



Colorado State/County Districting Advisory Group

Group: Meeting #1
12/4/25



COLORADO
Department of Health Care
Policy & Financing



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Department of Human Services



Agenda

- Welcome (Minna/Rachel) 12:00-12:15
- What We Learned this Week (All) 12:15-12:45
- Presentation: What We Learned from Research (Abby/Josh) 12:45-1:15
- Introduction: What Districts Could Look Like (Shelley/Abby/Josh) 1:15-1:45
- BREAK 1:45-2:00
- Group Discussion (Jerene/Aaron) 2:00-3:45
- Closing (Minna/Rachel) 3:45-4:00

Note: This Presentation is a Deliberate Work Product for State and Senior County Leadership Only



What we learned
this week



Using Districts to Strengthen Colorado's Eligibility System

A Review of the Data and Research

December 2025



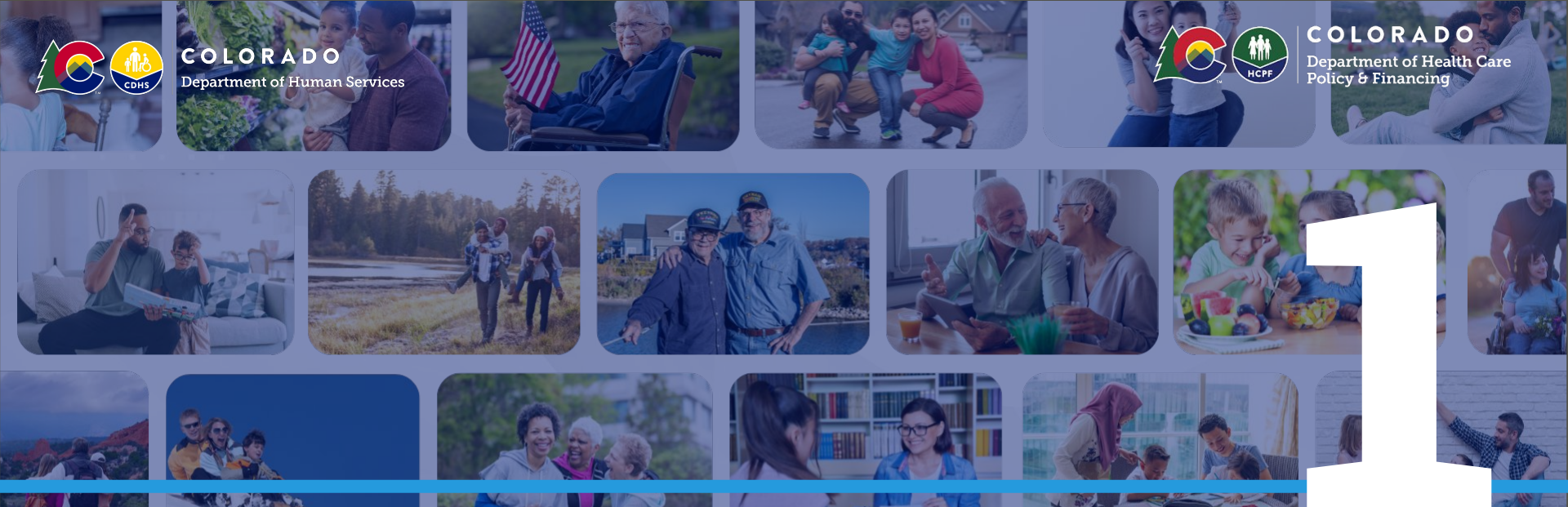


The State proposes moving from a county-by-county eligibility model to regional eligibility districts for Supplemental Nutrition Assistance Program (SNAP), Medicaid, Adult Financial, and Temporary Assistance for Needy Families (TANF).

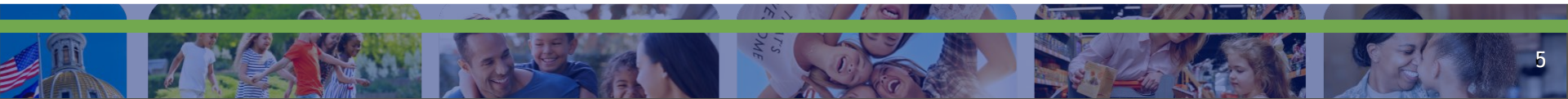


Focus:

- Containing administrative costs
- Improving accuracy and client experience
- Reducing burden and risk for Colorado's counties



Evidence Overview



What evidence was reviewed?

- **National and Colorado-specific research on the administration of SNAP, TANF, and Medicaid**
 - “Exploring the Causes of State Variation in SNAP Administrative Costs” (Manhattan Strategy Group & Urban Institute, 2019)
 - “A Descriptive Study of County- versus State-Administered Temporary Assistance for Needy Families Programs” (Urban Institute, 2015)
 - “Eligibility, Enrollment, and Renewal: Case Study Findings” (MACPAC, 2018)
 - “Exploring the Causes of Cross-State Variation in Overpayments of Monthly SNAP Benefits” (Issar et al., 2005)
 - Colorado’s own “Assessing Best Practices in Public and Medical Assistance” study (Public Consulting Group 2023, p. 82)

Implication: Most detailed cost and payment-error data are for SNAP. We apply those findings across programs because, in Colorado, the same workforce and systems handle SNAP, Medicaid, Adult Financial, and TANF.

What evidence was reviewed?

- **Federal guidance on SNAP administration**
 - “SNAP: Keys to Payment Accuracy” (USDA Food and Nutrition Service, 2024)
 - “SNAP: Keys to Application Processing Timeliness” (USDA Food and Nutrition Service, 2024)
- **Analyses using national data on SNAP**
 - Payment error rate (PER) trends using SNAP quality control data by state (FNS QC data)
 - SNAP cost-per-case estimates using “SNAP State Activity Report FY 2023”
- **Interviews with states that have transitioned to regionalized administrative models**

Implication: Most detailed cost and payment-error data are for SNAP. We apply those findings across programs because, in Colorado, the same workforce and systems handle SNAP, Medicaid, Adult Financial, and TANF.



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SNAP Evidence



SNAP: Payment Error Rate (PER)

Context

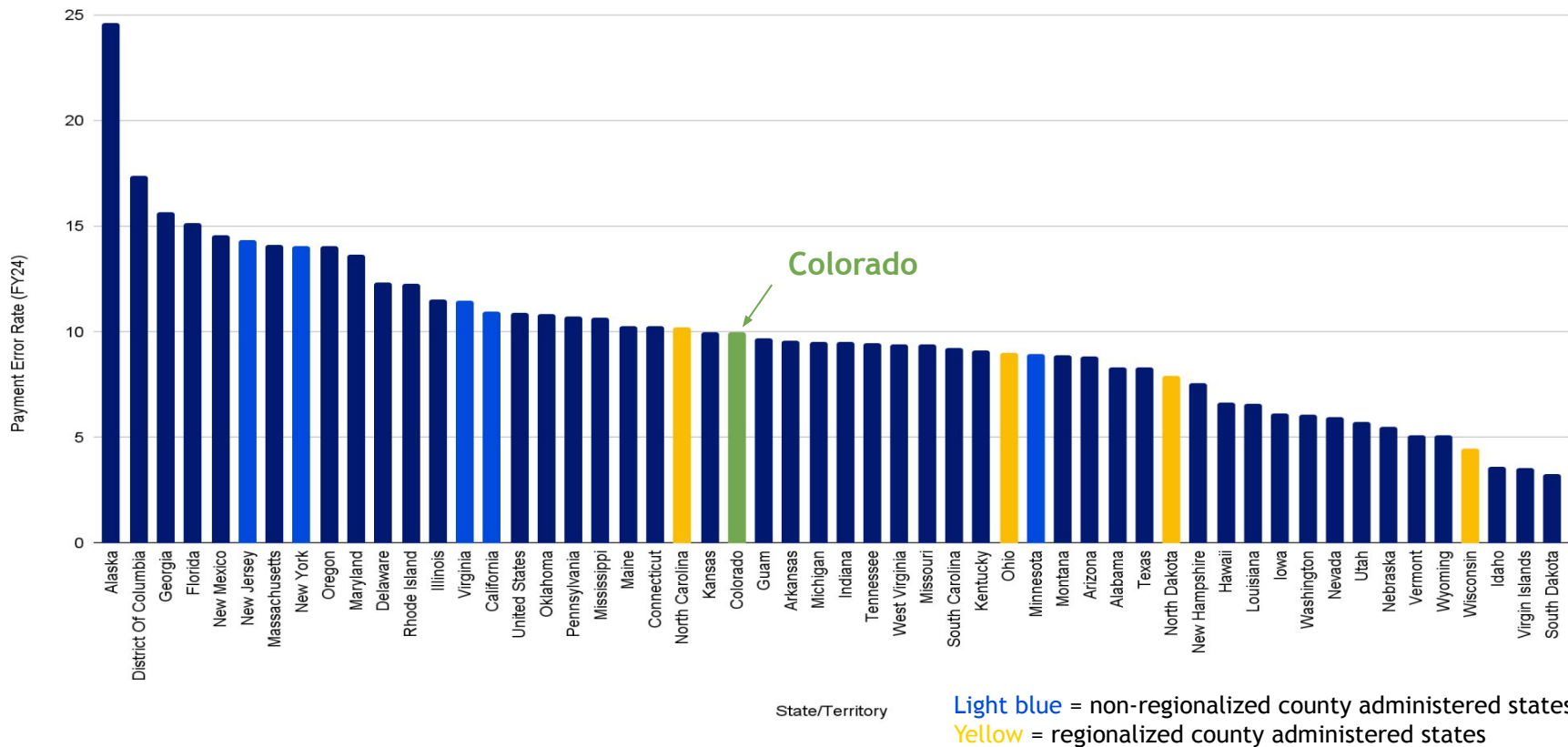
- Under H.R. 1, states with a SNAP PER of 6% or higher will have to pay a share of SNAP benefit costs starting in FY 2028.
- Colorado's FY 2024 PER is 9.97%, slightly better than the national average (10.93%) but above the 6% threshold.

