Shared Services FAQ - Version 1 (<mark>12/31/2025</mark>)

[Overview: HCPF R7 Driving Efficiency in Benefit Service Delivery (Shared Services)](#)

Basics on Shared Services

[Link to the presentation](#) from the 11/20/25 call. *Please note, R7 is a proposal so the information, timelines and operational details may evolve throughout the budget process and with stakeholder input on implementation. The below is based on what is known at this time based on what was published on October 31, 2025.*

Definitions

Central Document Scanning Shared Service (CDS): The centralized service responsible for receiving, scanning, indexing, and routing documents submitted by applicants or members via mail, fax, or email for programs administered through CBMS.

First Call Resolution (FCR): The successful resolution of a caller's issue during the initial call without the need for escalation, follow-up contact, or additional calls.

Medical Assistance Quality Assurance (MAQA): The Shared Service responsible for conducting Medical Assistance eligibility quality reviews aligned with federal and state requirements, including Payment Error Rate Measurement (PERM) and HCPF Eligibility Quality Assurance (EQA) processes.

Member Case Integrity (MCI): The Shared Service responsible for conducting Medicaid member eligibility fraud investigations statewide, from referral through resolution.

Performance-Based Contract: A contract structure in which accountability is tied to measurable outcomes, such as timeliness, accuracy, customer satisfaction, and compliance with federal and state requirements.

Service Level Agreements (SLAs): Contractual standards that define required performance expectations for Shared Services, including turnaround times, accuracy thresholds, prioritization rules, reporting requirements, and quality measures.

Shared Service County Contractor: The county selected through a competitive, local government-only procurement process to operate a Shared Service on behalf of the State. The Shared Service County Contractor is responsible for meeting contractual requirements, performance standards, and oversight of any subcontractors.

Shared Services (SS): A statewide service delivery model in which specific administrative functions are centralized or coordinated across counties and funded by the State, with the goal of improving efficiency, consistency, timeliness, and compliance with federal and state requirements.

Tier 1 Call Center: The centralized, statewide call center that serves as the primary point of contact for applicants and members. Tier 1 is responsible for general inquiries, transactional support, application assistance, renewals, case changes, and, when possible, completing eligibility determinations in real time.

Tier 2 Call Center: County-based staff responsible for handling escalated, complex, or county-specific issues that cannot be resolved by the Tier 1 Call Center and require local expertise or follow-up.

Timeline

1. What is the overall timeline for all of these shared services?
    a. By January 1, 2026 minimum requirements for counties to "bid" on each of the shared services contracts become available.
    b. County bids for each of the shared service contracts will be due by February 28, 2026.
    c. All of the four shared services will be implemented over a two year period, starting July 1 2026 through June 30, 2028. By July 1, 2028, the shared services will be fully operational.

Budget/Costs

1. How much will all the shared services cost?
    a. The total cost of the four proposed Shared Services is around $49 million and is fully funded with state and federal dollars only.
2. How are costs allocated?
    a. Costs are not allocated to counties; no county share is required.
    b. HCPF and CDHS are using existing cost allocation methodologies to split the costs of Shared Services.
3. Has the funding for these already been acquired and if not, how can the bids go out without securing the funding?
    a. At this time, project funding is pending approval by the General Assembly. The procurement process will continue under the expectation that the required funds will be allocated. If the General Assembly does not approve funding, the State will cancel the solicitation.
4. Can you share data on the gap between the federal funding we used to receive and what we're anticipating we're going to receive to operate these two programs going forward– What's the overall reduction to the system that we are anticipating?– AND how much do they anticipate that each of these four proposals will address that overall gap from a cost-savings perspective? (We're assuming we need to look at this from a zero-cost or a cost reduction activity from a county perspective- and what does that look like and how do we get there?)
    a. This will be further discussed with county partners as legislative and budget proposals move through the process.
5. Can you speak to the intent of the "why" for each of these four proposals by sharing more specifics on how much each of these are intended to be a cost-savings measure or more of a focus to meet performance goals of the new federal direction?

a. The current state supervised-county administered system is not sustainable as currently designed, with increasingly limited resources. It duplicates administrative processes and creates inefficiencies and inconsistencies in statewide service delivery, as documented in the CDHS/HCPF S.B. 22-235 reports to the General Assembly: [Assessing Best Practices in Public Assistance Service Delivery](#) and [Recommendations for Improvement](#) (November 2023) and [County Administration Funding Model Final Report and Results of the Model](#) (November 2024). Driving systemic efficiencies is critical, especially as H.R. 1 increases administrative workload for counties and ratchets down federal funding, exacerbating our State budget realities. Specifically, H.R. 1 includes increased risks for federal clawbacks if the Payment Error Rate Measurements (PERM) for Medicaid and Payment Error Rate (PER) for SNAP eligibility accuracy targets are not met putting millions of General Fund dollars at risk (more below). Further, the State continues to hear from counties that increased burdens on their local budgets make it difficult to meet growing needs. Without a new approach, these issues could be exacerbated by a 25 percent reduction in SNAP administrative funds, when the federal match drops from 50 percent to 25 percent in October 2026.

Staffing
1. What will happen with the existing county staff working in these areas?
    a. Counties will have 3 options for how existing staff can be leveraged.
        i. Repurpose: the county can choose to shift those staff to other duties or focus them on the core duty of eligibility determination.
        ii. Direct hire by Shared Service: the county can encourage staff to apply for jobs directly hired by the Shared Service.
        iii. Subcontract with county DHS: the county department can enter into a subcontract agreement with the Shared Service to retain some of their existing staff, with duties assigned by the Shared Service.
2. If there are instances of discrimination on the shared service contractor, what is the process of investigating the shared service vs the subcontracted county employee?
    a. The process for addressing potential discrimination involving either the shared services employee or subcontracted county staff will be reviewed in upcoming operational work group sessions with state and county representatives. However, it must be noted that the employer-employee relationship remains with the county operating under subcontract with the shared service.
3. How would supervision work for the subcontracted employee working for the shared service, especially if the supervisor is not a subcontractor this takes more time on managing performance?
    a. The supervision structure for subcontracted employees working within the shared service model, including how performance will be managed when the supervisor is not a subcontractor, will be discussed in upcoming operational work group sessions with state and county representatives.
4. What is the suggested salary for the subcontracted county employees across all the shared services?
    a. Salaries would be set in line with the funding requested for each of the Shared Services in R-07; there would be a maximum salary level, but the Shared Services County Contractor may set a salary below the maximum level.
5. Will staff be allowed to work from home?

a. The shared services contractors have to allow for remote work for the county subcontractors to allow for workers to be across the state. This will also be brought to a workgroup to further discuss.
6. Do existing county staff have to subcontract with the shared service?
    a. No. All counties do not have to subcontract with the shared services, but do have to follow the requirements of each of the four shared services.
7. If someone is a contract worker, can the counties decide if they provide benefits etc.?
    a. If a county subcontracts with a Shared Service, the Shared Service would reimburse the county for the salary and benefits of that worker. The employer-employee relationship remains with the county, not the Shared Service, so the county would make the determination on benefits.

