Logistics:

Use the "Raise Hand" feature

In Room attendees, please remember that our virtual guests can't hear the room if we don't speak clearly and one at a time.

Sharing Our Appreciation

The past few years have been tough.

As our county partners, you are the ones on the front lines serving Coloradans, and we value your focus on putting people first.

A huge thank you to our human services directors and staff for the continued, dedicated service you've provided to Coloradans.

Today's Agenda

Opening Remarks (10:00am - 10:15am)
    Kim Bimestefer, HCPF ED, Michelle Barnes, CDHS ED, Megan Burch, CHSDA President
Budget & SB 22-235 Updates (10:15am - 11:15am)
    Facilitator: Rachel Reiter, HCPF PCA Office Director, Josh Montoya, HCPF Partner Relations Division Director, Shelley Banker, CDHS OES Office Director, Barry Pardus, CDHS OES Deputy Office Director
CHSDA Strategic Plan (11:15am – 11:45am)
    Facilitator: Megan Burch, CHSDA President and Heather Durosko, CHSDA Executive Director
Lunch (11:45am - 12:15pm)
CBMS Next Steps (12:15pm - 12:55pm)
    Facilitator: Tiffany Bryant, CBMS Product Director and Nicole Duran-Jones, Deputy CBMS Product Director
HCPF County Admin Rules - County Outreach Plan (12:55pm - 1:05pm)
    Facilitator: Josh Montoya, HCPF Partner Relations Division Director
Federal Election Update and Potential Program Impacts (1:05pm - 1:25pm)
    Facilitator: Rachel Reiter, HCPF PCA Office Director
Follow-Up on State-County System Messaging Alignment (1:25pm - 1:55pm)
    Facilitator: Rachel Reiter, HCPF PCA Office Director
Next Steps and Adjourn (1:55pm - 2:00pm)
    Kim Bimestefer, HCPF ED, Michelle Barnes, CDHS ED, Megan Burch, CHSDA President

	Pre pandemic	Unwind	Post Unwind				
	CYs 2018-2019	May 2023- April 2024	May 2024	June 2024	*July 2024	Aug. 2024	Sept 2024
Renewal Rate	57%	55% (after 90- day reconsideration period)***	80% (after 90-day reconsideration period)	80% (after 90-day reconsideration period)	80% (after 60 days of the reconsideration period)	78% (after 30 days of the reconsiderati on period)	78%
Auto Renewal Rate (ex parte at household level)	N/A	33% - All	59% - All **67% - MAGI	56% - All **66% - MAGI	62% -All **72% - MAGI	58% -All **68% - MAGI	63% - All **71% - MAGI
Disenrollment Rate	41%	43% (after 90 days)	18% (after 90 days)	17% (after 90 days)	16% (after 60 days)	18% (after 30 days)	17%
Pend Rate	2%	2-8%	2% (after 90 days)	3% (after 90 days)	4% (after 60 days)	4% (after 30 days)	5%
Disenroll: Eligibility	29%	19% (after 90 days)	9% (after 90 days)	8% (after 90 days)	8% (after 60 days)	8% (after 30 days)	6%
Disenroll: Procedural	12%	25% (after 90 days)	9% (after 90 days)	9% (after 90 days)	8% (after 60 days)	10% (after 30 days)	11%

temporary flexibility (known as an e14 waiver) allowed by the federal government through June 2025. HCPF has urged the federal government to make this waiver permanent as it improves the member experience by reducing paperwork needed for renewals and associated county workloads.
**MAGI is Modified Adjusted Gross Income or income based populations. In August 2024, MAGI accounted for 77% of total enrollment.

Backlogs & Escalations

Backlog Status & Next Priority

Applications & Renewals

- 96% within 45 days (MAGI) and 90 days (LTSS) Aug, Sept, Oct
- Well done!