What the national research says:

- USDA's "SNAP: Keys to Payment Accuracy" finds that lower PERs are driven by: **staff training and supervision, clear business processes, strong quality control, and effective use of data-matching and documentation tools.**
- The Manhattan Strategy Group & Urban Institute study finds that **management practices, workflow design, and system features** explain most performance differences across states.

Implication: Districts are designed to scale standardized workflows, centralized quality assurance, and consistent training across the state, rather than relying on 64 counties to do this separately. That aligns with USDA guidance on reducing PER.

SNAP: PER & State Administrative Structure



SNAP: Application Processing Timeliness (APT)

Context

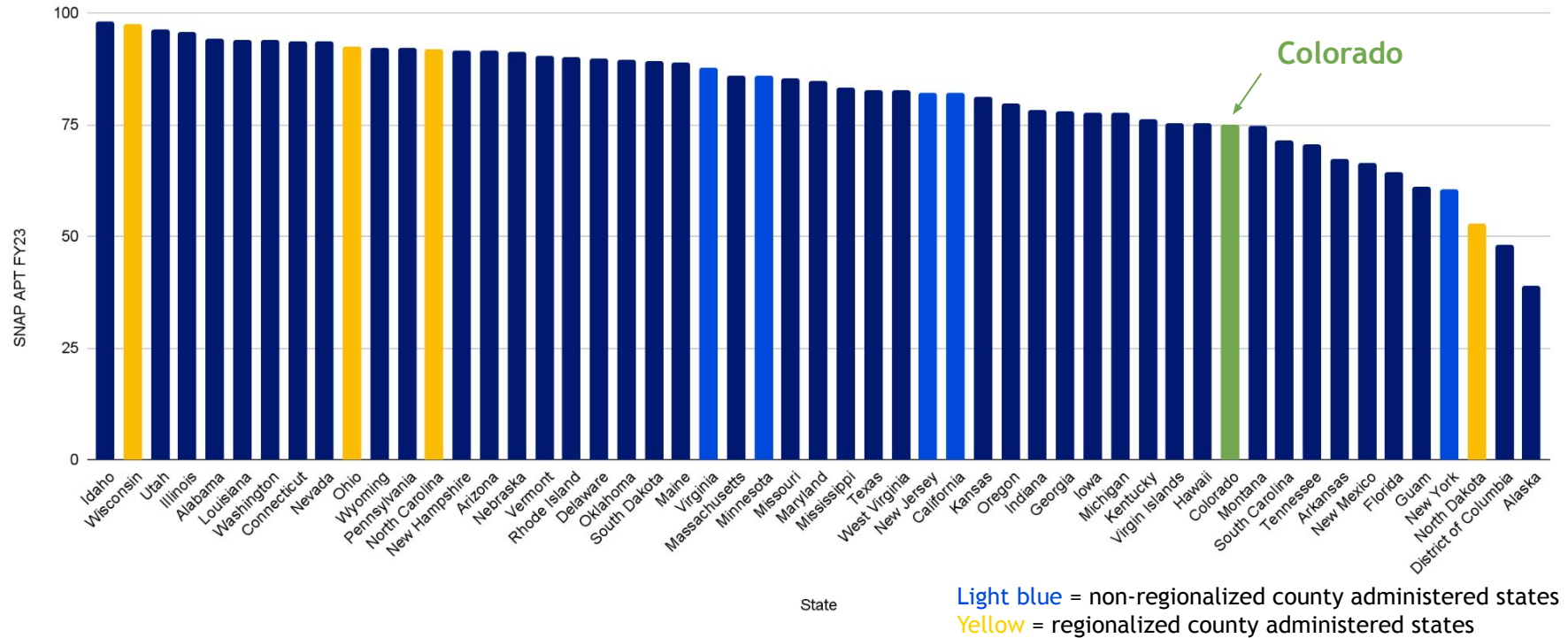
- Federal rules require most SNAP applications to be processed within 30 days (and 7 days for expedited cases).
- The Food and Nutrition Service tracks APT as a core performance measure.
- Colorado must maintain high APT to avoid federal corrective action and to ensure eligible households receive benefits on time.

What the national research says:

- USDA's "SNAP: Keys to Application Processing Timeliness" finds that drivers of APT are: **root-cause analysis, monitoring timeliness data, staffing and workload management, clear and standardized business processes, and effective use of technology and data-matching tools.**
- Again, the Manhattan Strategy Group & Urban Institute study finds that **management practices, workflow design, and system features** explain most performance differences across states.

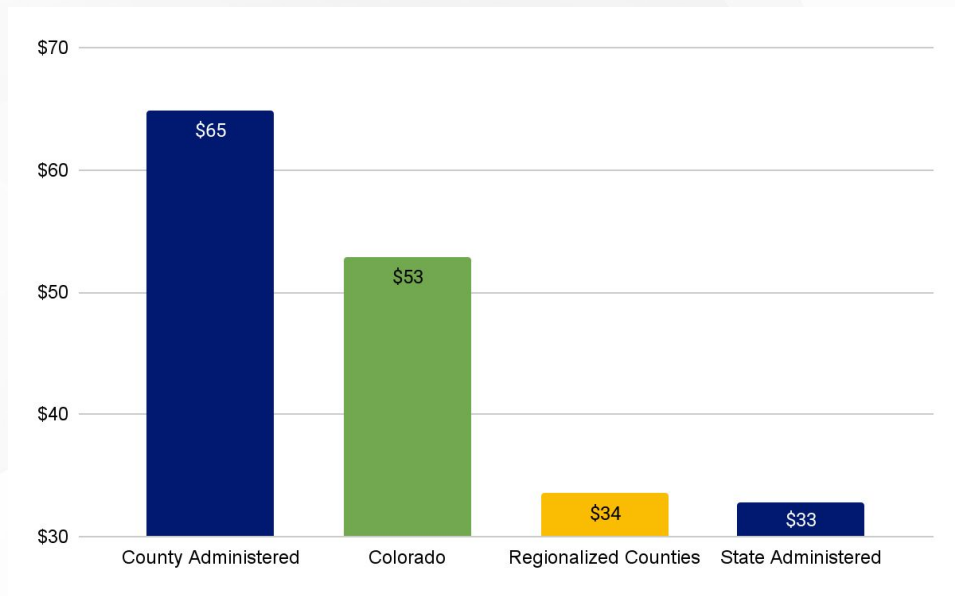
Implication: Districts allow Colorado to pool staff, standardize workflows, and monitor timeliness statewide – directly targeting the management and process factors linked to better APT.