Procurement
1. How will the county get selected?
    a. HCPF and CDHS will create an internal, decision-making committee that reviews each bid and determines which county will be selected as a Shared Services County Contractor.
2. How will subcontracting work?
    a. Details regarding how subcontracting will function within the shared services model will be discussed during future operational work group meetings involving state and county representatives.
3. What happens when there are issues of discrimination or civil rights violations with the subcontracted county employee under the shared service contract?
    a. In situations involving alleged discrimination or civil rights violations by a subcontracted county employee, if a violation is confirmed, the appropriate action would be to follow the process outlined in the contract. Additional details will be discussed in upcoming operational work group sessions with state and county representatives. However, it must be noted that the employer-employee relationship remains with the county operating under subcontract with the shared service.
4. As a small county, whose commissioners will not allow remote work, it feels like we can't even apply.
    a. The shared service model does not require all staff to be located within a single county, as it is designed to leverage a statewide workforce. If remote work restrictions present barriers, we are able to engage in discussions with county commissioners to address these concerns.
5. How will conflicts of interest be handled?
    a. Conflicts of interest will be addressed through the state's established process, which requires all individuals involved in the selection process to sign a conflict-of-interest form. If a county intends to submit a bid, its staff may not participate in the selection process and must recuse themselves from any workgroup discussions related to procurement.
6. Can a few counties submit a joint proposal?
    a. While the Shared Services contract would only be awarded to one county, a proposal that includes multiple counties as subcontractors would be welcomed. The Shared Services County Contractor will be responsible for managing those subcontractors in alignment with the final, signed contract and the accountability measures included in that contract.
7. How will the business process mapping work?
    a. For each Shared Service, designated business process mapping contractors will engage with selected counties to assess and document existing workflows. These findings will support the

adoption of best-in-class processes within the statewide Shared Services model. CDHS and HCPF will work jointly with counties to identify those that will be selected for this mapping effort.

8. If a county wanted to bid it would have to be for shared work not county specific work right?
   a. This is correct. The bid would have to include the scope of work for the statewide shared service, not just the specific work of the county bidding.
9. How does the contract with Prowers for the Child Welfare Hotline contract? Why would these shared service contracts be different?
   a. There are lessons learned that the State will take from the existing Hotline contract as we operationalize shared services.

Training

1. How is SDD integrated into these requests to be more helpful to counties?
   a. Consistent training and processing practices continue to be a priority for CDHS and HCPF to ensure equitable services and eligibility determination for clients. The Staff Development Division (SDD) is responsible for training and over the shoulder support for technicians. The SDD will also help program team develop training and consistency for business processes for Shared Services, where applicable.

Technology

1. Does shared services pay for and maintain special equipment needed for call center functions?
   a. Yes, the Tier 1 Call Center includes funding for technology systems and operational costs of call center functions.

Workgroup Structures

1. How can we dive deeper into the details for implementation?
   a. There will be 4 workgroups focused on each of the shared services with state and county staff in each.
2. How will the county representatives on the workgroups be selected?
   a. CHSDA will use their existing process to identify and select county representatives.
3. Will the county representatives be subject matter experts on the shared services?
   a. Yes. The intention is for a county subject matter expert to serve as a lead alongside the state lead, with additional county SMEs encouraged to participate as interested.

Tier 1 Call Center

Budget/Costs

1. What are funding expectations for counties?
   a. There are no funding expectations for counties; Shared Services are paid for with state and federal funds only.
2. How would this impact our budgets/allocations?
   a. There will be no impact to, or reduction of, the FY 2026-27 HCPF and CDHS county administration appropriations used to fund Shared Services; responsibilities would simply shift from individual counties to the Shared Services structure. However, there is a change to HCPF's County Incentives Program: its budget will be reduced from $8.3 million to $2 million, and the remaining $6.3 million will be redirected to support HCPF's share of Shared Services. This $6.3 million will now be able to draw down additional federal funds, which was not previously possible.
3. Where does the money come from? Any data at all to show that this will add value? What happens if no county is able to take this on?
   a. Shared Services will be funded through new General Fund requests and reappropriated funds from other budget lines; no county match or county funding is required. If no county is selected to operate a Shared Service, the State can provide technical assistance to help counties strengthen their bids. Should that still not result in a successful county-led proposal, the State may move forward with a formal procurement process to contract with an external vendor to deliver the Shared Services.
4. Does the county have to pay a portion based on the percentage of work being completed, larger counties vs smaller?
   a. Counties do not have to contribute county share, county funds or county administration appropriation to pay for Shared Services; they are entirely funded by federal and state funds.

Staffing

1. What about the discrepancies in pay between the Tier 1 and Tier 2 staff?
   a. Salary parameters for Tier 1 Call Center staff are established in the R-07 request, while compensation for Tier 2 staff is set independently by counties. This may create scenarios where county employees opt to transition to Tier 1 positions if those salaries exceed county pay levels. The overall effect will remain unclear until the Tier 1 Call Center contract is awarded. This may be discussed further in the operational work groups with state and county representatives.
2. How does this impact the local knowledge that the case managers have?
   a. The local knowledge and expertise of staff throughout the state will be memorialized in the new Knowledge Base that is part of the call center system. Counties will be asked to help populate that Knowledge Base so there is a standardized source of truth for all the local knowledge and expertise available in counties.

Data/Research

1. What analysis has been done on what types of calls will be handled by the centralized call center? Is the State aware what call drivers are the most significant at the county level?
    a. Through years of monitoring county call centers, as well as implementation of county grants that focused on county call centers, the State has been able to collect information on what types of calls are driving call volume to counties. Some calls are simple, such as "Am I Covered?" or "What is the status of my application?" while others are more complex, such as "Why did I receive a notice that I was denied for not submitting a document, when I submitted it?" As the Tier 1 Call Center is operationalized, the State will monitor call drivers and implement a continuous quality improvement process to support Tier 1 and Tier 2 agents.
    b. However, through the implementation workgroup, State and county representatives will be able to dig into any additional data counties may have that can drive improvements in the proposed centralized call center model.

