has **encouraged you to stay** in your current position?

13. What are some **reasons that might cause you to want to leave** your current positions with this eligibility site? Select all that apply.

☐ Pay

☐ Benefits

☐ Telework policy

☐ Production standards

☐ Other

14. Do you work **another job(s)** in addition to your current job with this eligibility site?

○ Yes

○ No

○ Other

15. Do overtime requirements for your eligibility site **impact your other job(s)**?

○ Yes

○ No

○ N/A

○ Other

16. Do you currently work a flexible (flex) schedule. This is a schedule that is not a 5-day per week, 8-hour per day schedule.

○ Yes

○ No

○ Other

17. What is your flex schedule?

○ 4 days working 10 hours per day (4 10's)

○ 9 days working 8.5 hours per day (one day off every two weeks)

○ Other

18. Please respond to the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
I am satisfied with my remote work ("telework") arrangement.	○	○	○	○	○	○
Remote work is an important factor for me in choosing to stay in this job with this eligibility site.	○	○	○	○	○	○
I feel like there is opportunity to advance in my career as an eligibility worker with this eligibility site.	○	○	○	○	○	○
Pay is one reason I choose to stay as an eligibility worker with this eligibility site.	○	○	○	○	○	○
Benefits are one reason I choose to stay as an eligibility worker with this eligibility site.	○	○	○	○	○	○

My supervisor

My supervisor
is one reason
I choose to
stay as an

19. Is there anything else that you would like to share regarding your
    responses above?

eligibility
worker at
this eligibility
site.

I regularly
receive
actionable
feedback
from my
supervisor.

○ ○ ○ ○ ○ ○

I feel
supported by
my
supervisor.

○ ○ ○ ○ ○ ○

I feel
supported by
my peers.

○ ○ ○ ○ ○ ○

The county
does a good
job retaining
eligibility
staff.

○ ○ ○ ○ ○ ○

I rarely
consider
working as
an eligibility
worker in a
different
Colorado
county or at
a different
eligibility site.

○ ○ ○ ○ ○ ○

Eligibility
workers
across the
state should
receive
similar
compensation
and benefits.

○ ○ ○ ○ ○ ○

Policies

In the following section, you will be asked a series of questions regarding policies. Please consider the following programs when responding:

- SNAP
- Colorado Works (CW)
- Old Age Pension (OAP)
- Aid for the Needy and Disabled (AND)
- Medicaid (MAGI, Non-MAGI, WAwD, CwD)
- Long Term Care (LTC)

20. Please list any policies that are particularly confusing or difficult **for you.** Please reference the respective program(s) when relevant.

21. Please list any policies that are confusing or difficult **for clients.** Please include relevant details and reference the respective program(s) when relevant.

22. Order the following based on which individual(s) or resources you go to or reference **first to last** when you have a **policy-related question**.

Lead worker

Supervisor

Secretary of State volumes/memos (state rule/regulations)

Staff Development Division (SDD) training materials

Another eligibility worker

CBMS Help Text

Internal county guidance (e.g., desk guides)

23. Please respond to the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I find the state rules/regulations easy to find.	○	○	○	○	○
I find the state rules/regulations easy to navigate.	○	○	○	○	○
I find the state rules/regulations easy to understand and apply.	○	○	○	○	○

I regularly use desk aids, reference guides or other cheats produced by the Staff

24. Is there anything else that you would like to share regarding your responses above?

Development Division (SDD) to help with policy questions or clarifications that I need.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I regularly use desk aids, reference guides or other cheat sheets internal to my county	○	○	○	○	○

office to help with policy questions or clarifications I need.

25. Please respond to the series of statements below regarding **your** experience with PEAK.

Policy changes or updates are communicated to me in a timely manner.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
PEAK has improved my experience with working applications.	○	○	○	○	○	○
PEAK has improved my experience with working redeterminations.	○	○	○	○	○	○
PEAK has improved the client experience.	○	○	○	○	○	○
I feel confident using PEAK.	○	○	○	○	○	○
I feel confident supporting clients with PEAK-related questions.	○	○	○	○	○	○
PEAK has improved my experience with work changes	○	○	○	○	○	○

clearly so I understand and can apply the new information properly.

26. My county uses other technologies/systems (beyond CBMS and PEAK) that help me to do my job more efficiently

○ Yes

○ No

27. What county technology/system help you do your job more efficiently and why?

[   ]

28. What additional technology or automation **would help you** to do your job more efficiently? Please include relevant details and reference programs where necessary.

[   ]

29. What additional technology or automation **would help clients**? Please include relevant details and reference programs where necessary.

[   ]

Conclusion

30. If you could wave a magic wand and **make any improvements or changes** to the way in which you do your work, what would you improve and why?

31. Is there anything else that you would like for us to know?

Microsoft Forms

APPENDIX C: MANAGER SURVEY QUESTIONS

Colorado Assessing Best Practices Project

County Survey

CDHS and HCPF are working together to identify best practices and areas for improvement to help make your life and the lives of your clients better. This survey is being administered by Public Consulting Group (PCG), who has been hired by CDHS and HCPF to assist in this work. Below are some detailed instructions about this survey.

What programs are included in this survey?

This survey covers public and medical assistance programs, which include: SNAP, Colorado Works, Adult Financial (Old Age Pension, Aid to the Needy and Disabled), MAGI Medicaid, Non-MAGI Medicaid, Medicaid Buy-In programs, and Long-Term Care. We refer to these programs collectively as CBMS programs.

How will the survey results be used?
The results from this survey will be used in several ways:

1. To identify the different business process and employment models that each county uses for CBMS programs.
2. To assess the performance, accuracy, and retention outcomes of different models.
3. To identify current county challenges in delivering CBMS programs.
4. To make recommendations that can improve efficiencies at both the state and county level.