SNAP: APT & State Administrative Structure



SNAP: Administrative Models Impact Costs

SNAP average monthly administrative cost per case, FY 2023

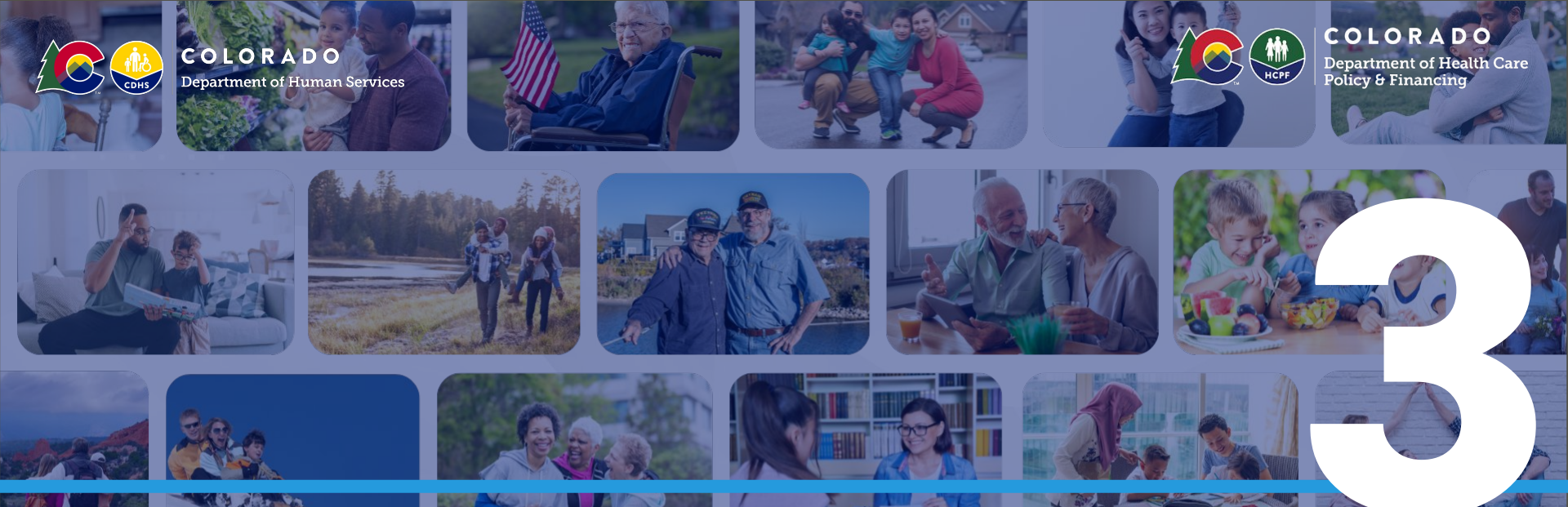


Why this matters:

States that administer eligibility at a more centralized or regional level spend about \$19 less per SNAP case than Colorado.

Source: SNAP State Activity Report FY 2023; CDHS calculations.

Implication: National data suggest that moving from a county-by-county model to regional districts is associated with meaningfully lower administrative costs per SNAP case.



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TANF Evidence



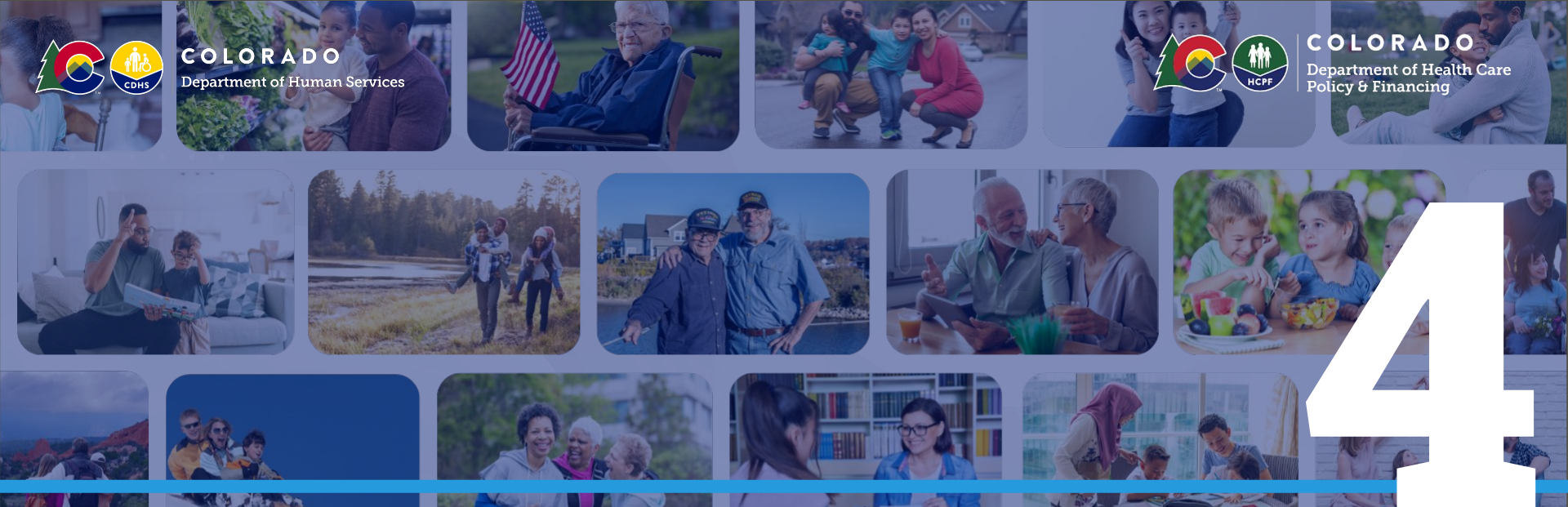
TANF: Structure vs Overhead

What the national research says:

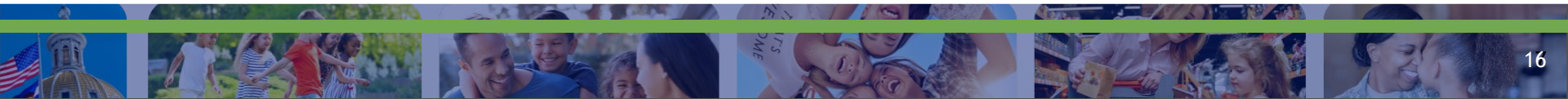
- The Urban Institute’s “Descriptive Study of County- versus State-Administered TANF Programs” found no consistent performance advantage for either structure based on outcomes like work participation or caseload trends.
- However, county-administered systems tend to have:
 - Higher administrative overhead from duplicated management and processes.
 - More inconsistent implementation and policy interpretation.
 - More difficulty rolling out new tools and common training statewide.

Why this matters:

- TANF’s block grant has been frozen for decades, so its real value has fallen.
- Every administrative dollar saved through regionalization is a dollar that can stay in direct services and supports.
- The research supports this proposal’s logic that consolidating and standardizing eligibility work — not just shifting who is in charge — helps reduce overhead and inconsistency.



Medicaid Evidence



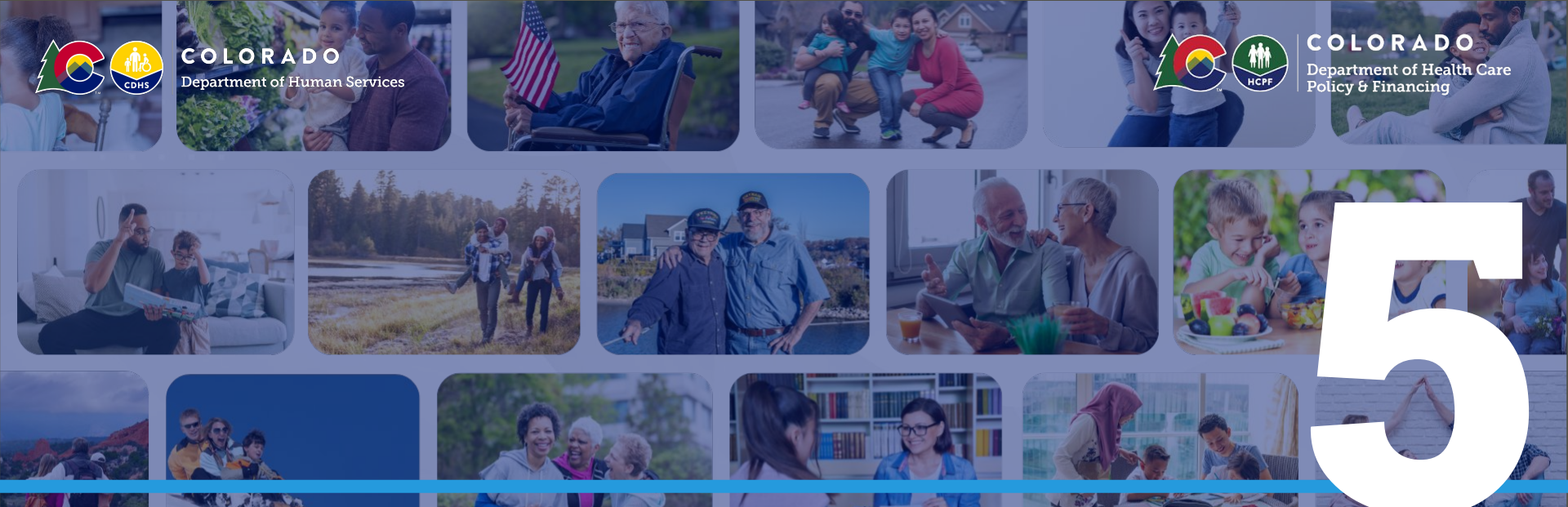
Medicaid: Eligibility Systems & Administrative Burden

What the national research says:

- MACPAC’s “Eligibility, Enrollment, and Renewal: Case Study Findings” shows that most Medicaid and CHIP eligibility errors stem from documentation and process failures, not fraud.
- States with streamlined, standardized eligibility and renewal processes that are consistent statewide, supported by strong IT and data-matching tools (including ex parte/automated renewals), see:
 - Increased administrative efficiency
 - Less paperwork for clients
 - Better retention of eligible beneficiaries and fewer errors