Process

1. Which call types are in-scope (can you define exactly "certain calls")? What is the structure of a call?
    a. Tier 1 will manage general inquiries and transactional support, including IVR information, application assistance, renewals, case changes, and escalations. Tier 2 (county staff) will handle specialized or complex cases that require local expertise or detailed case knowledge.
    b. The call structure will follow a standardized routing process: IVR → Tier 1 → Tier 2 (as needed). Warm handoffs will occur while the member remains on the line, ensuring they are not directed to call a different number. All public-facing communication will route clients to Tier 1 first, with the option to escalate to Tier 2 when appropriate.
2. How will escalations be logged and transferred to counties?
    a. Escalations will be logged in the existing Salesforce system and may be resolved either by a Tier 1 agent, transferred to a Tier 2 agent, or an escalation contact at the county, as is the current process.
3. How will liability be assigned for misinformation?
    a. The quality and accuracy of information provided by the Tier 1 Call Center shall be monitored by the State and technical support provided to the Shared Services County Contractor to maintain and/or improve accuracy and quality. Individual counties will not be held accountable for information, timeliness or accuracy of information and/or determinations made by the Tier 1 Call Center.
4. Could the state support small/medium counties holistically? Could counties opt in?
    a. Participation in all Shared Services is mandatory for all counties, there is no opt-out. Technical assistance from the State will be provided as duties transition from individual counties to the Shared Services.
5. How would service continuity be ensured if the designated county call center county is unable to take calls? Could this be regionalized with multiple call centers managing all tiers?
    a. The State's preferred approach—consistent with models used in other states—is a single, centralized Tier 1 Call Center rather than a regionalized or decentralized structure. The county selected to operate the Tier 1 Call Center would subcontract with county call center agents statewide, ensuring that staffing is distributed while accountability remains with the lead county. Since the Tier 1 Call Center will draw from a statewide pool of subcontracted staff, the State can dynamically redistribute call volume as needed. If call demand in one

region exceeds capacity, calls can be shifted to other available agents to maintain service levels such as average speed to answer and other performance metrics. In limited circumstances, Tier 2 county agents may also be used to support Tier 1 call volume when it becomes unmanageable. These situations will be formally defined in future contract requirements.

6. Will counties continue operating their local call centers to support calls routed from the centralized system?
   a. With full implementation, the Tier 1 Call Center Shared Service and the SNAP/Medicaid IVR will assume primary responsibility for eligibility-related call volume, substantially decreasing the number of calls directed to county call centers. Counties will function as Tier 2 Call Centers for issues requiring escalation, but the volume of these calls is anticipated to be much lower than current levels.
7. Would some counties still operate a Tier 1 call center?
   a. No, counties would no longer operate Tier 1 Call Centers; participation in the Tier 1 Call Center Shared Service is mandatory for all counties. However, all counties would be required to have Tier 2 Call Center agents for calls that are unable to be resolved by the Tier 1 Call Center.
8. Will the expectation of the call center be to have resolution on that call and will they be processing cases and do updates?
   a. The Tier 1 Call Center contract would aim for first call resolution, where possible.
9. Will the Call Center process the applications, RRRs, changes to completion?
   a. The Tier 1 Call Center will process applications, renewals and case changes to completion if all information is available to do so. In the event that a verification is necessary, the Tier 1 Call Center may pend the case for the verification, which would be routed to the Central Document Scanning Unit. Once that verification is scanned, the task would be assigned to the county to process.
   b. The State will hold the Tier 1 Call Center accountable for the accuracy of the determinations made by T1 Call Center agents. If a case is pended for verification, the State would hold the T1 Call Center agents accountable for accuracy for what it processed, and the county would be held accountable for the verification it processed that was requested by the T1 Call Center agent.
10. Will the Call Center be able to schedule interviews for counties?
    a. This will be discussed further in the implementation workgroup.
11. If the Call Center will be able to schedule interviews for the counties, how will the Call Center know when county staff are available?
    a. This will be discussed further in the implementation workgroup.
12. What metrics will be used (ASA, first-call resolution)? How does this also affect counties that are attempting to meet ASA (average speed to answer) timeframes for HCPF incentives?
    a. Strong, specific and actionable Service Level Agreements (SLAs) would be set in the contract awarded for the T1 Call Center, which the State would use to hold the county contractor accountable; individual counties would not be held accountable for these metrics for the T1 Call Center, but would be for the T2 Call Center process.
    b. Accountability metrics include, but are not limited to:
        i. Average Speed to Answer (ASA) goal = 5 min or less
        ii. Abandonment Rate goal = 5% or less

iii. First Call Resolution
iv. Customer Satisfaction/Quality
v. Accuracy and Timeliness of Determination/Redetermination/Case Change

 c. Existing county call centers would be transitioned to Tier 2 Call Centers and accountability for those requirements would be a component of existing and/or new contracts with the State. Much like a performance measure around timeliness or accuracy, county Tier 2 Call Centers would be monitored through the performance management process.

 d. HCPF's County Incentives Program would no longer have a standalone Incentive for call center metrics, though exceptional performance in Tier 2 Call Centers may be recognized.

13. Will call center staff be trained to de-escalate clients before transferring them to counties?

 a. Tier 1 Call Center agents would be required to be trained in client de-escalation; if the Tier 1 Call Center can resolve that client's concerns through First Call Resolution, then the client's concerns would be addressed. If the client must be transferred to a Tier 2 Call Center agent, then the goal would be for the Tier 1 agent to have de-escalated the client prior to transitioning the call to a Tier 2 agent.

14. Will assistance be available in other languages, including hard-of-hearing/deaf callers?

 a. Federal and state laws require this service to be provided, and all Shared Services would be required to comply with existing laws, including those around language and accessibility access.

15. What is the expectation of the county on returning calls or being available when a call is transferred (could this go into a voicemail to be picked up at the end of the day?)

 a. All counties would be required to have designated Tier 2 Call Center agents, and those agents would have performance expectations set in state/county contracts. Those performance metrics will be similar to those monitored for the Tier 1 Call Center agents.

 b. The same expectations would be set for all Tier 2 agents, and those expectations would be set based on the structure of Tier 2 operations at implementation.

16. What about community members who either call county staff directly or come into offices in person?

 a. In person services must still be provided, as they are federally mandated. However, all member-facing communications and correspondence will include the Tier 1 Call Center phone number, so calls are routed to those agents.

 b. Counties would be required to point members to the Tier 1 Call Center for all questions, concerns and issues an applicant or client may have.

17. Can we prepare a business process flow chart?

 a. Yes; included in the R-07 request is resources to conduct business process mapping, both of existing processes and new processes as part of the Shared Services.

18. How would this call center differ from the existing HCPF Member Contact Center?

 a. HCPF's Member Contact Center takes only benefit-related calls; they do not answer eligibility questions or conduct eligibility determinations. The new Tier 1 Call Center would focus on eligibility-related calls for all CBMS programs, including conducting eligibility determinations over-the-phone.

19. How would calls regarding client specific cases get to the correct technician timely?

 a. Tier 1 Call Center agents would attempt to resolve any client-specific issues through First Call Resolution; if unable to resolve, the call would then be shifted to a Tier 2 agent at the county. The county can then take appropriate action.

20. What happens when a client calls the centralized call center and a question can't be answered?

a. Any issue unable to be resolved by a Tier 1 agent would then be shifted to a Tier 2 agent at the county for resolution.

