

Table of Contents

State/Territory Name: CO

State Plan Amendment (SPA) #:18-0037

- 1) Approval Letter
- 2) CMS 179 Form
- 3) SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII - Denver

December 21, 2018

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

Dear Ms. Bimestefer:

On September 25, 2018, the Centers for Medicare and Medicaid Services (CMS) received Colorado State Plan Amendment (SPA), transmittal number TN 18-0037, to add the Denver Health Hospital Authority as an agency designated to make eligibility determinations.

Based on the information provided, we are pleased to inform you SPA CO-18-0037 was approved on December 21, 2018, with an effective date of July 1, 2018. It also identifies that the Intergovernmental Cooperation Act waiver, that authorizes the Office of Administrative Courts to conduct fair hearings, has an effective date of May 25, 1995. This SPA is located in MACPro.

If you have any questions regarding this amendment, please call Curtis Volesky at 303-844-7033.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

Enclosure

cc: Laurel Karabatsos, John Bartholomew, David DeNovellis, Russell Ziegler,
Whitney McOwen

Package Information

Package ID CO2018MS00020
Program Name N/A
SPA ID CO-18-0037
Version Number 4
Submitted By Whitney McOwen
Package Disposition

Submission Type Official
State CO
Region Denver, CO
Package Status Closed-Approved
Submission Date 9/25/2018
Approval Date 12/21/2018 11:38 AM EST

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Date: 12/21/2018

Head of Agency: Kim Bimestefer

Title/Dept : Executive Director

Address 1: 1570 Grant St.

Address 2:

City : Denver

State: CO

Zip: 80203

MACPro Package ID: CO2018MS00020

SPA ID: CO-18-0037

Subject

CO-18-0037 Approval

Dear Kim Bimestefer

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for CO-18-0037 (MACPro SPA CO2018MS00020)

Reviewable Unit	Effective Date
Designation and Authority	7/1/2018
Intergovernmental Cooperation Act Waivers	5/25/1995
Eligibility Determinations and Fair Hearings	7/1/2018
Organization and Administration	7/1/2018
Single State Agency Assurances	7/1/2018

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18- 0037. This amendment adds the Denver Health Hospital Authority as an agency designated to make eligibility determinations.

Please be informed that this State Plan Amendment was approved December 20, 2018, with an effective date of July 1, 2018. It also identifies that the Intergovernmental Cooperation Act waiver, that authorizes the Office of Administrative Courts to conduct fair hearings, has an effective date of May 25, 1995.

If you have any questions concerning this amendment, please contact Curtis Volesky at 303) 844- 7033.

Sincerely,

Stephanie Kaminsky
Acting Division Director

Approval Documentation

Name	Date Created	
CO-18-0037 Approval Letter	12/21/2018 2:37 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID CO2018MS00020

SPA ID CO-18-0037

Submission Type Official

Approval Date 12/21/2018

Superseded SPA ID N/A

Initial Submission Date 9/25/2018

Effective Date N/A

State Information

State/Territory Name: Colorado

Medicaid Agency Name: Department of Health Care Policy & Financing

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID CO2018MS00020
Submission Type Official
Approval Date 12/21/2018
Superseded SPA ID N/A

SPA ID CO-18-0037
Initial Submission Date 9/25/2018
Effective Date N/A

SPA ID and Effective Date

SPA ID CO-18-0037

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	7/1/2018	CO 15-0004
Intergovernmental Cooperation Act Waivers	5/25/1995	CO 15-0004
Eligibility Determinations and Fair Hearings	7/1/2018	CO 15-0004
Organization and Administration	7/1/2018	CO 15-0004
Single State Agency Assurances	7/1/2018	CO 15-0004

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID	CO2018MS00020	SPA ID	CO-18-0037
Submission Type	Official	Initial Submission Date	9/25/2018
Approval Date	12/21/2018	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State plan Amendment will add Denver Health and Hospital Authority as an agency designated to make eligibility determinations. Currently, the Colorado State Plan identifies the following agencies as designated to make eligibility determinations: Colorado County Departments of Social Services (county staff); SSA (for SSI beneficiaries only); and the Medicaid agency.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