Work Task Backlog - TOP PRIORITY

- We MUST ensure that renewals, improperly denied, are corrected back to renewal anniversary
- Last frontier of Unwind work
- Work tasks backlog MUST be eliminated - Target Dec 31
- Each county should be talking to Josh if you have concerns

HCPF Intervention on Escalated Cases

Legend: ■ Not Successful Resolutions ■ Successful Resolution

X-axis: Month (September 2023, October 2023, November 2023, December 2023, January 2024, February 2024, March 2024, April 2024, May 2024, June 2024, July 2024, August 2024)

Budget Pressure & HCPF FY 2025/26 Budget

HCPF's FY 2025-26 budget: $17.4 billion total funds and $5.4 billion General Fund

- Adding $1.4 B TF, $438 M GF to cover higher per capita Medicaid costs
    - hospital, prescription drug and professional claims
    - increased utilization of behavioral health services
    - Increased long-term services and supports (LTSS);
    - increases in Medicaid enrollment, post PHE Unwind
    - Cover All Coloradans (HB 22-1289) starting January 1, 2025.

> 96% of HCPF's budget goes to pay providers for the care they deliver, < 4% is allocated to pay for HCPF administration costs, incl vendor partners as well as HCPF staff (0.5%)

Of HCPF's 40+ Department goals & > 125 projects supporting those goals, investing in our state-county eligibility system reflects our largest discretionary request

The Future Is VERY Bright

SB 22-235 Nov Report
- New funding model, county workforce to match need and higher salaries to improve county ability to hire/retain workers
- Intelligent Character Recognition and Interactive Voice Response technology
- Policy guidance improvements
- Service delivery standards and aligning administrative requirements
- Pool hours and supports for training and complex cases
- Continuation of HCPF Escalation team, but with FTE vs vendor

Reducing county workload and improving accuracy
- Improving renewal ex parte automation, PEAK member digital tool capabilities and utilization, and PEAKPro provider/community partner elig. tool

Joint Agency Interoperability Co-Created w/ Counties
- Unified work management system across counties
- Unified document retention system across counties
- ITN is active through mid October (completion: 26/27)

CBMS Strategy and Vision Co-Created with Counties
- Improves CBMS support system for workers and members (target completion: June 2025

Improve member correspondence accuracy/readability
- Revising 55 by December 31, 2024

Budget

SB 22-235 Updates

CDHS Budget

County Administration (R-01)

Total investment of $4.2 million for counties to process public assistance applications.

- Builds on the important investments in county administration per the funding model developed per **SB 22-235**.
- This **ongoing investment** will provide critical funds for counties to operate public assistance programs, including funding for direct program staff, common supportive staff, and general administration.
- Ultimately, these resources will help to ensure **equitable access** to benefits for all Coloradans, regardless of where they live.

CDHS Budget

Additionally, OES is excited to partner with HCPF on technology tools and enhancements to support counties:

- **Automated tool to respond to county workers' policy questions;**
- **Automated user testing in CBMS to reduce defects;**
- **Enhance Intelligent Character Recognition technology** to automate and streamline processing public assistance applications.

HCPF Budget - R7 Highlights

- $21 million in new funding for county administration
- Annual 10% increase in HCPF CBMS pool hours
- HCPF Interactive Voice Response (IVR) call system for members to access eligibility information
- Permanent funding for HCPF's county escalations process
- Resources to improve HCPF's county communications and engagement and support on complex cases

Messaging Alignment on Budgets

Leverage our Joint HCPF R7 and DHS R1 Fact Sheet: available on our Legislator Resource Center Colorado.gov/hcpf/legislator-resource-center, under FY 2025-26 Budget Resources

CHSDA Structure

About CHSDA: CHSDA is a non-profit association representing the social/human services directors from each of Colorado's counties. CHSDA works under the authority and direction of County Commissioners.

CHSDA Vision: A statewide human services system that empowers and helps individuals, families and communities to thrive.