21. Call Center staff won't be determining eligibility for applications, RRRs, or changes, correct?
    a. Incorrect; Tier 1 Call Center agents will be able to process, over-the-phone and in real-time, applications, renewals and case changes. The State would hold the Tier 1 Call Center accountable for performance metrics around that work.

Technology

1. How will phone systems interact with one another? How will customers be directed to the call center vs to the county directly?
   a. There will be only one call center system utilized, by both Tier 1 agents at the Shared Service and Tier 2 agents at the county. This will allow for seamless integration and warm hand-offs between agents. This system is funded through R-7.
   b. All member-facing correspondence would be modified to direct applicants and clients to the Tier 1 Call Center, rather than the county.

2. Any idea of estimated wait times when clients call?
   a. The performance metric to be set in the Tier 1 Call Center contract would be five minutes or less for an average speed to answer.

3. Couldn't this be accomplished with one centralized software that would help people get to the right office based on their address/zip code?
   a. This type of model is exactly what is funded by R-07; HCPF's existing call center system allows for this type of automatic routing. This system also allows for call volume to be redirected to different queues, so one region facing longer wait times can be supported by another region with lower wait times.

4. Will counties lose their public phone line?
   a. The State will not mandate this; however, all member-facing communication and correspondence would now point to the Tier 1 Call Center, rather than each county.

5. Will calls be automatically routed to the call center with no option to reach the office directly?
   a. Yes, all calls will now be automatically directed to the Tier 1 Call Center; a hand-off to the county would only occur through the Tier 2 process.

6. What would Level II escalated calls and process look like?
   a. The business process for the transition of calls from the Tier 1 Call Center to Tier 2 agents at the county will take place within the call center system itself; however, these types of details will be operationalized through county feedback.

Performance Expectations

1. What training will call center staff receive and from who — i.e., will they be county-trained? Are they call takers or call assisters? What is the expectation of their knowledge level?
   a. The Tier 1 Call Center staffing requests includes trainers to be hired by the call center. The State would utilize a train-the-trainer model, supported by existing state training staff, to support the T1 call center trainers.
   b. Because Tier 1 Call Center agents would conduct eligibility determinations over the phone, the State would hold the expectation that these agents be fully trained as an eligibility technician would be, so First Call Resolution is achieved whenever possible.

2. Will counties receive regular reports on call volume, types, and resolution outcomes for their clients?

a. As part of the call center system that the State, Tier 1 and Tier 2 Call Centers would have access to, counties would have access to data and reports generated by the system.

Central Document Scanning

Budget/Costs

1. $5.1mil in annual funding starting FY 2028-29 and ongoing?
   a. The $5.1mil is annual funding starting FY 2028-29 and is ongoing
2. What is the expected initial cost for centralized scanning? What will counties ultimately pay? Is it by volume? Will the state allocate funds?
   a. The initial cost is $5.1 million in annual funding. Counties will not be required to contribute to these expenses, as the full cost is borne by the State and federal government.
3. What is the impact on county allocations?
   a. There is no direct impact to the county allocation, as neither the HCPF nor CDHS FY2026-27 county administration appropriations were reduced to pay for shared services. There will be a reduction to the HCPF county incentive program to help pay for the shared services.
4. Will additional expenditures be required to have access to the common system?
   a. Counties will not have additional costs to access the shared services.

Staffing

1. How many FTE will be working on this shared service?
   a. 51 FTE
      i. 28 document technicians and document quality technicians
      ii. 21 supervisors, scanning/indexing, trainers and IT support
      iii. 2 County Customer Service Technicians (liaisons to counties)
2. What will you do if you determine the 51 FTE is not enough for this?
   a. If it is determined that 51 FTE is insufficient, the State will reassess the resource requirements of the shared services and pursue any necessary adjustments through the standard State budgeting process.
3. Will there be one center for scanning or regional centers?
   a. There will be only one location for the Central Document Scanning Unit, as this shared service is a component of the revised contract with Prowers County, who manages HCPF's Overflow Processing Center.
4. What does this change with current staffing in counties?
   a. Counties will have 3 options for how existing staff can be leveraged.
      i. For any of the Shared Services except Central Scanning, there are three options counties can pursue for existing staff.
         1. Repurpose: the county can choose to shift those staff to other duties or focus them on the core duty of eligibility determination.
         2. Direct hire by Shared Service: the county can encourage staff to apply for jobs directly hired by the Shared Service.
         3. Subcontract with county DHS: the county department can enter into a subcontract agreement with the Shared Service to retain some of their existing staff, with duties assigned by the Shared Service.

5. For a county to seek this contract they would then have to hire and train staff and develop an entire statewide unit - what is that timeline?
    a. The Central Document Scanning Shared Service needs to be fully operational by January 2028.
6. If you repurpose the OPC to do the document scanning, does that mean that the OPC will no longer help counties in the eligibility determination realm?
    a. The OPC contract is being redirected to focus on Centralized Document Scanning. During this transition, the State will coordinate with counties that use OPC to ensure continuity of support and to identify alternative resources as needed. This transition will be thoughtful and must account for upcoming workloads, especially that related to HR1 implementation.
7. Since the OPC staff is already trained would it make sense for them to actually work PEAK documents instead of just scanning them?
    a. The State will take this suggestion to the Central Scanning Work Group; however, the State is open to implementing this approach if it benefits clients, members and counties.
8. I'm curious what the current turnover rate is at the OPC and CRMC centers. With that in mind, what is the plan for recruiting and retaining people to work at the shared scanning service? How will staffing shortages be addressed at this center if/when this occurs and what kind of impact can counties expect as a result?
    a. The turnover rate at both the OPC and CRMC is low; the CRMC actually has a waitlist of applicants who would like to fill open positions. The State does not anticipate there being a staffing shortage, based on the previous few years of experience. The implementation workgroup will also discuss contingency plans for this shared service to prevent service disruptions if staff shortages, natural disasters, or other unforeseeable events occur.

Data/Research

1. How did you come up with the 51 FTE for this shared service?
    a. Worked with CBMS team and a lot of the PEAK data.
2. What other state models have we been looking at?
    a. Other state models reviewed included Wisconsin and North Dakota, who are regionalized county-administered states and have central document scanning functions.
3. Is there any data at all to show that this will add value?
    a. Data from other states reviewed demonstrated lower error rates; however, these lower error rates cannot be pinpointed solely to central document scanning, as those states took other, simultaneous actions that had influence on the data.
4. What are the measures of success?
    a. The biggest measure of success is a lower error rate that results from less instances of lost case file documentation, which for HCPF is the biggest root cause of errors.

Process

1. Is the vision for no more emails coming through the county?
    a. For most CBMS-related correspondence, emails would route directly to the central scanning hub rather than to individual counties. However, counties would still maintain their own email channels for escalations and situations that require direct, one-on-one support with clients.
2. Will the scanned documents still go to the appropriate county to work?
    a. Yes, that's correct. Scanned documents will continue to be routed to the appropriate county for processing.