Who should take this survey?

This survey is to learn more about all of your county's eligibility operations for all CBMS programs.

Ideally we would like one response per county. County directors are asked to assign this survey to specific staff who can collaborate to complete the survey for your county.

There will be some questions in the survey that you may not know the answer to based on your role. Please reach out to a colleague who can help you answer. As a last resort, you can skip the question.

What type of questions will you be asked?
This survey is organized in five sections:

1. **Workforce** - this section focuses on understanding your current staffing levels, vacancies, tenures, and general organization of staffing across your county for CBMS programs. We also ask some questions about employment policies, like overtime and telework. We ask you to tell us information that is specific to your county and some questions will be free form because we can't make up all of the possible combinations or options currently used in Colorado. Other questions are multiple or single choice questions with pre-determined options.
2. **Business processes** - in this section we want to learn more about how the CBMS programs are organized in your county. We ask you to tell us information that is specific to your county and some questions will be free form because we can't make up all of the possible combinations or options currently used in Colorado. Other questions are multiple or single choice questions with

pre-determined options.
3. **Policies** - this section focuses on learning more about the policies that are difficult for your staff and your clients. Many questions in this section are free form where we ask you to type in your answer. This is because there are too many policies for us to narrow down and we know that not all counties struggle with the same policies.
4. **Technology** - this section is focused on learning more about your technology or automated solutions that have helped you with delivering services, what automation hasn't worked, and what technology would help you and your clients. Many questions in this section are free form where we ask you to type in your answer. This is because we can't identify all of the potential opportunities and challenges.
5. **Wrap-Up** - we have a few questions that look more broadly at your experience and ask you to provide your general thoughts about improvement. These are free form questions.

How long will this survey take?

This survey should take 30 minutes to complete.

Please be open and honest in your responses. Responses will not be tied back to any one individual in any formal analyses. Data will be aggregated and analyzed collectively across counties and the CDHS workforce.

Why we ask for your email address

We (PCG) are asking for your email address in the survey in case we need to follow up with you and clarify any answers you provide. We will not use the email address to link responses back to any one individual for our analyses. All responses will be sent to our contractor, Public Consulting Group (PCG) and not seen by CDHS or HCPF directly.

Please let us know if you have any questions or concerns. Thank you in advance for sharing your valuable feedback.

General

In which county do you currently work? *

Please Select ▼

What is your email address *

woexample@example.com

Are you taking this survey for all CBMS programs within your county? *

◯ Yes
◯ No

Which program(s) do you oversee/are you responding on behalf of? Select all that apply. *

☐ SNAP

☐ Colorado Works

☐ Adult Financial (Old Age Pension, Aid for the Needy and Disabled)

☐ Medicaid

☐ Long Term Care

☐ [Other]

What is your position with the county? *

[   ]

Which program(s) do you oversee/that you will be responding on behalf of? Select all that apply. *

☐ SNAP

☐ Colorado Works

☐ Adult Financial (Old Age Pension, Aid for the Needy and Disabled)

☐ Medicaid

☐ Long Term Care

☐ [Other]

Workforce

Please complete the following table with the number of positions currently staffed and currently vacant within the CBMS program division/office. Please provide numeric responses.

	# of Positions currently staffed	# of Current vacancies
Clerical or Administrative Workers		
Eligibility Workers (individuals who can make an eligibility decision within CBMS)		
Lead Workers (a worker in-between an eligibility worker and an eligibility supervisor)		
Eligibility Supervisors (individuals who supervised an Eligibility Worker or Lead Worker)		

Managers (individuals who are not considered an eligibility supervisor but have supervisory or managerial responsibilities)

Please complete the following table based on the different levels of eligibility workers in your office. You can type your responses directly into the cells.

	Have this position? Yes/No	Current # of staff in this position	Current # of vacancies for this position	Starting pay for this position	Frequency of starting pay
Eligibility Worker Level I/ A	⌄				⌄
Eligibility Worker Level II/ B	⌄				⌄
Eligibility Worker Level III / C	⌄				⌄

Please complete the following table with the tenure for the various classifications within your CBMS programs division/office.

	# Eligibility Workers	# of Eligibility Supervisors
Currently in training		
Out of training but still nesting or on some degree of supervisor authorization		
6 months - 1 year		
1 - 3 years		
3 -5 years		
5 - 10 years		
10+ years		

4

On average, how many eligibility workers are assigned to each eligibility supervisor? Please provide a numeric response.

e.g., 23

Respond to the following statements regarding eligibility supervisors in your county.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The eligibility worker to eligibility supervisor ratio in our county is reasonable.	○	○	○	○	○
Eligibility supervisors have time to provide coaching and training to direct reports.	○	○	○	○	○
Eligibility supervisors are supported by their managers.	○	○	○	○	○
Eligibility supervisors are not overwhelmed by their responsibilities.	○	○	○	○	○
Our county has the right number of eligibility supervisors to meet our needs.	○	○	○	○	○

Do eligibility supervisors regularly spend time processing cases/completing eligibility work? Regularly means that this is a common responsibility that they perform every week or month.

○ Yes
○ No
○ Other

About how many hours per week do eligibility supervisors spend processing cases/completing eligibility work?

○ Less than 10 hours per week
○ 10-20 hours per week
○ 20- 30 hours per week
○ More than 30 hours per week

Does your county have "lead workers"? A lead worker is defined as a worker in between an eligibility worker and an eligibility supervisor.