42 CFR 431.10

Note: The budget impact for this state plan amendment is as identified in the public assistance cost allocation plan.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID CO2018MS00020
Submission Type Official
Approval Date 12/21/2018
Superseded SPA ID N/A

SPA ID CO-18-0037
Initial Submission Date 9/25/2018
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Governor's letter dated 29 March, 2018. The Governor's letter designates the individuals authorized by Colorado's Governor to submit State Plan Amendments.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID CO2018MS00020
Submission Type Official
Approval Date 12/21/2018
Superseded SPA ID N/A

SPA ID CO-18-0037
Initial Submission Date 9/25/2018
Effective Date N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID CO2018MS00020
Submission Type Official
Approval Date 12/21/2018
Superseded SPA ID N/A

SPA ID CO-18-0037
Initial Submission Date 9/25/2018
Effective Date N/A

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

Yes

No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

Yes

No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

There is no change in operations or eligibility for any MA sites based on this update to the State Plan Amendment. This is an administrative State Plan Amendment to ensure proper approvals are documented for HCPF to delegate eligibility authority to MA sites.

Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

All Indian Health Programs

All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
7/30/2018	The Department sent a Tribal Consult Programmatic Action Log to the Ute Mountain Ute Indian Tribe, Southern Ute Indian Tribe, and Denver Indian Health and Family Services (DIHFS) to solicit consultation on this State Plan Amendment. The tribal consult for this SPA is item number 287 in attachment "CO 18-0037_Programmatic Action Log 20180730 with DIHFS comment." The Programmatic Action Log is the mechanism CMS approved for Colorado's tribal consult through approved SPA CO 11-001. The Department received two questions from a representative of DIHFS, and those questions and the Department's responses are captured in the attached log. The Department also sent a Tribal Consult Programmatic Action Log notifying recipients of the Department's updated organizational chart included with this submission. It is item number 273 in attachment "CO 18-0037_Org Chart Tribal Consult 20180413." The Department did not receive any comments on the tribal consult for the organizational chart.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

All Indian Tribes

Date of consultation:	Method of consultation:
7/30/2018	The Department sent a Tribal Consult Programmatic Action Log to the Ute Mountain Ute Indian Tribe, Southern Ute Indian Tribe, and Denver Indian Health and Family Services (DIHFS) to solicit consultation on this State Plan Amendment. The tribal consult for this SPA is item number 287 in attachment "CO 18-0037_Programmatic Action Log 20180730 with DIHFS comment." The Programmatic Action Log is the mechanism CMS approved for Colorado's tribal consult through approved SPA CO 11-001. The Department received two questions from a representative of DIHFS, and those questions and the Department's responses are captured in the attached log. The Department also sent a Tribal Consult Programmatic Action Log notifying recipients of the

Date of consultation:

Method of consultation:

Department's updated organizational chart included with this submission. It is item number 273 in attachment "CO 18-0037_Org Chart Tribal Consult 20180413." The Department did not receive any comments on the tribal consult for the organizational chart.

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
CO 18-0037_Programatic Action Log 20180730 with DIHFS comment	9/17/2018 3:38 PM EDT	
CO 18-0037_Org Chart Tribal Consult 20180413	9/24/2018 10:48 AM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID	CO2018MS00020	SPA ID	CO-18-0037
Submission Type	Official	Initial Submission Date	9/25/2018
Approval Date	12/21/2018	Effective Date	7/1/2018
Superseded SPA ID	CO 15-0004		
	User-Entered		

A. Single State Agency

1. State Name: Colorado

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).


3. Name of single state agency:

Colorado Department of Health Care Policy and Financing

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
CO 18-0037 AG Certification	9/17/2018 5:30 PM EDT	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.