3. Can you look at PEAK workload?
    a. We can certainly examine the PEAK workflow and collect more data to assess the potential impact.
4. Does this include all programs (CCCAP, Child Welfare) or only SNAP/Medicaid? How would combination cases be handled?
    a. Only documents for eligibility determination and programs in CBMS are included in this Shared Service; this includes any document type and any program in CBMS (Long Term Care is included, for instance)CCCAP and Child Welfare are not included. The State will work with counties on how to best handle combination cases.
5. Will counties be allowed to opt out, or is participation mandatory?
    a. Participation in the shared service will be mandatory for all counties.
6. How are we getting notified of what is being scanned?
    a. This is a component of the JAI/UCS implementation, as a task would be created in the system and then assigned to the appropriate county to work.
7. How will electronic and paper documents be accessed by the centralized scanning location and then be delivered to counties?
    a. Once the JAI/UCS is fully implemented and rolled out to all counties, counties would accesses documents through the JAI/ UCS
8. The majority of returned mail that we receive at our offices is generated from state systems. Will the return address for mail that is sent by CBMS be updated to be the centralized scanning contract holder so that counties don't receive returned mail?
    a. The Consolidated Returned Mail Center (CRMC) already receives the majority of returned mail from CBMS; in only certain specific instances is returned mail routed to the county. An example is mail for individuals experiencing homelessness. These existing processes would continue.
9. How will non-Medicaid/SNAP documents be handled? Will the centralized location have to review every PEAK and EDMS document to determine if it's a SNAP and/or HCPF document to then scan and deliver?
    a. Central Document Scanning is for all CBMS programs, so the Unit would take action on every CBMS document received.
10. Who manages client-submitted paperwork dropped off in offices or drop boxes?
    a. Documents submitted in person at a county office will be scanned by the county where it was received.
11. How will scanning volume increases (from new federal verification requirements) be addressed?
    a. Documents received as part of the new federal verification requirements will be processed by the central document scanning shared service when received by email, fax, and mail. If the document is received in-person at a county office, the county will be responsible to scanning the document.
12. How will processes work for expedited SNAP applications and late RRRs to ensure interviews are timely?
    a. This will be discussed in the implementation workgroups; however, the Shared Services contract would specify timelines for different documents to ensure certain documents are prioritized.
13. Will the centralized scanning agency start RRRs through ICR? Would they also complete the Program Action page for MA RRR documents?

    a. The intent is for the Central Document Scanning Unit to initiate renewals in CBMS that are received and scanned by the Unit.

14. How long will it take for an RFP and vendor to be sought to implement this, and will that run in the middle of these huge changes?
    a. HCPF is repurposing the existing contract held by Prowers county for the Over Flow Processing Center. The Centralized Document Scanning will be implemented January 2028.
15. How will documents from various counties be prioritized?
    a. Service Level Agreements (SLAs) will be established for the Shared Service in collaboration with counties, through the Shared Service workgroup to address how various documents will be prioritized.
16. How will the substantial variation in workflow processes, business models, roles/structure between counties be accounted for?
    a. Service Level Agreements (SLAs) will be established for the Shared Service in collaboration with counties, through the Shared Service workgroup to address many outstanding questions around work flow.
17. Can we see a full flowchart of how all of this will work?
    a. The process flow will be discussed and formalized through the implementation workgroup and the business process mapping resources included in R-07.

Technology

1. Which systems will be used, and how will EDMS/PEAK/CBMS interoperate?
   a. The Shared Service will become fully operational as the JAI/UCS is implemented in parallel; however, one is not fully dependent on the other. If necessary, the Shared Service will scan documentation into the State's existing system, which is where PEAK documentation also currently resides. For full functionality and the seamless integration of shared scanning, the JAI/UCS will aim to be live and implemented in all counties by December 2027.
2. Where will data be stored (e.g. what platform)? Who has access to it? How will breaches be handled?
   a. Once the JAI/UCS is fully implemented and rolled out to all counties, counties would access documents through the JAI/ UCS. As is current process, access to documentation is limited to those entities who play a role in eligibility determination, as specified by the State.
   b. Breaches of protected health information (PHI) are covered under Business Associate Agreements that are typically components of the contracting process; additionally, counties are already required, under existing federal HIPAA regulations, to ensure adequate safeguards are in place for PHI.
3. Can scanners and system access be deployed to allow all counties to scan into a centralized repository post-processing?
   a. This is already existing process and will continue, as counties will retain the responsibility to scan any documents that are physically dropped off in their offices.
4. Can automation be deployed to counties to be applied at the first client touch vs. just at one central location?
   a. Counties may continue scanning documents that are dropped off in their offices. Clients and members who submit documentation by email, fax, or mail will be directed through CBMS communications to send those materials to the centralized document-scanning shared service.

5. What if we have our current documents on a different system from the platform that is picked by the contractor? Will all of our current scanned documents have to be incorporated in the new system? If so, who would make that happen?
   a. JAI/UCS will be used for centralized storage; as a mitigation plan, the Shared Service can use the State's existing document management system.
6. Our County uses Papervision for CCCAP scanning, how will these be handled?
   a. Only documents for eligibility determination and programs in CBMS are included in this Shared Service; this includes any document type and any program in CBMS. CCAP is not included in the initial proposals for Shared Services.
7. Will counties be able to view documents submitted right away or will this cause a delay from when a document is submitted by a client to when the county is able to access the document to process it?
   a. Whether documents are available immediately or within a set timeframe will be determined through the Service Level Agreements that the Shared Service workgroup will establish in partnership with counties.
8. How will the contracted county identify docs that require same-day processing? Context: There are documents that need to be processed the same day the client submits them to prevent untimeliness, so will these documents be immediately available for counties to process?
   a. The Shared Services workgroup will establish the standards for identifying and prioritizing same-day documents, including which items must be fast-tracked to ensure timely eligibility determination.
9. We have a scanning system through RMMI - would this have to change or how would this work? If we wanted to change our business plan how would we do this?
   a. The Shared Service in and of itself does not impact existing county contracts. However, the mandate for all counties to use the JAI/Unified County System (UCS) will have an impact in that federal and state funds will no longer reimburse counties for costs that are duplicated by the JAI/UCS.
10. There have been several times when Adams County has become a "default" county in PEAK or CBMS resulting in cases that don't belong to us get assigned to Adams. How will we prevent this with central document scanning?
    a. This issue will be brought to the Shared Service Workgroup for review so appropriate safeguards can be incorporated.