○ Yes
○ No
○ Other

How are lead workers assigned? (e.g., one per supervisor, one per team/function such as one per Intake Team, one per county, etc.)

Describe the core activities and responsibilities of lead workers in your county.

Do clerical, administrative, and/or customer support staff receive eligibility training?

○ Yes
○ No

Can your clerical, administrative and/or customer support staff complete actual eligibility work, such as making a case change or answering a complex eligibility question?

○ Yes
○ No
○ [Other]

Describe which eligibility functions your clerical, administrative, and/or customer support staff can complete.

Does your county have a call center?

○ Yes
○ No

Who primarily staffs the call center?

○

○ Clerical, administrative, or customer support staff

○ | Other |

If your county does not have a call center, please describe how calls are handled and resolved (e.g., if there is a central phone number, who takes incoming calls, if clients call eligibility workers directly etc.)

| |
| |

Does your county have staff that specifically work any of the following specialized functions? Select all that apply.

☐ Claims

☐ Appeals

☐ Fraud

☐ Quality Assurance

☐ No, none of these are handled by specialized staff

☐ | Other |

Please complete the following table with the number of staff who are assigned to each specialized function. If you don't have specialized staff, please indicate who is responsible for that task.

	# of Staff assigned	Who primarily handles this function?
Claims/Recoupment		⌄
Appeals		⌄
Fraud		⌄
Quality Assurance		⌄

Does your county have any trainers that conduct training for eligibility workers?

○ Yes

○ No

○ | Other |

What types of training do they regularly provide for eligibility workers? Select all that apply.

New worker
training

☐

☐ Ongoing training for veteran/seasoned workers
☐ Both new worker and ongoing training
☐ [Other]

Do your trainers supplement the Staff Development Division (SDD) training curriculum with county specific material?

☐ Yes
☐ No
☐ [Other]

Describe any ongoing training that your county's trainers regularly offer including who develops the content and how training topics are identified.

[ ]

Please complete the following table with your CBMS programs division/office remote work arrangements (also referred to as telework or working from home).

	Can work from home?	# of Days at home?	Per week or per month?
Eligibility Workers	⌄		⌄
Supervisors	⌄		⌄
Managers	⌄		⌄
Clerical/Administrative	⌄		⌄
Call Center	⌄		⌄

Can any eligibility worker work from home or must they meet and maintain certain standards to work from home?

○ Any eligibility worker can work from home
○ An eligibility worker must meet and maintain certain standards

Please complete the following table with the required standards that eligibility workers must meet in order to work from home.

Required Standard

Timeliness	
Accuracy	
Production	

Do new hires start prior to when training begins?

○ Yes

○ No

○ Other

How much earlier do new hires start? What do they do in the time between when they are hired and when training begins?

Which program(s) do new workers learn in the initial round of new worker training? Select all that apply.

☐ SNAP

☐ Colorado Works

☐ Adult Financial

☐ Medicaid (MAGI and non-MAGI)

☐ Long Term Care (LTC)

☐ Other

Describe the progression of adding other programs. Which program(s) are added next? How long before a new program is added? How is this determined?

Are new hires "nested" with a lead worker or supervisor after leaving new hire training? Nesting is defined as a transition phase once a worker completes training before they are off on their own processing cases independently.

○ Yes, they are nested with a lead worker

○ Yes, they are nested with a supervisor

○ Yes, they are nested with a trainer

○ Yes, they are nested with someone other than a lead worker or supervisor

○ Yes, they are nested with a separate team

○ No, they are not nested with anyone

○ | Other |

Are 100% of new workers' cases reviewed before authorization after they leave new hire training?

○ Yes

○ No

○ | Other |

Who completes the new worker case reviews?

○ The new worker's supervisor

○ A lead worker

○ A supervisor other than the new worker's own

○ | Other |

Describe the process for reducing case reviews for new hires. Include how long cases are initially reviewed and timeline or other factors for reducing (e.g., accuracy improvement etc.)

If not, describe what other monitoring or case review schedule new hires are on when they leave new hire training. Include general timelines and factors for reducing monitoring and/or case reviews.

```
┌────────────────────────────────────────────────────────┐
│                                                        │
│                                                        │
│                                                        │
│                                                        │
│                                                        │
└────────────────────────────────────────────────────────┘
```

Please complete the following table with information about when staff can receive a raise and/or promotion.

	Promotions	Raises
Eligibility Workers	▼	▼
Supervisors	▼	▼

Any additional details regarding promotions and/or raises with eligibility workers and/or supervisors? If you indicated "Other" in any of the drop-downs above, please elaborate in the space below.

```
┌────────────────────────────────────────────────────────┐
│                                                        │
│                                                        │
│                                                        │
│                                                        │
│                                                        │
│                                                        │
└────────────────────────────────────────────────────────┘
```

Is overtime to process cases regularly offered in your county? Regularly means that it is offered either on a continuing basis or on a consistent schedule.

◯ Yes

◯ No

◯ [Other   ]

If overtime is always available, for how long has it always been available (this past year, for the last three years, etc.)

```
┌────────────────────────────────────────────────────────┐
└────────────────────────────────────────────────────────┘
```

Please use the table below to provide details on your county's use of overtime.

	Frequency overtime is offered?	Type of overtime generally offered?	Hours regularly offered	Weekly or monthly
Overtime	▼	▼		▼

Describe how work is assigned, prioritized, and monitored during overtime.

Does your county offer an annual cost-of-living adjustment (COLA) to employee wages?

○ Yes

○ No

○ It depends

○ [Other]

Generally, how long does it take to fill a vacant eligibility position (from when a worker first gives notice or is terminated to when their replacement starts)?