CHSDA Mission: The CHSDA brings together human services directors from each of Colorado's counties to advance the well-being and self-sufficiency of individuals, families, and communities.

How CHSDA Accomplishes Our Mission:

- **Foster collaboration** across counties to identify shared priorities, develop unified positions and guide the work of CHSDA.

- **Facilitate a peer network** for county directors, offering professional development and opportunities to share best practices.

- **Support and make recommendations to elected officials** in the governance, policy, development and desired outcomes pertaining to local human services delivery.

- **Advocate** for policy, regulatory and statutory changes to improve Colorado's human services system and better serve our clients and communities.

- **Collaborate** with Governor's, General Assembly and state agency staff, community partners, and community members around statewide priorities, best practices and funding needs.

- **Advance equity** in Colorado's human services delivery system.

- **Educate** state and federal policy-makers and the public regarding the impact of human services policies on individuals, communities and counties.

- **Promote** effective communication between and among county human service departments, state agencies and federal administrative agencies.

CHSDA
Colorado Human Services Directors Association

Executive Committee

- President: Megan Burch, Eagle County
- President-Elect: Jamie Ulrich, Weld County
- Vice President: Katie McDougal, Adams County
- Past President: Mary Berg, Jefferson County
- Treasurer: Heather O'Hayre, Larimer County
- Secretary: Dan Makelky, Douglas County
- Largest County Representative: Anne-Marie Braga, Denver
- At Large Representative: Donna Rohde, Otero County
- Northwest Regional Representative: Deb Ruttenberg, Grand/Jackson
- Northeast Regional Rep: Kara Hoover, Yuma County
- Metro Regional Rep: Jamie Ulrich, Weld County
- Southeast Regional Rep: Kim Mauthe, Teller County
- Southwest Regional Rep: Anne Gallegos, Delta County
- San Luis Valley Regional Rep: Catherine Salazar, Alamosa County

CHSDA Regions
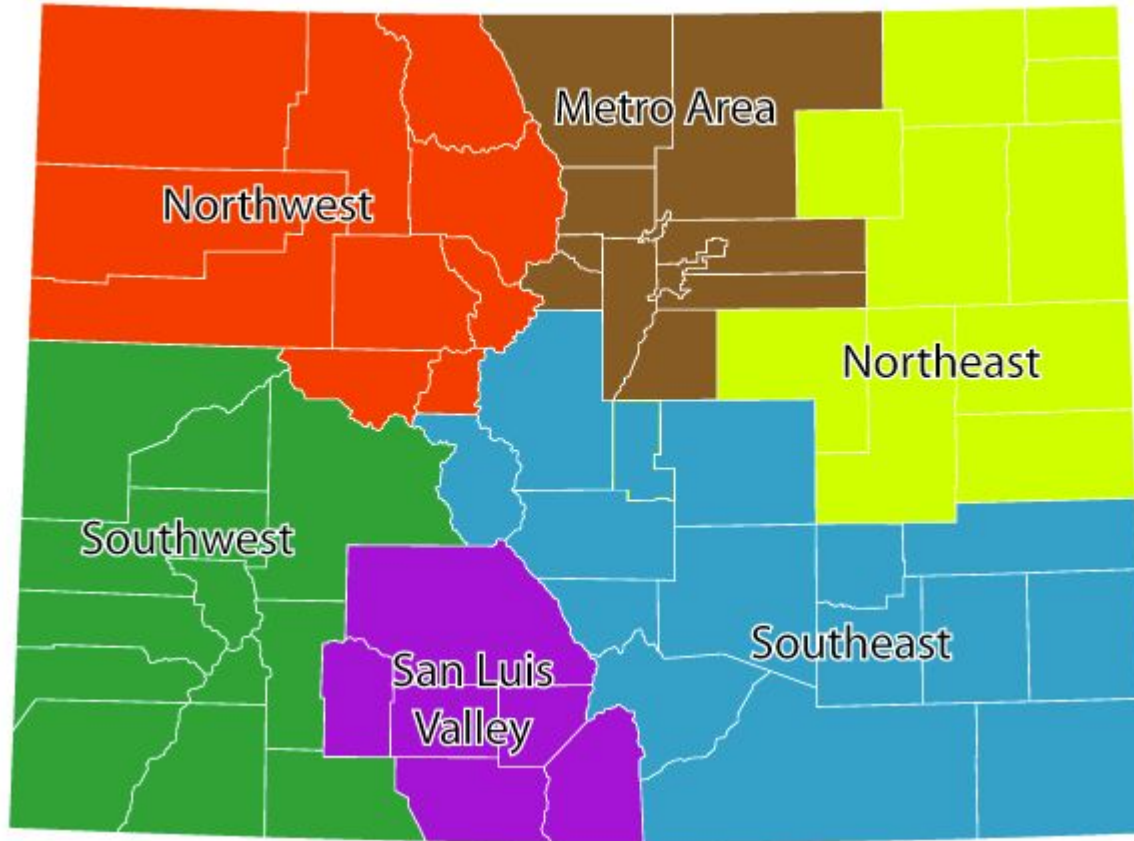
Northwest: 1st Friday
Exec Regional Representative: Deb Ruttenberg, Grand/Jackson