Performance Expectations
1. How would the contracted county receive the documents to scan? What about indexing and processing?
   a. CBMS communications to members/ clients will be direct clients/ members to route their documents directly to the shared service. If a county receives documentation dropped off at their office, they are still responsible for scanning and processing those documents.
2. Do counties continue to scan documents but submit to a central repository, or is the one entity going to be responsible for all scanning and distribution and employees?
   a. The Shared Service will be responsible for scanning documents received by fax, email and mail. Counties will still be responsible for scanning and processing documents received in-person at the county office. Routing, classification, indexing, etc. will all be determined by the Shared Services workgroup and how the JAI/UCS is structured.

3. Would counties have to send all documents manually to a centralized system or email, or would this be client responsibility, or both?
    a. CBMS communications to members/ clients will be direct clients/ members to route their documents directly to the shared service. If a county receives documentation dropped off at their office, they are still responsible for scanning and processing those documents.
4. Do you have an anticipated response time for the documents being scanned in?
    a. The time frame for which the shared service must scan documents will be determined through the Service Level Agreements that the shared service workgroup will establish in partnership with counties.
5. For SNAP expedited timeliness our county goal is to AI and schedule all interviews within 2 days. How will this model affect timeliness?
    a. Timely scheduling of interviews continues to be a key indicator for application processing timeliness. A process to schedule expedited interviews specifically will be determined.
6. For the 60% of statewide documents currently being scanned, they live in HSConnects (HSC). Has the state developed a platform that documents could be scanned into?
    a. The JAI Unified County Worksystem, which includes a document management and workflow management tool that all counties would use, is expected to be operational by this time.
7. Has there been any thought about how to move documents twice and what the implications of doing so are?
    a. The JAI Unified County Worksystem, which includes a document management and workflow management tool that all counties would use, is expected to be operational by this time, which means that documents would not need to be moved twice.
8. How does this intersect with JAI efforts?
    a. The JAI Unified County Worksystem is expected to be operational by this time, which means that documents would not need to be moved twice.
9. Is the centralized scanning dependent on having a new standardized workload management system in place by July? If not, would the centralized workers receive thorough training of all the various work management systems that are being used in every county statewide? Would this include LTC which is a very different process?
    a. For full functionality and the seamless integration of shared scanning, the JAI/UCS will aim to be live and implemented in all counties by December 2027 which is before the implementation of the shared service.
10. How does this help with PER/PERM?
    a. For PERM, CMS said that 60% of errors come from lost documentations. PERM is almost 10M for every 0.1% over the error rate benchmark.
11. Fax and mail-in submissions may be lower volume. So talking about emailed docs that would go to EDMS?
    a. All modalities except physical drop-off and online submissions would be routed to the Central Document Scanning Unit.
12. What Service Level Agreements (SLAs) will define turnaround time from receipt to document visibility in the system? What about exception response times and accuracy levels?
    a. Service Level Agreements (SLAs) will be established for the Shared Service in collaboration with counties, through the Shared Service workgroup and will include response times. Performance metrics and accuracy metric will be addressed by Performance based contracts.
13. How are we accounting for quality errors with AI?

a. Quality will continue to be monitored through existing processes, including whether errors are caused by technician, policy or systems.

Other Questions/Comments/Concerns

1. Has anyone asked clients what they believe would be helpful? I highly doubt they will say they would rather drop their documents at the post office and hope they get where they need to versus taking them directly to the county where they are immediately date stamped and scanned in.
    a. We are still in the early stages of developing this concept, and as our stakeholder engagement expands, we will include outreach to members and clients to gather their perspectives.
2. How would voter registration forms be handled?
    a. Only documents for eligibility determination and programs in CBMS are included in this Shared Service; this includes any document type and any program in CBMS, which does not include voter registration forms.
3. How will document destruction be handled?
    a. Existing federal and state regulations will be adhered to, based on program regulations.

Member Case Integrity (MCI)

Scope

Budget/Costs
1. How much will this shared service cost?
   a. $3.4mil in annual funding starting FY 2028-29 and ongoing
2. What would reimbursement look like to counties for referrals and cooperation with the shared service?
   a. Fraud referrals initiated through the new CBMS fraud referral process would not receive a reimbursement; however, staff time related to any fraud investigations conducted by the MCI Unit would be reimbursed based on the actual costs for the time spent.
3. What are the anticipated time and cost savings to the counties who have a higher volume of Medicaid fraud?
   a. All counties who currently conduct fraud investigations for Medicaid would see cost savings as a result of no longer having to complete this work, as the work would be shifted to the MCI Unit.
4. How will this impact county allocations and budgets?
   a. There will be no reduction in either the HCPF or CDHS county administration appropriation. HCPF reduced the County Incentives appropriation from $8.3mil to $2mil; the $6.3mil General Fund will draw down federal funds to pay for Shared Services

Data
1. Do we have data on how much time is spent on Medicaid fraud work statewide?
   a. Through existing statute through calendar year 2024, HCPF collected information regarding how many active fraud investigations were conducted throughout the state and what the outcomes of those investigations were. However, that data collection did not include time spent per investigation. To supplement our existing data, HCPF utilized information collected through oversight activities to assist in determining the resource needs.
2. Is there data to show that this will add value? What are the measures of success?
   a. The value added to the State of Colorado is that fraud investigations under the MCI Unit would cover the entire state in an equitable manner, which is not current practice.

Staffing
1. How many FTE have been proposed for this shared service?
   a. The budget request includes 33 FTE (20 case reviewers, 10 supervisors, trainers and quality liaisons and 3 Administration/Managers)
2. In this model we would have a shared services investigator looking at Medicaid and a county investigator looking at the same information for the SNAP/cash portion. How does this improve efficiency?

a. While efficiency is one of the primary drivers of Shared Services, the MCI Unit is also a standout case in that fraud activities do not actively occur in all counties throughout the state. While efficiency is important, it is even more important that the state administer member fraud activities equitably by ensuring that these activities can occur for every county, not just some.

3. What is the state proposing counties do with the time savings?
    a. Shifting resources to eligibility determination would be the recommendation of the State, but that is ultimately a decision for each county.
4. Would current county investigators be retained at their current county or reassigned?
    a. Counties can subcontract with MAQA to keep their staff that do case reviews, but the scope of work would open up to reviews for all counties
    b. Counties can keep QA staff to focus on the work that results from MAQA reviews - managing case review results and implementing improvements from MAQA data
    c. Counties can repurpose staff for other duties, including eligibility determination

Process/Operations
1. Who is doing prosecutions?
    a. The Shared Service does not change the judicial process of Medicaid fraud investigations; this would continue per current process. However, the Shared Service would work to build relationships with DAs and judicial districts statewide, which is supported by the R-07 request for Judicial District Liaisons in the Shared Service.
2. How are incentives/dividends allocated (if any) when funds are recovered? Will 50% still go back to the county where the fraud originated? What if the court ordered restitution is collected through the courts?
    a. Counties would no longer be eligible to receive the percentage of Medicaid recoveries, as is current practice. Since those funds are actually state dollars, they would be re-routed to the Shared Service and reinvested in the Shared Service, under direction from, and with approval from, HCPF.
3. What does prosecution look like? How involved will local staff need to be if/when there is a local criminal case?
    a. Counties would partner with the Shared Service on documentation requests and if the prosecution requests testimony or interviews from county staff. The Shared Service would manage that process and work with the county to fulfill those requests.
4. How would a fraud case be initiated, and what role would a county tech have in that?
    a. As part of R-07, a new CBMS fraud referral process will be implemented; this allows for any eligibility worker throughout the State to report suspected fraud. The county's role would be limited to referral, though the county may need to provide documentation, or interviews of county staff, for the investigation. The Shared Service would handle the case from referral to final resolution.
5. How would interviews be conducted (i.e. face-to-face, by phone, etc.)?
    a. The approach to conducting interviews will depend on the county or region. Counties may subcontract with the Shared Service to maintain a local presence, while others investigators may be employed directly by the Shared Service and travel to complete interviews.
6. What do appeals look like?
    a. This will be discussed further in the implementation workgroup.