○ < 1 month

○ 1 - 3 months

○ 3 - 6 months

○ 6+ months

○ [Other]

What are the top reasons why eligibility workers leave your county? Select all that apply.

☐ Pay

☐ Benefits

☐ Telework policy

☐ Production standards

☐ Commute

☐ Total compensation is not adequate

☐ Benefit contributions (health insurance, retirement, etc.) are too expensive

☐ [Other]

Describe any practices that your county is currently doing to support staff retention. For example, a pay equity study, offering tuition reimbursement, relaxing dress code requirements.

Business Processes

Does your county have more than one office?

◯ Yes

◯ No

◯ [Other]

How many other offices does your county have?

[e.g., 23]

Describe operations at your other county offices. Include whether or not other offices are fully staffed, types of work handled by other county offices, and any details regarding schedule or hours of operation, if it differs from your main/primary county office.

Describe the various teams your eligibility workers are organized into, the programs that they process, and how many workers are assigned to each team (staffed and vacant). An example answer is: Our county has a family and adult team. Our family team processes SNAP, Colorado Works, MAGI Medicaid and non-MAGI Medicaid. There are currently 12 positions and only 10 are staffed.

Describe how cases are assigned for each team. For example: our family team shares a single caseload while our Long Term Care team maintains their own caseloads. Caseloads are assigned on an alpha-split.

Describe how the work in each team is assigned. An example answer is: Our family unit pulls recertifications and changes but applications are pushed to workers by the supervisors.

Descibe how the work is divided for each team and if staff rotate between the divisions of work. An example answer: Our family team is divided into three lanes: applications, recertifications, and changes/phone calls. Staff switch between the three lanes every month.

Do eligibility workers rotate to any of the following functions regularly?

☐ Call center

☐ Front desk/lobby

☐ PEAK

☐ No, eligibility workers do not rotate to any of the above regularly

Do you currently upload all PEAK documents directly into CBMS?

☐ Yes

☐ No

☐ Some

☐ Other

For what reasons don't you upload PEAK documents into CBMS?

☐ The data in PEAK is incorrect

☐ The data in PEAK is incomplete

☐ The data in PEAK is duplicative

☐ Other

Does your county offer in-person interviews?

○ Yes

○ No

○ Other

Describe in what instances your county offers in-person interviews. For example, you might offer in-person interviews only when a person is unhoused and cannot access a phone.

Does your county offer "walk-in" appointments (e.g., same day appointments that were not previously scheduled)?

○ Yes

○ No

○ Other

Describe in what instances your county offers walk-in appointments. For example, you might offer walk-in appointments on days when you have eligibility workers physically in the office.

List any system(s) your county uses for scheduling interviews/appointments. Describe how this system helps or hinders your county's needs.

In addition to the mailed appointment letter for scheduled interviews, how else do you contact the client to inform them about their appointment? Select all that apply.

☐ By phone (call)

☐ By text message

☐ By email

☐ We do not contact the client beyond the initial appointment letter

☐ Other

Please use the table below to indicate which worker is responsible for working verification on an intake and ongoing case.

	Who works verification(s) received for a case that was pending?
Intake (i.e. Applications)	⌄
Ongoing Work (i.e. Redeterminations)	⌄

Are eligibility workers in your county required to track/log the work that they complete each day?

○ Yes

○ No

○ Other

Describe how eligibility workers are instructed to track their work daily including any tool(s) they are required to use and how this information is used by supervisors and managers in the county.

Describe how supervisors/managers in your county discuss workload and staffing across programs to meet needs. Include any regular meetings/forums, tool(s) used, or other processes to support this.

[ ]

Does your county use a workload management system?

◯ Yes, we use HSConnects

◯ Yes, we use another workload management system

◯ No, we do not use a workload management system

◯ [Other]

Describe the other workload management system that you use including the name of the system, the type of work it tracks, who is responsible for entering/loading cases and data and how work is prioritized.

[ ]

If not, describe how your county knows how much work is "on-hand" including applications, redeterminations, changes etc.

[ ]

Does your county out-station workers to other non-office locations (either currently or in the past before the pandemic)?

◯ Yes

◯ No

◯ [Other]

Describe where how your county has out-stationed workers to non-office locations. Include relevant details such as number of workers out-stationed, relevant out-stationed sites, and if clients frequent those locations.

Respond to the following statements regarding CDHS and HCPF.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
CDHS and HCPF collaborate effectively together.	○	○	○	○	○
CDHS and HCPF provide clear guidance on how to prioritize our work.	○	○	○	○	○

Respond to the following statements regarding HCPF.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My team/division feels supported by HCPF.	○	○	○	○	○
HCPF's approach to communication with our county works well.	○	○	○	○	○
HCPF is responsive to our questions and needs in a timely manner.	○	○	○	○	○
HCPF listens to our feedback.	○	○	○	○	○
My county has good relationships with our MA/PE/CAAS sites.	○	○	○	○	○
My county has developed a good communication strategy with our MA/PE/CAAS sites.	○	○	○	○	○

Respond to the following statements regarding CDHS.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My team/division feels supported by FEAD.	○	○	○	○	○
My team/division feels supported by DEWS.	○	○	○	○	○
FEAD's approach to communication with our county works well.	○	○	○	○	○

DEWS' approach to communication with our county works well.	○	○	○	○	○
FEAD is responsive to our questions and needs in a timely manner.	○	○	○	○	○
DEWS is responsive to our questions and needs in a timely manner.	○	○	○	○	○
FEAD listens to our feedback.	○	○	○	○	○
DEWS listens to our feedback.	○	○	○	○	○

Respond to the following statements regarding Medical Assistance sites.