Metro: 4th Thursday
Exec Regional Rep: Jamie Ulrich, Weld County

Northeast: 1st Tuesday
Exec Regional Rep: Kara Hoover, Yuma County
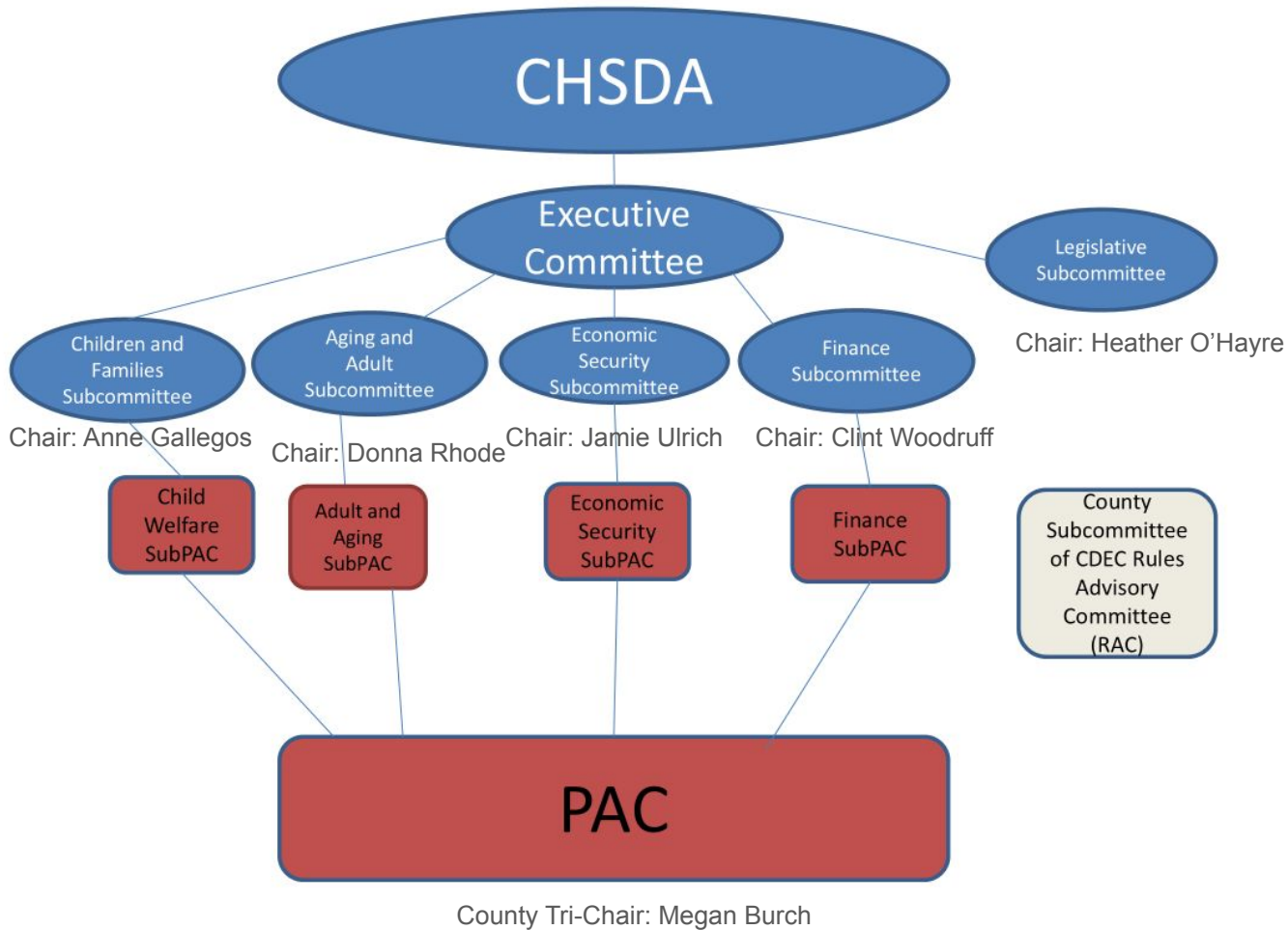
Southeast: 2nd Tuesday
Exec Regional Rep: Kim Mauthe, Teller County