Why this matters:

- Colorado has modern tools for Medicaid and SNAP eligibility, but use of these tools still varies across counties.
- A district model gives the state stronger levers to support consistent use of best practices, which is linked to:
 - Lower eligibility error rates, as they relate to payment error rate measurements
 - Less member “churn” and administrative burden
 - More efficient use of eligibility staff time



Lessons From States That Have Regionalized



Lessons from Regionalized County States

Ohio



Moved from county-administered to partial centralization

North Dakota & North Carolina



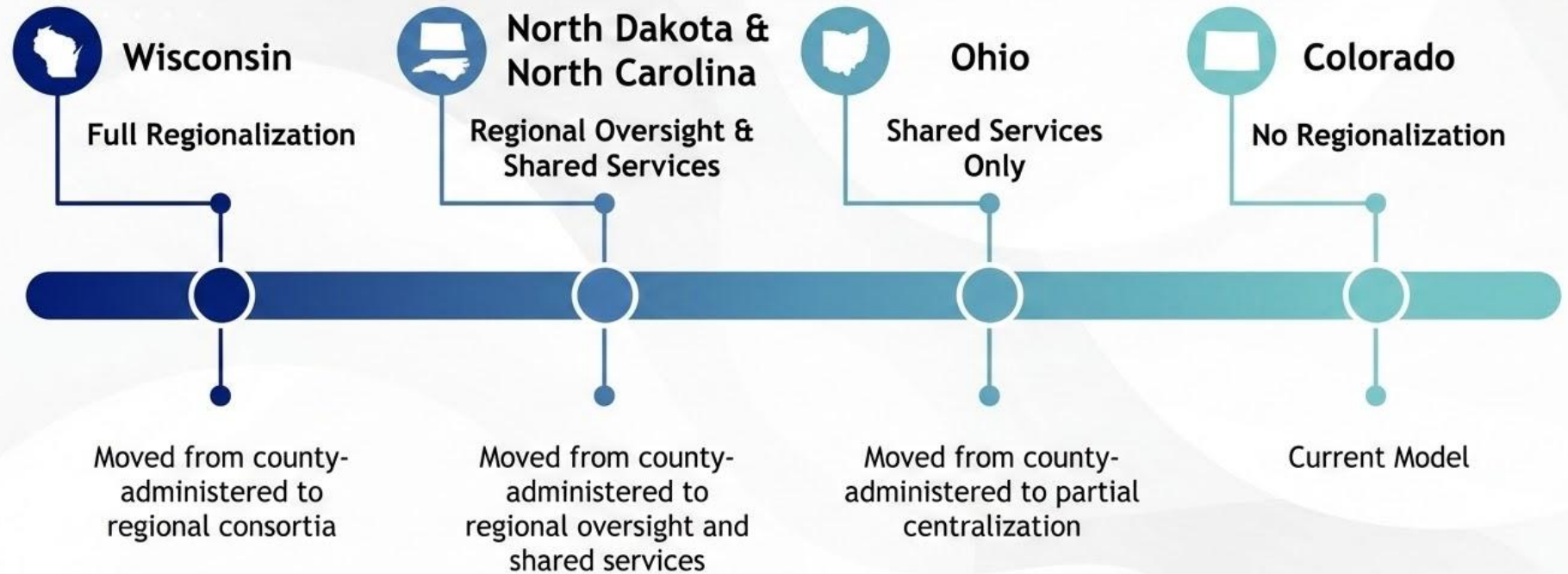
Moved from county-administered to regional oversight and shared services

Wisconsin



Moved from county-administered to regional consortia

Spectrum of Regionalization



Ohio



Regionalization “light” - only have **shared services**, primarily a centralized phone system



Have **pay for performance** contracts with counties.



Considering moving towards **higher level** of regionalization to respond to **SNAP** and **PER** changes.



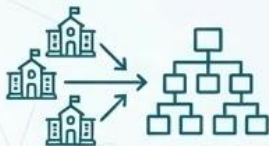
North Carolina



State has **7 regions**, but they don't really manage SNAP.



Regionalization assists with **technical assistance** and **budgets** only. Has helped with **relationships** between state and counties.

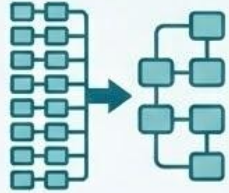


Individual counties are responsible for all their own eligibility work.



Also considering moving towards **more structured regionalization** to get more of the benefits from **shared eligibility processing**.

North Dakota



Recently consolidated down **19 service zones** grouped into **4 regions**, each with a **regional manager**.



Strong communication between state and zones to establish policy, **frequent regional meetings**.



Original implementation didn't assist performance outcomes, but **consolidation of zones** and frequent **targeted conversations on metrics** has resulted in **improvement**.

Wisconsin



10 regions (consortia), **pool eligibility work** within regions. Can also **share work** across regions.



Also have **shared services**, including **phone system**.



Governance structure of **regional chairs** who meet with the state. This has **improved negotiating relationships** and policy and process implementation.



Performance contracts govern **outcome metrics** for regions - although have never used formal CAP mechanism.

Lessons from Regionalized County-Administered States

What we learned:

- Regionalization can reduce costs and improve performance, especially when paired with:
 - Shared funding and workload
 - Performance-based contracts
 - Ongoing state-county governance (as in Wisconsin)
- “Light” or partial centralization (for example, call centers alone) tends to bring operational improvements but limited impact on PER.
- Colorado’s proposed districts, with clear performance expectations, are intentionally closer to Wisconsin’s more successful model than to lighter-touch approaches.

Break





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Evidence Recap



How the Evidence Backs District Approach

Better Accuracy & Client Experience

SNAP and Medicaid research (USDA, MACPAC) link **standardized workflows**, **strong quality assurance**, and **modern eligibility systems** to lower error rates and less paperwork for clients.

Districts are designed to scale these practices across regions instead of 64 separate operations.

Cost Savings

National SNAP data show state-supervised, county-administered states spend more per case than regionalized or state-administered states.

Colorado spends about \$53 per SNAP case/month vs. about \$34 in regionalized peers.

Reduced Burden & Risk for Counties

TANF and SNAP research highlight duplication and uneven implementation in fragmented county systems.

Examples from WI, ND, NC, and OH show regionalization lets counties share workload and risk, with clearer state support and QA.

What the Evidence Does and Doesn't Say

What it does not say

- There is not a single “correct” way to organize districts.
- TANF and Medicaid research does not say that state-run systems always outperform county-run systems on every outcome.
- SNAP, TANF, and Medicaid studies do not show that county-administered models are inherently worse; rather, they highlight the challenges that come with highly fragmented local structures.
- Much of the detailed cross-state cost and error data is SNAP-specific; other programs have fewer comparable metrics.

What it clearly supports

- Standardization, consolidation, and modern systems reduce overhead, errors, and administrative burden.
- Highly fragmented, county-by-county structures make it harder to sustain best practices and to scale innovations statewide.
- Regional models like Wisconsin's show that regional structures with shared funding, strong quality assurance, and performance contracts can deliver both cost control and strong SNAP payment accuracy (low PER).

How We're Using the Evidence

Using SNAP data to estimate order-of-magnitude savings and risk reduction, not a precise dollar figure.

Applying SNAP lessons across programs because the same workforce and systems serve SNAP, Medicaid, Adult Financial, and TANF.

Designing districts as a middle path: away from 64 separate operations and toward regional structures that make evidence-based practices possible.

Key Takeaways from the Evidence

Costs: Colorado's current model is more expensive than regional alternatives. SNAP cost-per-case data show state-supervised, county-administered states (including Colorado) spend more per case than regionalized or state-administered states.

Accuracy & federal risk: SNAP and Medicaid research — and federal rules under H.R. 1 and PERM — point to standardized workflows, strong QA, and modern eligibility systems as the way to reduce error rates and avoid state cost-sharing and clawbacks.

Counties & local presence: Research and state examples (WI, ND, NC, OH) show that regional structures with shared funding, clear performance expectations, and collaborative governance can reduce duplication and risk while preserving local offices and county roles. BA-03's proposed districts follow this pattern.