	Rarely	Sometimes	Almost Always	Always
MA/CAAS/PE sites correctly data enter new applications in CBMS.	○	○	○	○
MA sites correctly data enter client changes in CBMS.	○	○	○	○
Clients go to MA sites to update their case when they are unhappy with our county answers.	○	○	○	○

What suggestions do you have for CDHS or HCPF in regard to county support, communication, collaboration, or alignment across the agencies?

Does your county have productivity standards for how much work an eligibility worker should be able to complete in a given timeframe?

○ Yes

○ No

○ Other

Describe the productivity standards for your eligibility workers (e.g., number of applications to complete each day, redeterminations, changes etc.). Include relevant details regarding new

hires vs. non-new hires.

Describe the processes in place or steps to address when eligibility workers are not meeting productivity standards.

Does your county have quality/accuracy standards for eligibility workers?

○ Yes

○ No

○ [Other]

Describe the quality/accuracy standards for your eligibility workers (e.g., desired accuracy percentages.). Include relevant details regarding new hires vs. non-new hires and how standards or expectations vary by program.

Describe the processes in place or steps to address when eligibility workers are not meeting quality/performance standards.

How often do supervisors formally evaluate staff performance (including productivity and quality)?

Monthly

20

○ Semi-annually
○ Annually
○ Never
○ [Other]

What types of data and information do supervisors use during their formal evaluations of staff. Select all that apply.

☐ Quality assurance data from the county
☐ Quality assurance and/or quality control data from the state
☐ Timeliness
☐ Production standards
☐ Observations (e.g., listening to client interviews)
☐ [Other]

Please use the table below to indicate your county's requirements for supervision meetings with direct report and team.

	Required?	**Frequency?**
Meet with individuals	⌄	⌄
Meet with entire team	⌄	⌄

Policies

What are some policies that eligibility workers have frequently struggled with applying accurately in the past couple of years? Reference programs where applicable.

Which policies are the most complicated, confusing, or misaligned for clients?

Are eligibility workers in your county responsible for staying up to date on policy changes (e.g., revisions to state rules, memos etc.)?

○ Yes

○ No

Who is responsible for informing eligibility workers of changes to policy (e.g., revisions to state rule, memos etc.)?

[   ]

Which of the following do you prefer when rules are updated:

○ That the appropriate volume of rules are updated

○ That any changes are communicated through a memo series

○ Both of the above

○ [Other]

Please indicate the ease of finding and interpreting policies for each respective program.

	Easy to find?	Easy to interpret/apply?
SNAP	⌄	⌄
Colorado Works	⌄	⌄
Adult Financial	⌄	⌄
Medical (HCPF)	⌄	⌄

Order the following based on where eligibility workers are instructed to go/reference first when they have a policy-related question.

	Order (1- First, 5 - Last, NA if necessary)
Secretary of State Website	[ ]
Staff Development Division website and training materials	[ ]
Memo series	[ ]
Supervisor	[ ]

Describe how your county uses state-level quality assurance (QA) findings. For example, our county discusses State QA findings in manager/supervisor meetings and at all-staff meetings. We also create county-specific training and deliver this training to all staff.

Who is responsible for completing county-level quality assurance (QA) reviews? Select all that apply.

☐ Supervisors
☐ Lead workers
☐ Trainers
☐ Separate QA staff

Are the county-level case reviews done pre-authorization or post-authorization?

○ Pre-authorization
○ Post-authorization

Describe how your county uses county-level QA findings.

Technology

What percentage of SNAP applications each month are incorrectly identified as expedited SNAP cases?

Paper applications   Electronic applications (PEAK)

What phone system do you us for your call ce ter? D   cribe how this sy tem ither supports or hinders your needs.

Describe any automation, additional technologies, or systems that would improve eligibility processes for your county. For example: our county processes would be improved if we had a single system that could track all of our work, including scheduling and rescheduling interviews.

What are any positive changes, challenges, or areas where eligibility workers have been negatively impacted by CBMS.

What are any positive changes, challenges, or areas where eligibility workers have been negatively impacted PEAK.

What are any positive changes, challenges, or areas where clients have negatively impacted by PEAK.

Wrap-Up

If your county could "give away" any one responsibility to the state, what would your county choose to give to the state to be responsible for?

What are two improvements or changes that would make the greatest difference to your county and your work?

Is there anything else that you would like to share?