San Luis Valley: 2nd Monday
Exec Regional Rep: Catherine Salazar, Alamosa County

Southwest: 3rd Thursday
Exec Regional Rep: Anne Gallegos, Delta County

Additional County Rep Examples for Economic Security:

- CHSDA President: Megan Burch

- Economic Security SubPAC County Chair: Jamie Ulrich

- CBMS Executive Steering Committee County Reps:
  - County Director: Katie McDougal, Adams
  - County Commissioner: Scott James, Weld

50+ other economic security Workgroups/Taskforces across CDHS and HCPF have county reps

CHSDA Strategic Plan

Lunch

11:45am - 12:15pm

CBMS Updates

Strategy and Vision Updates
Governance Charter Updates
Service Desk Next Steps

Strategy and Vision Updates

The CBMS team is partnering with Colorado Digital Services (CDS) and Melanie Schoenberg (HCPF) to:

- Consolidate all feedback into one strategic plan (strategy work from Public Knowledge {PK}, CBMS Workplan)
- Build out action plans to implement the strategic plan
- Develop a communications plan for this work
- Complete a driver diagram that will connect the drivers to the primary goals in the analysis

Due Date: Initial Draft by November 30, 2024, multiple drafts will be created prior to ESC presentation

The CBMS Roadmap was entered into Jira for tracking. The roadmap is being updated based on the mission/vision work

Due Date: Workgroups and Tasks with due dates by December 30, 2024.

Governance Charter Updates

75% Complete

- All current state charters have been reviewed by SMEs
- Charters being updated based on feedback and process alignment

Next Steps

- 12/2024 Finalize Drafts
- 1/2025 Implementation
- Complete no later than 6/30/2025

Service Desk

Situation	Counties report that the Service Desk processes supporting them for CBMS creates barriers in processing cases.
Background	The CBMS Service Desk processes are complex and include four entities, including the OIT Service Desk, CDHS program areas, HCPF program area, and Deloitte.
Assessment	Create a future state that must include clear process steps, roles and responsibilities, timelines, and ensure a collaborative effort to address system defects and outcomes for members/clients.
Recommendation	Initiate a process improvement project with a designated project manager (PM). This will enable resources to provide the support and attention needed for this work to be completed. **Next Steps: Secure a PM and identify project participants**

HCPF 2025 County Administration Rules Update

County Outreach Plan

What are the County Administration Rules?