Additional Information to Come

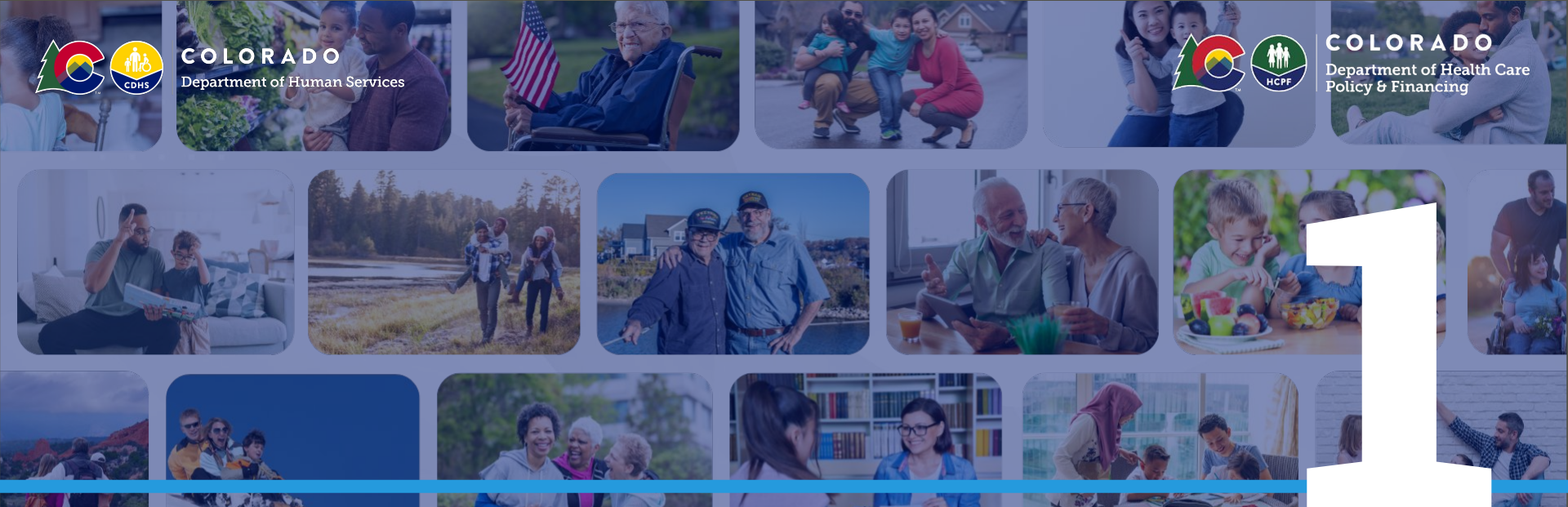
In Upcoming Sessions We'll Share:

- Research regarding Performance-Based Contracts and incentives.
- Human Resources
- Fiscal Modeling



What Districts Could Look Like





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District Makeup



District Roles

A district consists of:

A “Hub” County

- Lead fiscal and administrative agent of the district, maintains the formal relationship between the state and those counties
- Responsible for subcontracting with each district county or completing the work for an individual county that has opted out of subcontracting with the district
- Responsible for meeting federal and state performance and compliance requirements; implementing internal controls, policies and procedures, and setting production standards for staffing.

A number of other Counties

- Maintain in-person services in the county (front desk staff)
 - Option 1: Subcontract. Hub reimburses the county for costs of eligibility techs and supervisors, who remain direct employees.
 - Option 2: Opt-out. District Hub will complete all work for that county within the Hub. Staff who do that work will be employees of the Hub.

Minimum Characteristics of a District System



Model

- Staff model & workflow processes to meet budget/performance requirements
- In-person & virtual during business hours
- State-prescribed training
- Minimum of 2 counties
- Need not be geographically contiguous



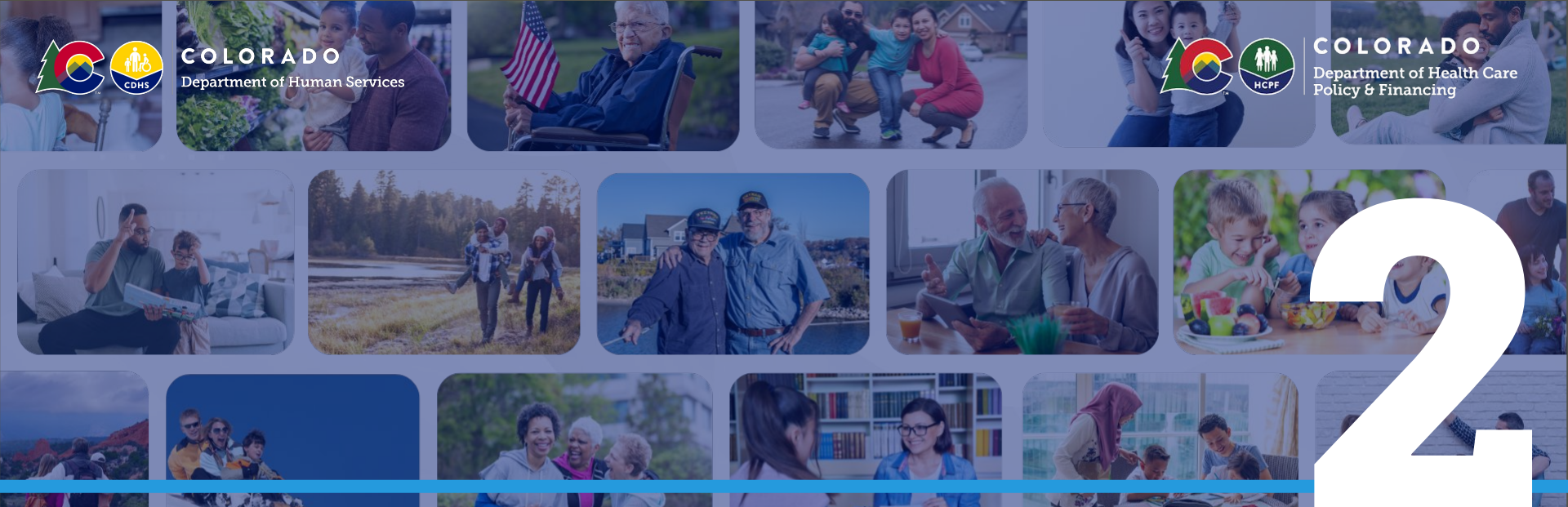
Technology

- Technology and systems that are compliant with federal and state guidelines
- Single unified statewide work management system with ability to seamlessly transfer work to other regions/counties



Governance

- One single high performing county as lead (Hub)
- Hub leader directly accountable to the state
- Performance-based contract
 - State is responsible for policy and performance standards
 - Districts are responsible for operationalization of programs



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Proposed District Creation Process



Districting Selection Process

Identified Hubs

Identified counties with strong performance, processes, technology, and fiscal performance

Identified Districts

Identified counties who share geographic or community characteristics with the hub

Result

Iterated until finalizing with 11 districts

Selecting Hubs

Selection based on:

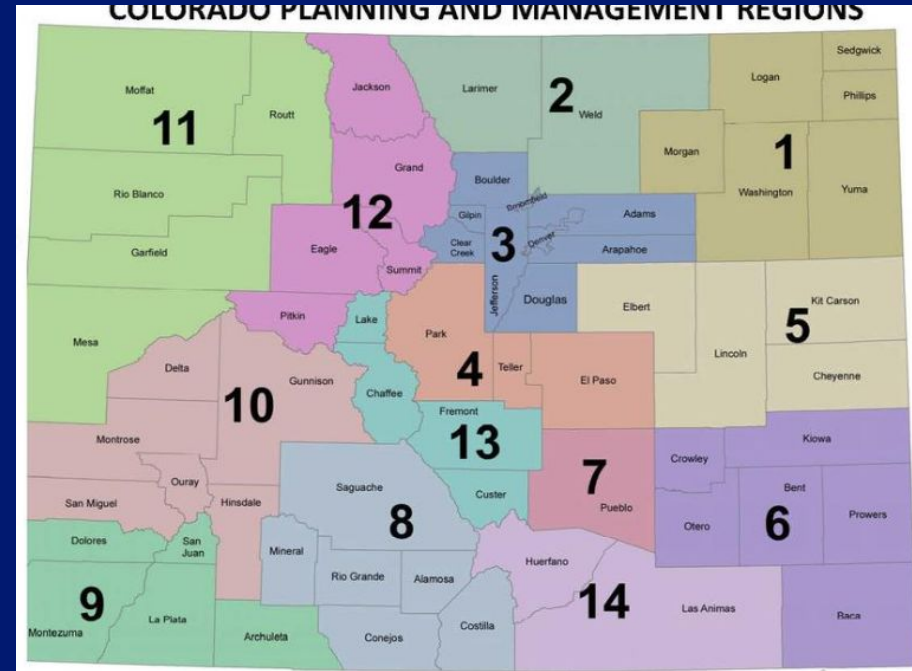
- Performance and compliance in public and medical assistance program administration;
- Fiscal stewardship;
- Population base and workforce availability; and
- Strength of internal controls, policies and procedures
- Other considerations, such as geography.