Submit

APPENDIX D: MISALIGNMENT OF POLICIES

1. **Interviews:** All CDHS programs require an interview where the Medicaid programs do not. Interviews are required for both application and redetermination. Current CDHS policies are inconsistent in their direction on whether to use a telephone or face-to-face interview. Another area of misalignment is that SNAP regulations require that an appointment notice be provided within four days of the scheduled appointment. This regulation does not exist for Colorado Works or Adult Financial.
    a. **SNAP**: Both telephone and face-to-face are offered at application.
    b. **Colorado Works:** Default method is a telephone interview,
    c. **Adult Financial**: Applicants are required to have a face-to-face interview unless they have good cause.
2. **Change Reporting**: There is little alignment across programs on what types of changes should be reported during a certification period and by what date. This can make it difficult for workers to explain change reporting requirements and increase the potential workload on counties because clients are fearful of being punished for not reporting a change and also because they are merely following their various program's requirements.
    a. **By when must a client report changes?** The timeframes for clients to report changes vary across programs. This is a well-known issue federally. This misalignment causes major confusion to clients and can stretch client's mental energy. This can result in them simply not reporting changes or rather reporting every change as soon as it happens.
        i. **SNAP and Colorado Works**: Changes must be reported by the 10th of the month following the month of the change.
        ii. **Adult Financial**: Changes must be reported within 30 days of the date of the change.
        iii. **Medicaid**: Changes must be reported within 10 days of the date of the change.
    b. **What changes must a client report?** Each program has their own unique set of requirements for what a household needs to report during the certification period. Additionally, for two programs (SNAP and Colorado Works), certain changes need only be reported if the change puts the household over a certain income level. This requires the client to understand how to calculate their own income. Unclear verification requirements can also lead a client to provide more information than necessary (the exact opposite of the goal of simplified reporting) to prevent any negative action happening on their case.
        i. **SNAP**: when household income goes over 130% FPL, when a member wins substantial lottery or gambling winnings, if an ABAWD's work/volunteer hours fall below 20 hours per week.
        ii. **Colorado Works**: When the assistance unit goes over the income reported standard, when the household gets earned or unearned income from a new source, when there is a change to the number of people living in the home, when the assistance unit moves.
        iii. **Adult Financial**: All changes
        iv. **Medicaid**: All changes
3. **Income Disregards:** There are seven programs that have an income disregard and only two programs have the same one. This is the amount of income that the program will not count when calculating the household's income.
    a. **Colorado Works**: First disregard is $90 to see if the household is under the need standard. If they are, then disregard 67% of the income.
    b. **Adult Financial**: Apply disregards before the gross income test. Deduct $65 and then divide the remainder by two for earned income. For unearned income, deduct $20.
    c. **Medicaid Buy-In WaWD**: Same as Adult Financial but do not count spouse's income.
    d. **Medicaid Buy-In Children**: Deduct $90 from earned income of all employed individuals. Then disregard 33% of the household's net income.
    e. **SNAP**: Deduct 20% of the household's earned income. Also allows for an excess shelter deduction, a homeless shelter deduction, a utility allowance, a dependent care deduction, child support expense deduction and an excess medical deduction.

      f. **MAGI Medicaid**: Deduct certain student loan interest, certain self-employment expenses. If the individual is over income, can deduct 5% to see if they become income eligible.

4. **Self-Employment:** There are many places of misalignment within the realm of self-employment. Several of these include:

      a. What constitutes a business expense and can therefore be used as an income deduction. For example, Colorado Works disallows payments on the principal of loans for capital assets, but SNAP allows the principal on the purchase price of real estate and capital assets.

      b. LLC and S-Corps are treated differently for SNAP and Colorado Works versus Medicaid. SNAP and Colorado Works treat these individuals as employees and therefore do not consider them self-employed whereas Medicaid does consider them self-employed.

5. **Verification Requirements**: Verification requirements vary across each program. This complexity and misalignment can lead to incorrect verification requests and potentially incorrect denials for failure to return information. For clients, many of whom are receiving multiple benefits, navigating the differing requirements can again create confusion and lead to them submitting more documentation than is necessary to stem any potential negative action on their case.

6. **Resources**: Differing resource requirements can make it hard for a client to access the full variety of programs. They can also make it difficult for a worker to apply regulations across programs consistently or correctly. There are two components to the misalignment of resources:

      a. **Are resources counted?** Resources are fully exempt for Colorado Works and MAGI Medicaid. Resources are counted for Adult Financial, non-MAGI Medicaid, Long Term Care, and for some categories of SNAP.

      b. **If yes, what are counted?** There are a combined 62 pages across all three volumes discussing resources. These policies cover which resources are countable, which are exempt, and how to calculate the value of any resources that are transferred, or essentially given away, without fair consideration (consideration of the fair market value).

APPENDIX E: COSTS TO FILL VACANCIES IN THE FRONT RANGE CORRIDOR

	Current Vacancies	Salary	Cost to Fill Low (100%)	Cost to Fill High (230%)
Adams County	5	$40,497.60	$202,488	$480,909
Arapahoe County	8	$41,849.60	$334,797	$795,142
Boulder County	22	$41,787.20	$919,318	$2,183,381
Denver County	61	$43,472.00	$2,651,792	$6,298,006
El Paso County	9	$31,627.41	$284,647	$676,036
Elbert County	1	$37,481.60	$37,482	$89,019
Fremont County	1	$37,856.00	$37,856	$89,908
Jefferson County	13	$42,161.60	$548,101	$1,301,739
Larimer County	2	$47,407.00	$94,814	$225,183
Pueblo County	15	$35,100.00	$526,500	$1,250,438
Weld County	4	$52,000.00	$208,000	$494,000
Total	141		$5,845,794	$13,883,761

APPENDIX F: SPECIFIC PROBLEMS AND SUGGESTIONS FOR INTERFACES

Specific problems identified include:

1. Asset Verification Program (AVP): Workers reported that the AVP interface seldom works. They cited examples of long open cases with established resource records but no interface records. They also provided examples of the interface providing outdated information on a current case that had established records.
2. Department of Motor Vehicle (SMV) Lawful Presence: Workers almost unanimously stated that the DMV Lawful Presence interface has rarely worked. This interface is extremely helpful because the current lawful presence affidavit is largely completed incorrectly by clients which makes it unusable. A worker must request the affidavit from the client in instances when the interface doesn't run, and the form wasn't filled out correctly.
3. Social Security Administration (SSA) interfaces: Workers reported that the interfaces from SSA may sometimes be down after hours and on weekends. This is problematic when staff are working overtime during those hours. Workers are required to then re-touch the case during normal business hours to ensure that all interfaces were checked.

   An additional challenge with SSA is that the information doesn't always interface. This is largely seen in households who get a set monthly benefit that is only updated once per year due to a Cost-of-Living increase. When these records don't update, a worker needs to manually go in and update the record before re-running the case to issue the correct benefit amount. There are often hundreds or thousands of records where this happens.