1.010 - Fiscal

These rules govern financial operations at the county and ensure compliance with federal and state requirements and general fiscal standards.

- These rules were last updated about 12+ years ago

1.020 - Programmatic

These rules govern the daily operations of how the counties administer medical assistance, including administrative requirements (does not include eligibility determination rules)

- These rules were last updated 3 years ago

HCPF's 2025 County Administration Rule Updates

- Modernize fiscal rules - first thorough updates since at least 2010

  - Counties have participated in fiscal rule revision meetings since Summer 2024

- Streamline administrative processes to reduce burden

  - Standardized Due Dates and Minimized Deliverables

- Incorporate lessons learned from PHE Unwind

- Address community feedback, including challenges reported by members, advocates and providers

Rulemaking Timeline

Fall 2024
- County fiscal rule committee

December 2024
- 12/10 Rule overview
- Begin collecting written rule comments

January 2025
- Bi-weekly walk throughs with counties on program and fiscal rules

February 2025
- Continue rule walk throughs
- Advocate, Provider, & Public meetings

March
- File Rulemaking Notice

April
- April 30th Hearing Date

May 2025
- Adopt Rules

July
- Rules effective

COLORADO
Department of Health Care Policy & Financing

Opportunities for County Engagement

- December 10th Monthly Leadership Call will provide a high-level overview of the rule updates and the redline version of the rules

  - Counties will have almost a month to submit written comments

- Starting in January, HCPF will schedule bi-weekly fiscal or program rule walkthroughs for counties

  - These will go through late March 2025

- Participate in public comment during the Public Hearing on April 30th

- Note: HCPF will also host advocate and provider engagement sessions on these rules

Federal Election Update & Potential Program Impacts

HCPF Policies Under Federal Consideration

- Formal Extension of SUD 1115 waiver, 2 waiver amendments with multiple components with the federal government (CMS), these implement state legislation (24-1226, 23-1300 Continuous Eligibility Medicaid Coverage, 24-1322 Medicaid Coverage for Housing & Nutrition)
  - Re-entry services for adults and youth transitioning from correctional facilities
  - Reimbursement for acute inpatient and residential stays in Institutions for Mental Disease for individuals diagnosed with a serious mental illness (SMI) or serious emotional disturbance (SED)
  - Continuous eligibility for children 0-3 years and
  - 12 months of continuous coverage for individuals leaving incarceration
  - Health Related Social Needs (HRSN), housing and nutrition supports
- Current administration expected to approve pieces at a time over coming weeks
- Any items not approved could be delayed as part of transitions
- We will update counties as policy direction is finalized, changes or shifts

Follow-Up on State-County System Messaging Alignment

Colorado's Approach -
Strengths of our County Administered Model

- **Leverages Local Relationships**
  - Stronger local relationships/know and care about community members
  - Local service delivery allows for stronger connections to the community & awareness of local resources & provider networks
  - Multiple connection points & intersection of human service program areas - counties can enroll individuals and families in multiple assistance programs to meet their needs
    - One stop shop vs having to go to multiple locations
  - County leaders are advocates for clients in their communities
  - Trusted by community - seen as local allies, not "government"
  - We know the community they know us
  - Deeply rooted in the community, from the community, for the community
  - County workers care about our neighbors

Colorado's Approach - Strengths of our County Administered Model

- **Improves Access**
  - Face-to-face allows for individuals needs to be met
  - Closer to the community physically and emotionally
  - Easier to reach a "real person"
  - Easily accessible
  - Allows for physical location - meeting members where they are in a geographically diverse state
  - Better access because county offices are in the local areas, not just the metro are
- **Investing & Invested Locally**
  - Local staff are invested in their communities
    - Advocating for community we live & work in
  - Staff works even harder to provide the best customer service - because we know we will run into clients in grocery store
  - Counties invest local funds (local share from local budgets) that would otherwise need to be covered by state general funds
  - Local jobs, jobs stay local
  - Recruit and retain local staff