Geography

- Balancing the desire for local and community responsiveness with the benefits of larger groupings
- We believe any more than about 11 regions will result in groupings too small to produce benefit
- Some states have groupings that are not geographically contiguous (counties aren't next to each other)
- All counties must participate in a district, groups of two or more help leverage pooled resources and process consistency

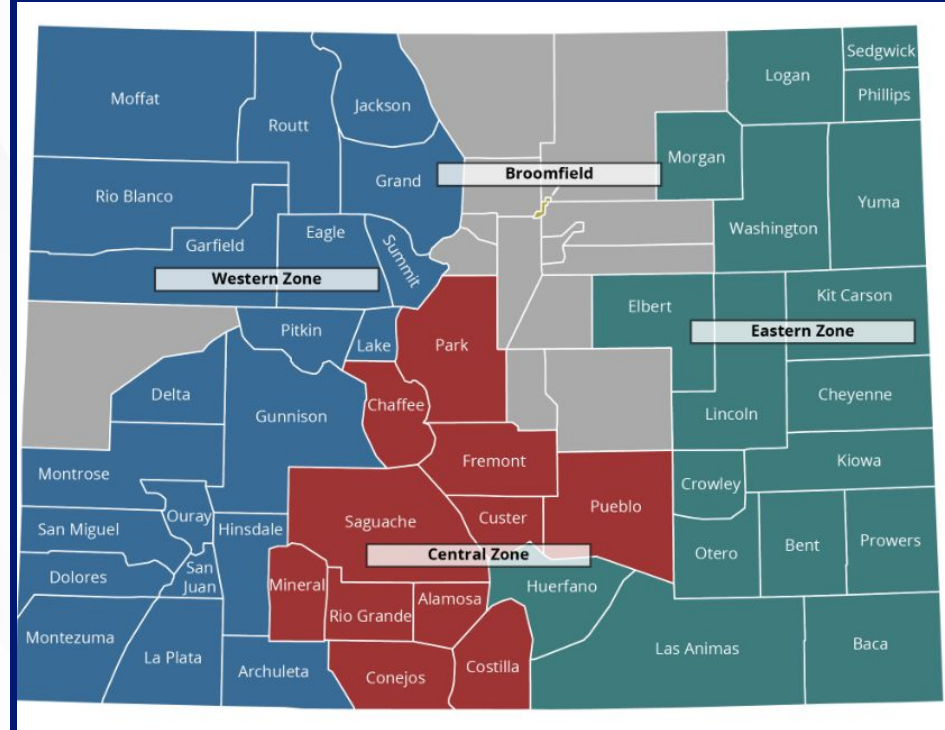
Colorado Regions

<https://coloradoregions.colorado.gov/about>



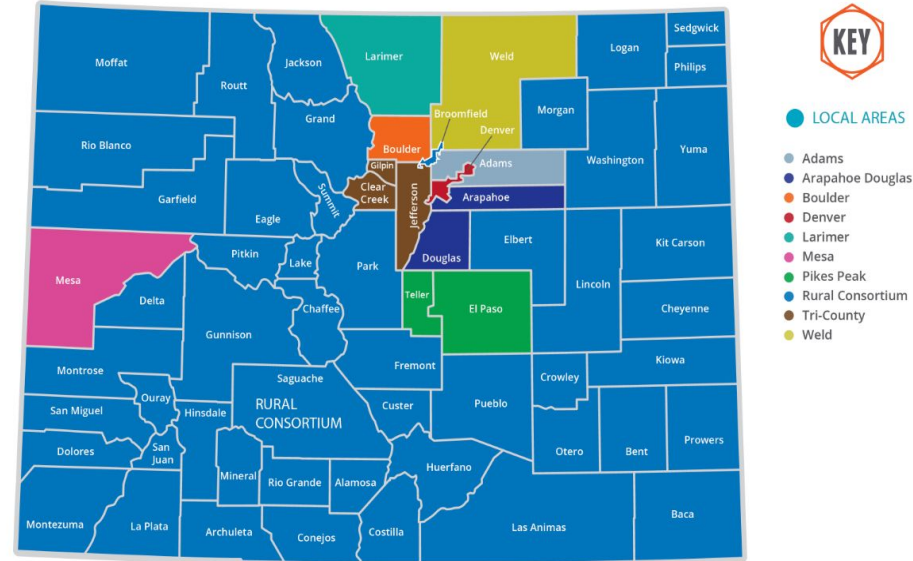
Colorado Rural Workforce Consortium

<https://crwc.colorado.gov/>



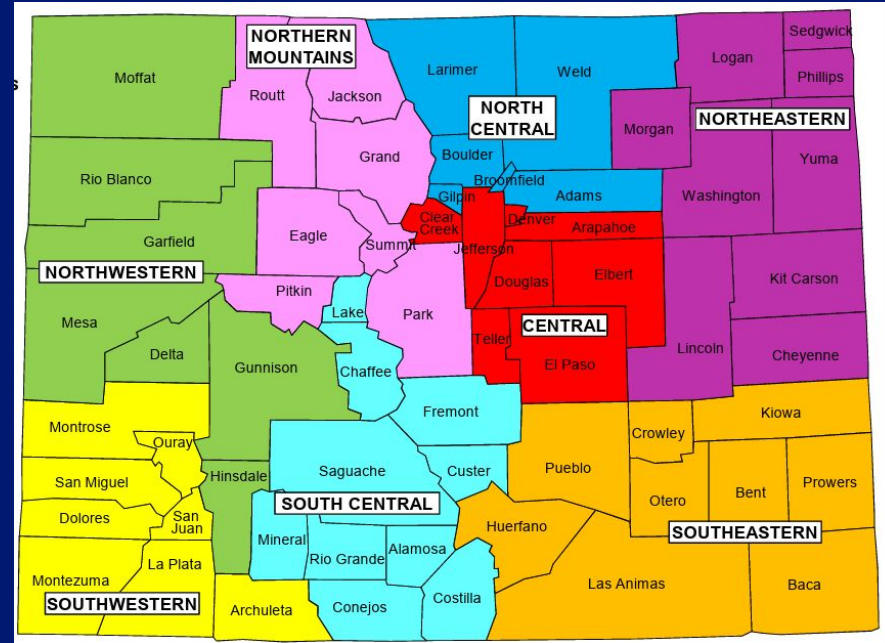
Workforce

<https://cwdc.colorado.gov/get-involved/workforce-development-boards>



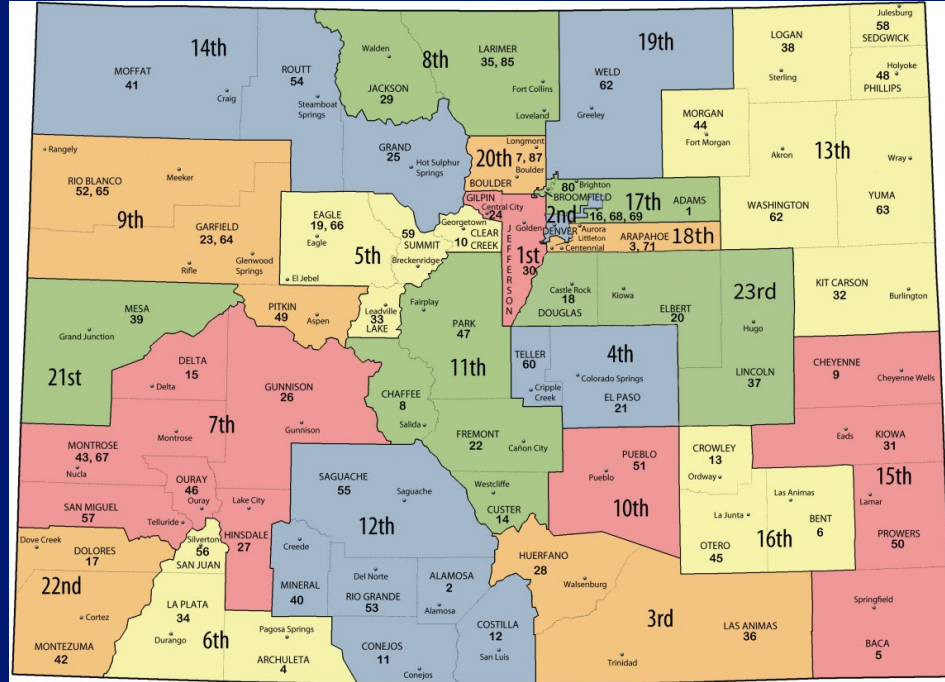
Regional Managers and Regional Assistants