Workers also spoke about potentially useful interfaces:

1. Department of Labor and Employment Unemployment Insurance Benefits (UIB): Currently the CDLE interfaces quarterly wages for Medicaid. These records are not used by the CDHS programs. No unemployment benefit information is interfaced into the system. Having this information interfaced and used by all programs would be extremely useful to workers.
2. Federal Hub access, specifically for The Work Number: One of the major sources of friction at the state and national level is access by non-Medicaid agencies into the Federal Hub. The Federal Hub was a requirement for ACA to ensure real-time eligibility. Currently only Medicaid agencies can access this hub. One source within the hub is The Work Number, which verifies wages for many employers in the state. Counties must contract directly with The Work Number to use its data.

APPENDIX G: PEER STATE MODELS
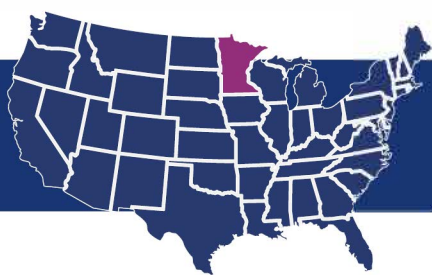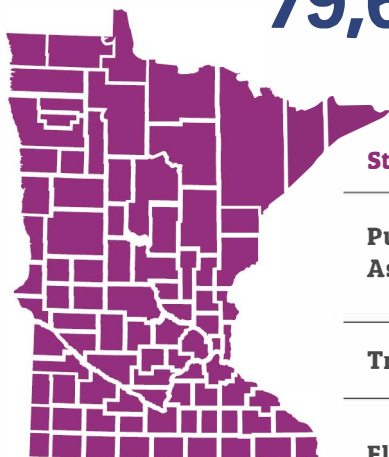
MINNESOTA SNAPSHOT

State size (sq mi)
79,626

Counties
87

Total population
5,706,494

State Agency	Minnesota Department of Human Services
Public and Medical Assistance Divisions	• Children and Family Services: SNAP and Minnesota Family Investment Program (MFIP, TANF) • Health Care Administration: Medical Assistance
Tribal Agencies	3
Eligibility System(s)	MAXIS system: MFIP, SNAP and some Medical Assistance METS: balance of Medical Assistance

Medical Assistance Facts

Number of people on Medicaid	**1.3M**
% of population covered by Medicaid	**28%**
State funds spent on Medicaid	**$15B**
PERM IP rate	**2%**
Expanded Medicaid	**Yes**
12-month post-partum	**Yes**
Continuous Eligibility for kids	**No**

SNAP Facts

Number of people on SNAP	**461,854**
Program access	**76%**
Cost per case	**$555**
PER	**7.89%**
CAPER	**35.06%**
Timeliness	**90.41%**

TANF Facts

Number of people on TANF	**33,823**
Poverty ratio	**60:100**
TANF block grant amount	**$259M**
TANF reserve/carry over	**$103M**
WPR	**14.9%**
Monthly benefit amount	**$632**

	County	Shared	State
Training	–	–	✓
Call Centers	✓	–	–
Client Complaints	–	–	✓
Document Management	✓	–	–

State/County Dynamics
State staff assigned to counties: No

Technology
• Client portal: Yes
• Staff portal/intranet: Yes

County and Tribal Associations
• Association of Minnesota Counties
• Minnesota Indian Affairs Council
• Minnesota Financial Worker and Case Aide Association

Miscellaneous Facts
• Minnesota Merit System supports 42 of the counties
• Performance Management was authorized by the state legislature in 2013
• State will be implementing an annual workforce and business process survey

NORTH DAKOTA SNAPSHOT

State size (sq mi)
569,000

Counties
53

Total population
779,094
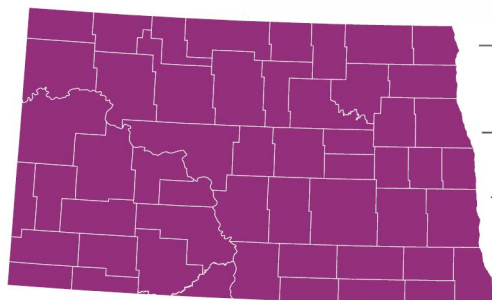
State Agency	North Dakota Health and Human Services
Public and Medical Assistance Divisions	• Human Services Division: SNAP and TANF • Medical Services Division: Medical Assistance
Tribal Agencies	N/A
Administrative Regions	19 Human Services Zones
Eligibility System(s)	Unknown

Medical Assistance Facts

Number of people on Medicaid	**122,189**
% of population covered by Medicaid	**12%**
State funds spent on Medicaid	**$1.4B**
PERM IP rate	**7%**
Expanded Medicaid	**Yes**
12-month post-partum	**No**
Continuous Eligibility for kids	**Yes**

SNAP Facts

Number of people on SNAP	**45,507**
Program access	**64%**
Cost per case	**$749**
PER	**9.37%**
CAPER	**46.15%**
Timeliness	**89.74%**

TANF Facts

Number of people on TANF	**1,738**
Poverty ratio	**5:100**
TANF block grant amount	**$26M**
TANF reserve/carry over	**$1.4M**
WPR	**8.5%**
Monthly benefit amount	**$486**

|	County	Shared	State
Training	–	–	✓
Call Centers	–	–	✓
Client Complaints	–	–	✓
Document Management	–	–	✓

Technology
- Client portal: Economic Assistance and Medicaid Self-Service Portal.
- Staff portal: Unknown