7. Has HCPF thought about requiring verifications of earned income to mitigate fraud?
    a. No, this is not under consideration. Federal law allows for self-attestation of income with later verification through automated data sources or paper documentation. This process is documented with CMS in the State's Verification Plan.
8. What sort of follow through is done with county staff afterwards, given that our staff knows the community best/closest?
    a. Details on follow-up with county staff will be developed through upcoming operational work group discussions with state and county representatives.
9. Would there need to be a fairly high threshold before anything was investigated?
    a. The criteria for determining when an investigation is initiated will be discussed at upcoming operational work groups with state and county representatives.

Combo Case Questions
1. Is the fraud referral only for the Medicaid portion? What about combo cases?
    a. Yes, this is only for Medicaid at this point and CDHS will continue to discuss adding the SNAP portion to this shared service as we determine the how in the workgroups.
2. Would a tax intercept on Medicaid occur before a Child Support tax intercept?
    a. This will be discussed further in the implementation workgroup.

Jurisdiction Questions
1. How will investigators operate across jurisdictions? Will they conduct in-person visits statewide?
    a. The Shared Service does not change the judicial process of Medicaid fraud investigations; this would continue per current process. However, the Shared Service would work to build relationships with DAs and judicial districts statewide, which is supported by the R-07 request for Judicial District Liaisons in the Shared Service. The shared service will conduct in person visits statewide when necessary.
2. My understanding that Medicaid Fraud cases have to go through the courts? If so, how do envision shared service workers building those relationships with the different judicial courts/DA's throughout the entire state?
    a. Yes, the shared service would be responsible for building the relationships with the judicial districts with the judicial district liaisons included in this shared service's staffing request.
3. Have any discussions been held with District Attorneys' and the potential impact on their offices?
    a. There have not been any conversations with the District Attorneys at this point. The state wanted to have the conversations with the county human services staff first.
4. Since we can't pursue member Medicaid fraud unless we prosecute, would the outsourced county be the ones to prosecute in each jurisdiction?
    a. Yes, the Member Case Integrity Shared Service would be responsible for collaborating with all local jurisdictions in pursuing prosecutions for Medicaid fraud. The funding request includes staffing in the Shared Service to collaborate with judicial districts.
5. Will the centralized unit take cases to completion (hearings, trials), or only investigate and hand off?
    a. The Shared Service will take investigations through completion.
6. What if the court ordered restitution is collected through the courts?
    a. The shared service would need to work with the courts to get the restitution back via the

process that is determined later.
7. Would we refer for provider fraud, too?
    a. Yes, counties would still report suspected provider fraud.
8. How would this work jurisdictionally with the courts?
    a. The Shared Service does not change the judicial process of Medicaid fraud investigations; this would continue per current process. However, the Shared Service would work to build relationships with DAs and judicial districts statewide, which is supported by the R-07 request for Judicial District Liaisons in the Shared Service.
9. How would DA jurisdictions handle prosecutions if investigations are moved? Will DAs accept cases originating outside of their jurisdiction?
    a. Most other states have this function centralized at the state, or regionalized, and do not have issues with DAs accepting cases. There is no precedent in federal law that requires only a county-based investigation be accepted in the judicial process. That being said, it will continue to be the decision of DAs of what "threshold" they will accept cases and the Shared Service would work through that process and document the different thresholds for acceptance of cases throughout the State.
10. How would confidentiality and data sharing across jurisdictions be managed?
    a. Medicaid data is not owned by the counties; it is State-owned data. Therefore, the Shared Service, acting under contract and supervision of the State, would have full access to all Medicaid data throughout the state, and confidentiality measures as established by HIPAA and federal/state regulations would be adhered to.
11. Who will be responsible for admin hearings or court cases?
    a. The Shared Service would carry any fraud case through completion, including admin hearings and court cases. The county would only become involved if the case requires testimony and/or documentation from staff.

Medical Assistance Quality Assurance

Budget/Costs
1. How are costs allocated?
    a. Not costs to counties, no local share or cost sharing requirement
    b. Allocated based on CBMS cost allocation methodology, fully funded by HCPF only
2. Need more information on the process and the cost that the county will have to pay.
    a. There is no cost to counties for Shared Services
3. How does this apply to MA sites?
    a. This will be discussed further in the implementation workgroup.
4. How would this provide cost savings to counties?
    a. Some costs currently incurred for Medical Assistance quality activities could be incurred by the Shared Service instead, resulting in cost savings to counties.

Training
1. How will the QA findings be used for training?
    a. Some skepticism about number of cases and whether it allow meaningful feedback or coaching for individual caseworkers
    b. Quality liaisons to help them understand their data
    c. Eventually a MAP measure on accuracy that will lead to consequences
2. Who would train the reviewers and what qualifications would they be required to have?
    a. The budget for this Shared Service includes FTE for trainers, where the State would employ a train-the-trainer model. Qualifications will be discussed further in the implementation workgroup.

Combo Cases
1. How will the QA process be handled when a case includes multiple programs (e.g., MA + SNAP or MA + AF)? Will all programs be reviewed, or only the MA portion, and how will that be coordinated to avoid conflicting guidance?
    a. HCPF's EQA process is already aligned with PERM, and quality processes are reviewed during an ME Review. HCPF will work with CDHS programs to develop synergies across review processes where those opportunities exist.
2. Regarding PER - is the QC team onboard with exploring all of the ideas? That's where I've heard the most hesitation to maximize flexibility in the day to day practice.
    a. From QA: QA is committed to being 100% aligned with policy and has developed a process to ensure any differences in policy interpretation are discussed and agreed upon.

Process Mapping
1. Would there be an opportunity to build what the QA process looks like or will it be defined solely by HCPF?
    a. There will be an operational work group for each of the shared services that includes county and state representatives.
2. At what point(s) will the county still be involved and required to submit answers, documents, etc?

    a. Workflow would mirror existing EQA processes; counties would still need to submit the same documentation and respond to findings as current process specifies.