Colorado's Approach -
Strengths of our County Administered Model

- **Allows for customized and innovative approaches**
    - Every county has different needs. County administration allows those adjustments. One size administration does not fit all
    - County response to local needs as they change
    - Counties are often able to be creative in approaches & solutions based on community needs
    - Adaptable to local challenges & needs
    - Diversity of thought on how to meet local needs
    - Diversity of perspectives and experiences that make the system stronger

- **Allows for Flexibility to Manage Programs**
    - Understanding of local economic drivers (counties understand true Eligible But Not Enrolled/EBNE)
    - Counties understand nuance, can dig into data at a more granular level
    - Flexibility to shift or adapt work flow and processes
    - When we do it well, using worker and customer experiences to drive policy decisions

*Challenges from Last Work Session

General Challenges

Delay between submitting renewal & decision - no status update

PEAK Inbox

Non-PHE challenges: workforce, CBMS, give excuse to "pile" on

Complicated process, programming, structure create opportunities for misunderstanding

Clients can touch their case to many times - workers spend too much time unraveling changes

Medicaid is complicated, application is complicated

Concerns about consistency vs. individualized needs being met

Trust (lack of) that CHSDA reps bring voice of all 64 counties

Consistent Data

Lengthy eligibility process for member and staff
- Continue to work on reducing application complexity
- Have consistent, plain language messaging for clients

Applications are daunting - different eligibility requirements for various program

Applications & RRR's are extremely complex and daunting
- Streamline RRR's to only the absolute necessary information for that case

Complexity and lengthy applications causing lots of confusion and frustration clients and staff

We should work on simplifying eligibility rules for our staff

Different dates for different programs leads to duplicate work
- Align dates of different program renewals
- Have all family members due to renew at the same time

New RRR's very long and very confusing

Multiple mailings that go out after a determination are confusing

*Includes perceived challenges

State/County Alignment

Competing priorities for county workers - MA, SNAP, etc... everything is a priority

Admin & oversight by state can be complex & burdensome

State does not serve the customer but creates the training and guidance so there is a disconnect

Perception that counties add unnecessary complexity to the process/system

*Challenges from Last Work Session

Administrative Inconsistencies

- Lack of standardization: different processes, different outcomes, different experiences

- The varying ways we do things...ie generalist v. specialists
- Various systems/policies/procedures across counties
- Quality control, ie - longer wait times in some counties v. others
- Varying performance across counties
-

Cost/Resources

Each county is resourced differently
Perceived that our system costs more but we don't know the source of those costs (is CBMS factored in, etc...)
Lack of funding and good technology for call centers

Front Line Pressures

Communication may be more challenging - takes more intentional messaging/listening
So many stakeholders - many opinions/experiences
Dealing with community members/clients experiencing tremendous challenge adds pressure
Burnout county staff are the face of Medicaid & as such face criticism from those they are trying to help

Staffing/Training

Difference in counties abilities to address pay scale challenges
Turnover often due to inadequate pay. Inconsistent pay, inconsistent tools, staffing & therefore performance. Staff turnover & then complexity system to learn when hiring new staff
Staffing - training takes forever and keeping them is a challenge as they are not respected or compensated for all they do
System of systems (CBMS) constantly evolves change fatigue
*Includes perceived challenges

COLORADO
Department of Health Care
Policy & Financing

Solutions from last session

General solutions

- County Supports Budget Request
- CBMS strategy & vision
- JAI
- Modularization
- Improved collaboration: Early & frequent input into things like waivers, etc…
- Co-presentation of 235 work - state & counties together
- More trust counties often feel we have to "prove" we are right
- Improving member eligibility correspondence
- PEAK/PEAKPro Automation

Next Steps

Adjourn

Thank You.

Questions?