Miscellaneous Facts
- Recent changes to process management to have all counties follow the same business process.
- 19 Human Services Zones were organized into 4 regions beginning in February 2023.
- Reviewers will "error-proof" cases before processing
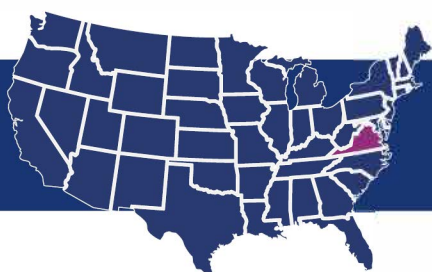
VIRGINIA SNAPSHOT

State size (sq mi)
39,490

Counties
95

Total population
8,631,393
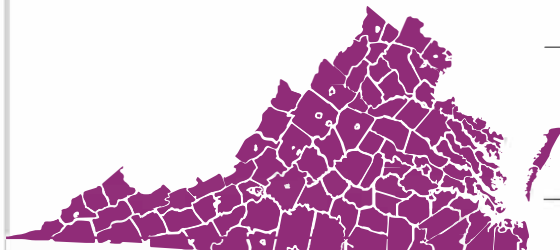
State Agency	Virginia Department of Social Services
Public and Medical Assistance Divisions	Division of Benefit Programs: MA eligibility, SNAP and TANF
Tribal Agencies	N/A
Administrative Regions	State is divided into 5 regional areas for state supervision.
Eligibility System(s)	VaCMS

Medical Assistance Facts

Number of people on Medicaid	**1.9M**
% of population covered by Medicaid	**16%**
State funds spent on Medicaid	**$16B**
PERM IP rate	**5%**
Expanded Medicaid	**Yes**
12-month post-partum	**Yes**
Continuous Eligibility for kids	**No**

SNAP Facts

Number of people on SNAP	**832,658**
Program access	**73%**
Cost per case	**$546**
PER	**8.19%**
CAPER	**46.81%**
Timeliness	**99.04%**

TANF Facts

Number of people on TANF	**37,698**
Poverty ratio	**18:100**
TANF block grant amount	**$157M**
TANF reserve/carry over	**$133M**
WPR	**14.5%**
Monthly benefit amount	**$559**

	County	Shared	State
Training	–	–	✓
Call Centers	–	–	✓
Client Complaints	–	–	✓
Document Management	–	–	✓

Technology
- Client portal: Yes
- Staff portal: Yes

County and Tribal Associations
Virginia Association of Counties

Miscellaneous Facts
- Little communication between the state "home office" and the counties.
- Between 4 and 8 state and regional staff who are processing backlog cases
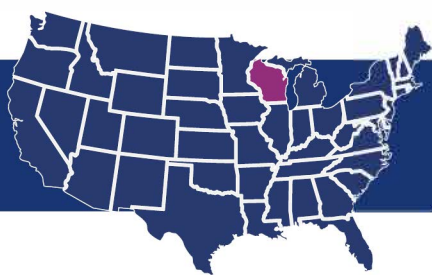- State has contracted with one vendor to perform all Medicaid only application processing.

State/County Dynamics
There are 5 regional state offices that have assigned counties. County communication and oversight is left to the regional offices.
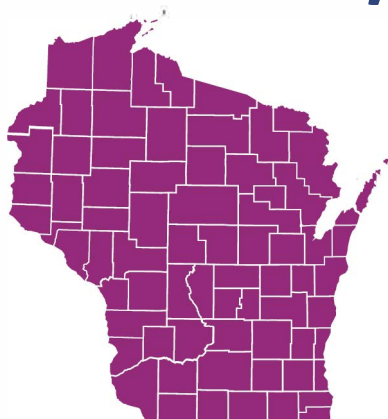
WISCONSIN SNAPSHOT

State size (sq mi)
54,157

Counties
72

Total population
5,893,718

State Agency	• Wisconsin Department of Health Services : BadgerCare (Medical Assistance) and FoodShare (SNAP) • Wisconsin Department of Children and Families: Wisconsin Works (W2, TANF)
Public and Medical Assistance Divisions	• Division of Medicaid Services: Badger Care • Division of Nutrition and Food Assistance: FoodShare • Division of Family and Economic Security: Wisconsin Works
Tribal Agencies	9
Administrative Regions	11 consortia offices for FoodShare and BadgerCare 10 regions for W2
Eligibility System(s)	CARES Worker Web

Medical Assistance Facts

Number of people on Medicaid	**1.3M**
% of population covered by Medicaid	**18%**
State funds spent on Medicaid	**$10.4B**
PERM IP rate	**6.8%**
Expanded Medicaid	**No**
12-month post-partum	**No**
Continuous Eligibility for kids	**No**

SNAP Facts

Number of people on SNAP	**709,795**
Program access	**93%**
Cost per case	**$389**
PER	**4.33%**
CAPER	**46.15%**
Timeliness	**100%**

TANF Facts

Number of people on TANF	**24,675**
Poverty ratio	**20:100**
TANF block grant amount	**$312M**
TANF reserve/carry over	**$204M**
WPR	**36.9%**
Monthly benefit amount	**$653**

	Consortia	Contractor	State
Training	–	–	✓
Call Centers	✓	✓	–
Client Complaints	✓	✓	–
Document Management	–	–	✓

State/County Dynamics
State staff assigned to contractors: Yes

Technology
• Client portal: Yes
• Staff portal: Unknown

County and Tribal Associations
• Wisconsin Counties Association
• Wisconsin County Human Services Association

Miscellaneous Facts
• Clients can use ACCESS to schedule appointments with eligibility workers
• W2 is fully contracted out for eligibility and case management.
• Workers will only see those screens in the statewide eligibility system for their assigned programs.

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