<https://ccionline.org/wp-content/uploads/2025/02/New-RA-RM-Master-Map.pdf>



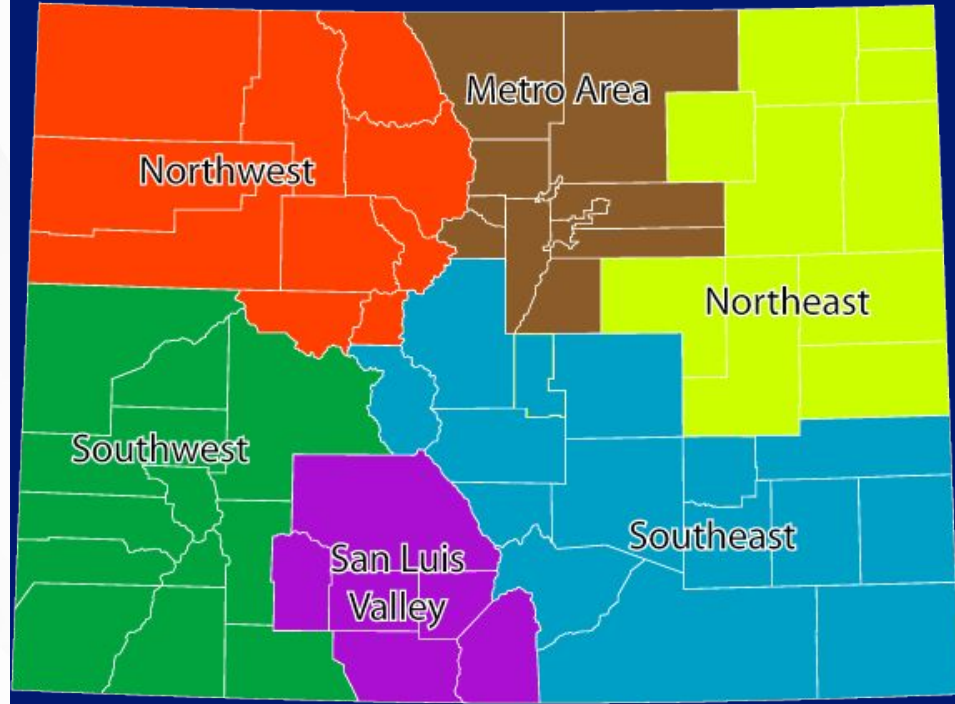
Colorado Judicial Districts

<https://www.coloradojudicial.gov/colorado-judicial-district-map>



CHSDA

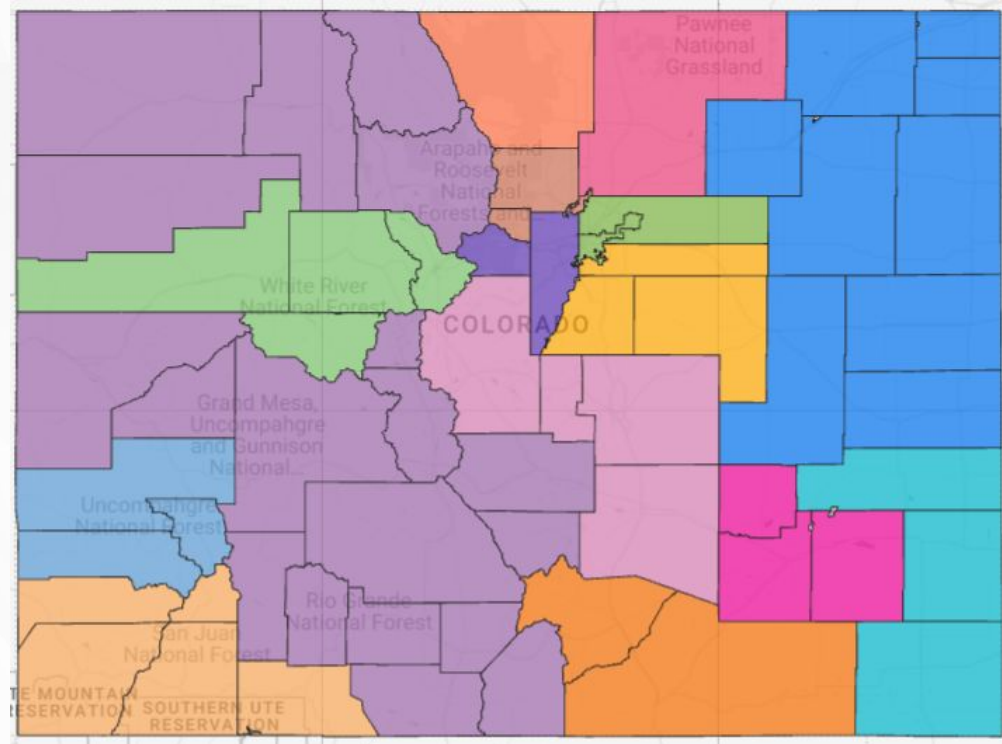
<https://coloradohsda.org/about-chsda/regions/>



HCBS Case Management Agencies

Case Management Agen...

- Northeastern Colorad...
- Prowers County Publi...
- Otero County
- Las Animas County
- Developmental Pathw...
- Rocky Mountain Hum...
- Jefferson County
- A&I Avenues
- Weld County
- Foothills Gateway, Inc.
- The Resource Exchang...
- Rocky Mountain Healt...
- Garfield County
- Montrose County
- Community Connectio...