2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

a. The single state agency supervises the administration through counties or local government entities.

b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.

c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID CO2018MS00020
Submission Type Official
Approval Date 12/21/2018
Superseded SPA ID CO 15-0004
User-Entered

SPA ID CO-18-0037
Initial Submission Date 9/25/2018
Effective Date 7/1/2018

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID	CO2018MS00020	SPA ID	CO-18-0037
Submission Type	Official	Initial Submission Date	9/25/2018
Approval Date	12/21/2018	Effective Date	5/25/1995
Superseded SPA ID	CO 15-0004		
	User-Entered		

A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver - Office of Administrative Courts

1. Name of state agency to which responsibility is delegated:

Office of Administrative Courts

2. Date waiver granted:

5/25/1995

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

The delegation for conducting and issuing final decisions after fair hearing at the Office of Administrative Courts (OAC) is limited to provider appeals. Department of Administration, Division of Administrative Hearings, is the predecessor name of the Office of Administrative Courts. OAC is Colorado's centralized administrative court system and resides within the Department of Personnel and Administration (DPA). The state Medicaid agency retains the right to seek judicial reversal of OAC final decisions affecting providers when the final decision is not consistent with law or regulation. This arrangement ensures that provider appeals are processed in an impartial and expeditious manner, while preserving the State's right to challenge any decisions which are not consistent with law or regulations.

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
 - i. A written agreement between the agencies.
 - ii. State statutory and/or regulatory provisions.

Statutory/regulatory citation(s):

10 CCR 2505-10 Sections 8.050 and 8.057; C.R.S. § 25.5-1-107 and C.R.S. § 25.5-4-207

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- Yes
- No
- The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

Both in Colorado's state law and in the approved waiver under section 6504 of the Intergovernmental Cooperation Act, the State Medicaid agency explicitly retains the right to challenge and seek reversal of final decisions from the Office of Administrative Courts on provider appeals when that final decision is not consistent with law or regulations.

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID CO2018MS00020
Submission Type Official
Approval Date 12/21/2018
Superseded SPA ID CO 15-0004
User-Entered

SPA ID CO-18-0037
Initial Submission Date 9/25/2018
Effective Date 5/25/1995

B. Additional information (optional)

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID	CO2018MS00020	SPA ID	CO-18-0037
Submission Type	Official	Initial Submission Date	9/25/2018
Approval Date	12/21/2018	Effective Date	7/1/2018
Superseded SPA ID	CO 15-0004		
	User-Entered		

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
 - i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
 - ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
 - iii. Other

Name of entity: [†]

Denver Health and Hospital Authority

- c. Local governmental entities

2. The entity or entities that conduct determinations of eligibility based on age, blindness, and disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
 - i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
 - ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
 - iii. The Social Security Administration determines Medicaid eligibility for SSI beneficiaries
 - iv. Other

Name of entity: [†]

Denver Health and Hospital Authority

- c. Local governmental entities

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID	CO2018MS00020	SPA ID	CO-18-0037
Submission Type	Official	Initial Submission Date	9/25/2018
Approval Date	12/21/2018	Effective Date	7/1/2018
Superseded SPA ID	CO 15-0004		
	User-Entered		

B. Fair Hearings (including any delegations)

The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- a. Medicaid agency
- b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
- c. Local governmental entities
- d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | CO2018MS0002O | CO-18-0037

Package Header

Package ID	CO2018MS0002O	SPA ID	CO-18-0037
Submission Type	Official	Initial Submission Date	9/25/2018
Approval Date	12/21/2018	Effective Date	7/1/2018
Superseded SPA ID	CO 15-0004		
	User-Entered		

C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

Yes

No

D. Additional information (optional)

The State assures that it has addressed any potential conflict of interest that Denver Health and Hospital Authority may have when it is delegated the authority to determine Medicaid eligibility and provides ongoing oversight specific to this issue. Specifically, Denver Health and Hospital Authority eligibility staff are established as a separate and distinct unit, unrelated and independent of any provider's unit, staff or processes. The eligibility staff is separate from any staff responsible for billing or claims for services.