3. What would be the rebuttal process?
    a. Rebuttals would be routed to MAQA to review and concur/disagree; however, HCPF would review those results to determine if the State agrees or disagrees with the response from MAQA, and can overrule that response.

Data/Results Sharing

1. How would QA results be shared with counties to improve operations?
    a. Since MAQA will utilize HCPF's existing EQA process, those timelines are already published. However, with the addition of Quality Liaisons from the Shared Service, HCPF will expect a more proactive, timely approach to sharing results from case reviews and overall data on accuracy.

2. Number of cases needing review?
    a. MAQA will conduct approximately 12,000 case reviews per year.

3. Can you speak to whether the self-attestation may unintentionally increase our Medicaid PERM rates?
    a. While the state cannot control the federal government's approach to the PERM reviews, previous PERM audits did not encounter issues with self-attestation. Rather, those reviews found issues with information received by the agency (HCPF or county) and not acted upon, or acted upon but not supported by data entry in the eligibility determination system or the case file.

4. Has the data been aligned to see what causes the errors in PERM and PER side by side? What we've seen in the limited PER data is that the errors are generally 1/3 from applicants, 1/3 from counties, 1/3 from the system. It would be important to be able to look at them together to see more detail if the PERM causes are mostly people based.
    a. According to HCPF's review, PERM errors are majority caused by human or process error, rather than system or policy. PERM reviews do not document whether errors are caused by applicants. HCPF and CDHS will continue to collaborate on addressing PER and PERM.

5. Does self attestation have the risk of increasing error rates?
    a. CDHS does not use the term self attestation, but does allow for client statement in the areas we are federally allowed. Depending on the eligibility aspect (income, shelter, residency, etc) which would be subject to self-attestation, the impacts to PER are varied. For example, self-attestation for income would most likely have more risk than a self attestation for residency. For HCPF, self-attestation is allowed by federal law; verification of certain elements then follows the State's Verification Plan by dictating which elements will remain fully self-attested and which will be verified by electronic or other data sources. For many of the audits and eligibility reviews conducted by either HCPF itself or our external auditors, self-attestation does not necessarily drive errors. Rather, an error is driven based on information received by the agency (either HCPF or counties) that was not acted upon, or that was acted upon but not properly documented in either the eligibility determination system or the case file.

Performance Management

1. Would counties be put on PIP's?

a. Because a statistically significant statewide sample size would be available and error rates published on HCPF's MAP Dashboard, counties that do not meet error rate requirements may receive a Management Decision Letter. This would trigger either an Improvement Action or Corrective Action Plan, which is a documented series of actions the county will take to improve its performance to meet error rate requirements.

2. What are the measures of success?
    a. The measure of success for this Shared Service is directly related to the State's PERM; as HCPF's EQA error rates serve as a proxy for PERM, having sufficient data to determine root causes of errors will, ideally, have a positive influence on the PERM results.

County/State Staffing

1. Would counties retain QA staff at their county but bill to a state contract? We would like more information as to whether this means existing staff at the county are still doing QA but contracted elsewhere.
    a. Counties will have 3 options for how existing staff can be leveraged.
        i. Repurpose: the county can choose to shift those staff to other duties or focus them on the core duty of eligibility determination.
        ii. Direct hire by Shared Service: the county can encourage staff to apply for jobs directly hired by the Shared Service.
        iii. Subcontract with county DHS: the county department can enter into a subcontract agreement with the Shared Service to retain some of their existing staff, with duties assigned by the Shared Service.
2. How can we anticipate dealing with staff shortages in the counties? We will likely lose a lot of staff as these shared services are rolled out. It is likely that shared staff will be paid at a higher rate than many counties can pay.
    a. This will be discussed in the implementation workgroup; however, counties will continue to have the option to retain staff through subcontracts with the shared services.

Technology

1. Would everyone be required to use EDMS? How would the centralized location receive the casefiles?
    a. By this time, the Unified County System (UCS) will be available and will be mandated for all counties to use.
2. Will QA have access to CCCAP documents in the unified county system?
    a. Medicaid eligibility is not determined using CCCAP documentation; therefore, only the necessary documentation for Medicaid eligibility would be required to be in the JAI/UCS.

Timeframe

1. What would be the SLA/turnaround time on QA?
    a. Turnaround times will mirror HCPF's existing EQA process; see HCPF IM 25-026 and EQA Process Guide for timelines.
2. When will this be implemented?
    a. Full implementation of Shared Services is anticipated to be by June 2028.

Overall/State Agency Questions

1. On the HCPF side: Are we reconsidering the timeline for Business Process Standards with all we are having to absorb on the federal level?
   a. Business Process Standards will be essential in ensuring federal compliance with upcoming mandates and to build more consistent processes that benefit applicants and members while containing, as best possible, administrative costs. However, the next steps for these will be communicated in the future. HCPF will still meet the regulatory deadline of January 1, 2026 to publish a proposed process on our website.
2. How does shared services help a county like ours that has a lot of folks that do not use Peak?
   a. The success of Shared Services is not dependent on the modality individuals choose to engage in the benefit services delivery system. Shared Services benefit the county by reducing the administrative burden of each county, by removing certain scopes of work, and by minimizing the need for local share, as the State fully pays for Shared Services.
3. Are we exploring the 'pre-cert' functionality that Deloitte has deployed in Wisconsin?
   a. CDHS is not currently exploring this but will connect with Deloitte for background information.
4. So just to clarify, we would not have individuals provide proof of their work requirement?
   a. On the HCPF side we have interpreted federal law that self-attestation may be acceptable for exemptions for work requirements and acceptable for compliance with work requirements when data is not available. However, we are seeking guidance from our federal partners and will provide updates once available . For SNAP, Able-bodied Adults without Dependents (ABAWDs) must provide proof they are meeting the work requirement at application, recertification, and if there is a change in their work activity. This only applies to ABAWDs who are not exempt, as exempt ABAWDs do not need to meet the ABAWD work requirement.
5. Is it possible to discuss other scenarios and responses or is this something that is actually now decided ? Or is there time for other proposals ? Discussion?
   a. We look forward to discussing the shared services survey with the counties on 11/3.
6. Can we come together with the problem statement, and everyone, including the Executive Directors, propose ideas on how to solve and find the best option together?
   a. We look forward to discussing the shared services survey with the counties on 11/3.

Technology/Artificial Intelligence

1. The State is using AI? When will the counties be able to use AI? Can we find time to develop a shared strategy to advocate for the use of AI? I want to make sure we're all on top of the regulatory conversations the legislature will be having for the use of AI in Colorado.
   a. Each federal partner has different guidance and allowance for the use of artificial intelligence. CDHS/HCPF will keep the counties apprised of any use of AI and continue conversations with counties who would also like to implement AI.