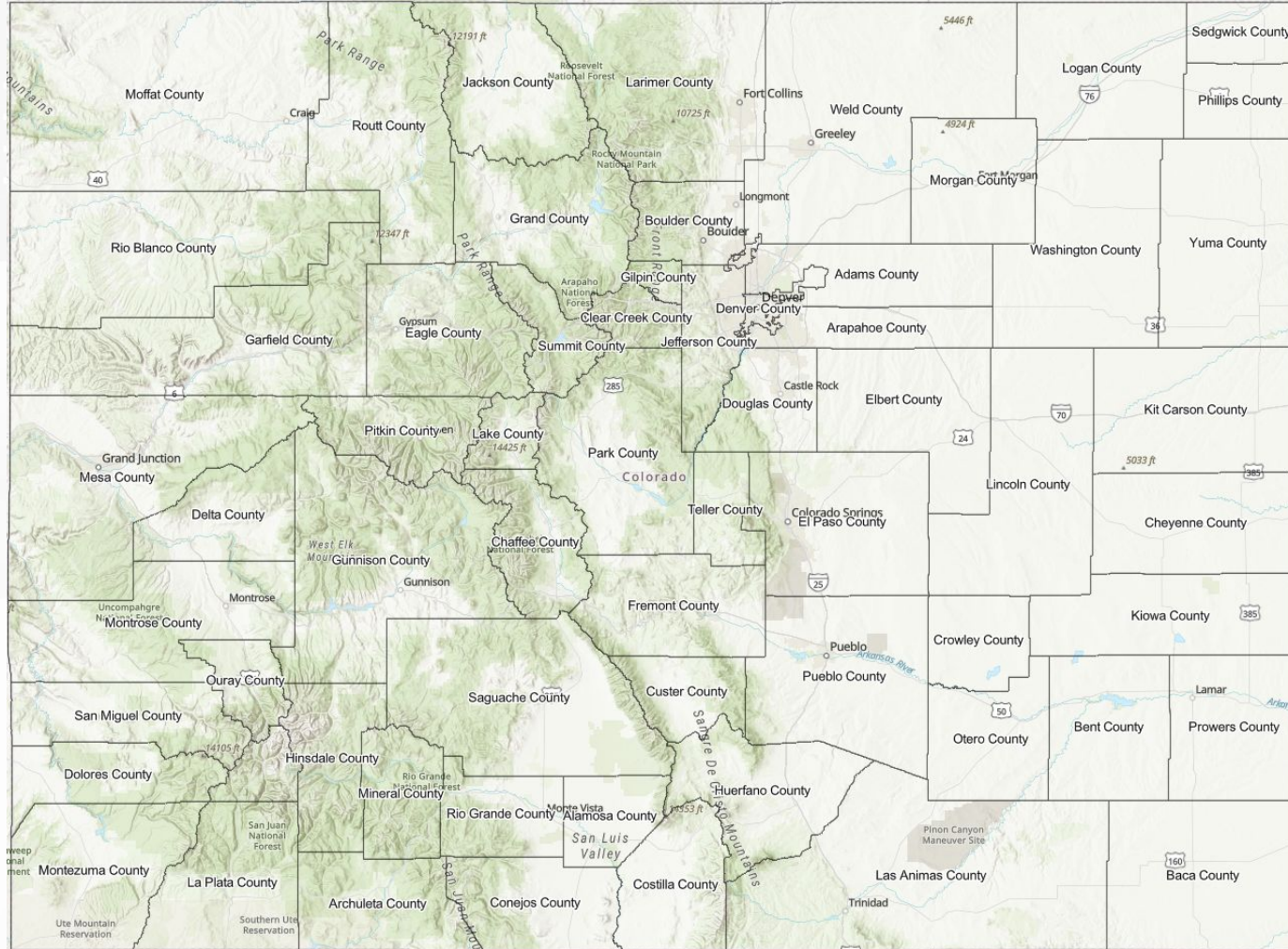


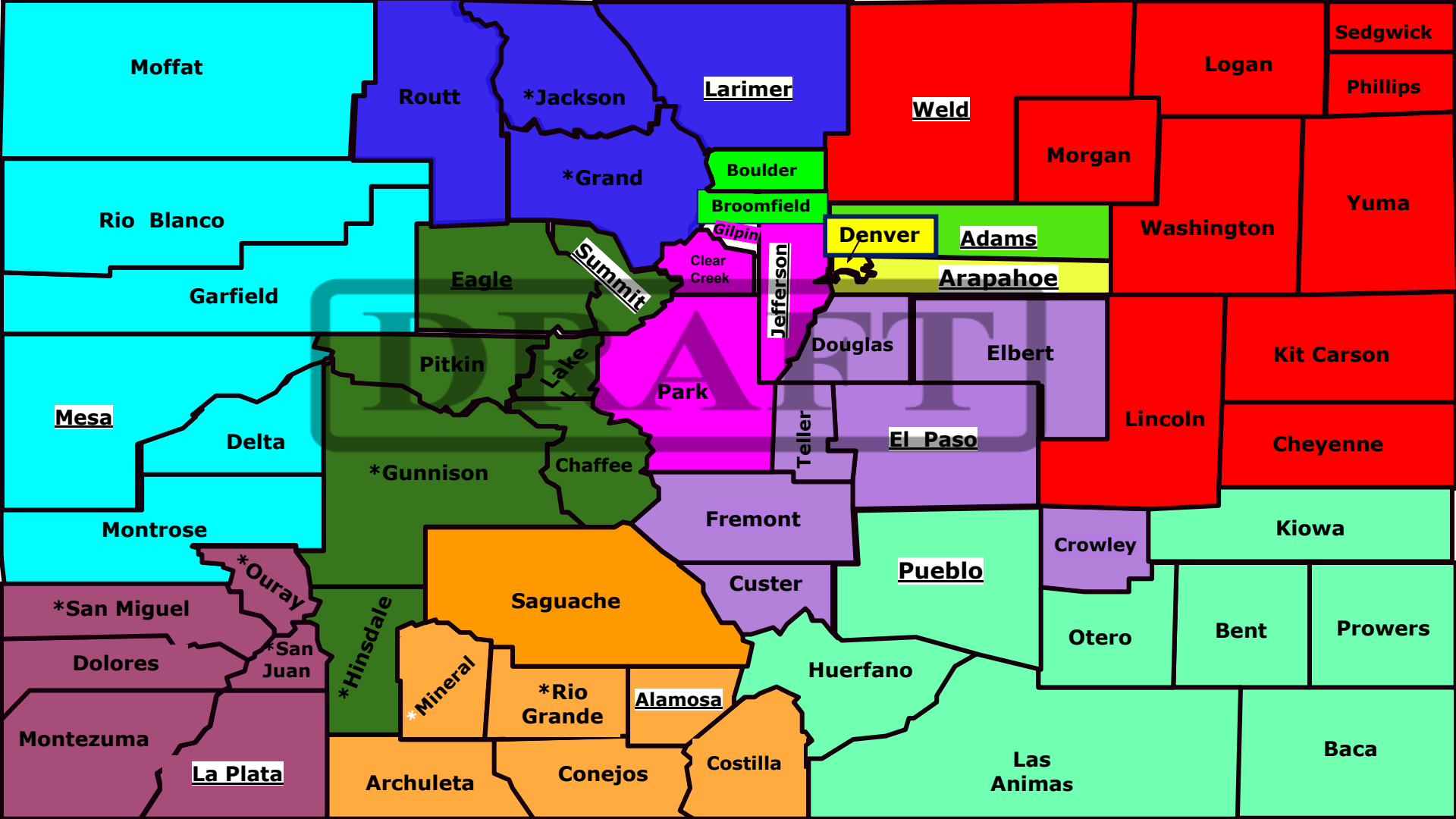
<https://hcpf.colorado.gov/my-hcbs-case-management#Map>

Accountable Care Collaborative Phase III



- Region 1**
Rocky Mountain Health Plans
- Rocky Mountain Health PRIME
- Region 2**
Northeast Health Partners
- Region 3**
Colorado Community Health Alliance
- Region 4**
Colorado Access
- Denver Health Medicaid Choice (DHMC)





Potential Districts/Phasing

Phase 1 Districts: Launch July 2026, 25% Caseload

- Southern Front Range: El Paso (Potential District Hub); Crowley; Custer; Douglas; Elbert; Fremont; Teller
- Northeast: Weld (Potential District Hub); Cheyenne; Kit Carson; Lincoln; Logan; Morgan; Phillips; Sedgwick; Washington; Yuma

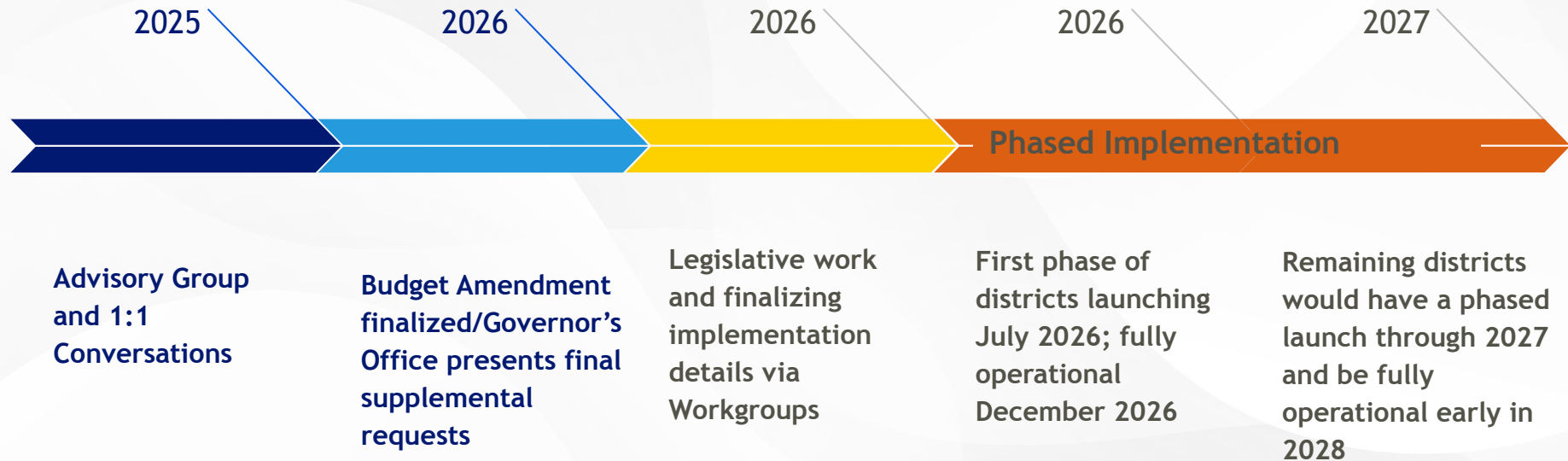
Phase 2 Districts: Launch Spring 2027, 40% Caseload

- South Metro: Arapahoe (Potential District Hub); Denver
- Foothills: Jefferson (Potential District Hub); Clear Creek; Gilpin; Park
- Central Mountains: Summit (Potential District Hub); Chaffee; Eagle; Gunnison; Hinsdale; Lake; Pitkin
- Southwest: La Plata (Potential District Hub); Dolores; Montezuma; Ouray; San Juan; San Miguel
- San Luis Valley: Alamosa (Potential District Hub); Archuleta; Conejos; Costilla; Mineral; Rio Grande; Saguache

Phase 3 Districts: Summer 2027, 35% Caseload

- Northern: Larimer (Potential District Hub); Grand; Jackson; Routt
- Southeast: Pueblo (Potential District Hub); Baca; Bent; Huerfano; Kiowa; Las Animas; Otero; Prowers
- Southwest: Mesa (Potential District Hub); Delta; Garfield; Moffat; Montrose; Rio Blanco
- North Metro: Adams (Potential District Hub); Boulder; Broomfield

Proposed District Timeline





Group Discussion

Facilitated by Jerene Petersen
12/4/25



Big Questions



Closing



For Reference: County by County Enrollment/Caseload Information

Health First Colorado (Medicaid) & Child Health Plan *Plus* (CHP+)
enrollment - updated monthly available on
[Colorado.gov/hcpf/budget/FY-Premiums-Expenditures-Caseload-Reports](https://colorado.gov/hcpf/budget/FY-Premiums-Expenditures-Caseload-Reports)

- Enrollment is also rolled up into Regional Accountable Entity (RAE) region on page 7 of our monthly Medicaid Expenditure Premiums & Caseload Report (published monthly also available at the link above).

SNAP enrollment available on <https://cdhs.colorado.gov/snap-data>

- [2025 caseloads by county](#) (year to date)

TANF enrollment available on <https://cdhs.colorado.gov/colorado-works>

- [Colorado Works/TANF Caseload Data](#)

For Reference: Background Doc

- [BACKGROUND DOC Serving Coloradans via Districts 11.26 DRAFT.pdf](#)