Agencies delegated by the State to perform Medicaid determinations must initially agree to contracted language that directs the agency on the appropriate actions required to avoid an actual, or the appearance of a perceived, conflict of interest. After entering into a contract with the State, a dedicated contract manager is assigned to the agency for the purposes of monitoring the agency's contractual compliance.

Oversight of the agency includes ongoing biweekly or monthly meetings to address issues such as potential process changes, client concerns, performance, and contract compliance. The contract manager also performs regular site visits, including no-notice visits to ensure the agency is meeting contractual expectations. The meetings and site visits conducted by the State, of the delegated agency, allows the State to address any identified processes or concerns that may present a conflict of interest.

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID	CO2018MS00020	SPA ID	CO-18-0037
Submission Type	Official	Initial Submission Date	9/25/2018
Approval Date	12/21/2018	Effective Date	7/1/2018
Superseded SPA ID	CO 15-0004		
	User-Entered		

A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The Colorado County Departments of Human/Social Services (counties) conduct Medicaid eligibility determinations. The Medicaid agency also delegates the authority to conduct eligibility determinations to Denver Health and Hospital Authority, and the Social Security Administration. The staff designated to make such determinations are the eligibility technicians hired by Denver Health and Hospital Authority and the Colorado County Departments of Human/Social Services to perform eligibility for Colorado State Medicaid programs. The Medicaid agency supervises the administration of the state plan by counties, including the counties' responsibility to conducting eligibility determinations. The counties and Denver Health and Hospital Authority accept applications and renewals, conduct, and determine eligibility for all Medicaid eligibility groups (MAGI and Non-MAGI populations). For Supplemental Security Income (SSI) recipients, the Social Security Administration determines Medicaid eligibility for SSI beneficiaries. The counties and Denver Health and Hospital Authority, under oversight of the State Medicaid agency, conduct final Medicaid eligibility determinations.

b. Fair Hearings (including expedited fair hearings)

Delegation was made to Department of Administration, Division of Administrative Hearings, the predecessor name of the Office of Administrative Courts. The delegation for conducting and issuing final decisions after fair hearing at the Office of Administrative Courts (OAC) is limited to provider appeals.

The Office of Appeals resides in the Legal Division, and, as a designee of the Executive Director, reviews the Initial Decision concerning applicant/beneficiary appeals conducted by Administrative Law Judges (ALJ) at the Office of Administrative Courts. The Office of Appeals enters the Final Agency Decision (FAD) on all appeals brought by applicants and recipients who are challenging any adverse decision made by the Department, the county departments of human/social services, or agents of the state or county departments. The Final Agency Decision is considered de novo and is based on applicable laws and regulations; the record, which consists of the written transcript of testimony and exhibits; all papers and requests filed in the OAC hearing; initial decision of the administrative law judge at OAC; and any exceptions and responses. The Office of Appeals' FAD affirms, modifies, or reverses the Initial Decision based upon the entire hearing record that was before the ALJ, plus any exceptions and responses. If any new material concerning matters related to findings of fact is discovered through the exception process, the Office of Appeals may remand the case back to the ALJ to consider the new evidence for findings of fact. The FAD serves as the official final action of the Colorado single state agency for Medicaid. Provider appeal final decisions are conducted by the Office of Administrative Courts under a waiver of section 6504 of the Intergovernmental Cooperation Act, approved in 1995.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Health Programs Office designs, implements, administers, monitors and improves Medicaid acute care and the Children's Basic Health Plan (CHP+) programs. The Office is made up of the Benefits and Services Division, Delivery System and Payment Innovation Division, and the Operations Section.

The Client and Clinical Care Office provides clinical expertise and advice regarding Department services, programs, policy, client and provider relations, and performance. The Office is comprised of the Chief Nursing Officer, the Pharmacy Unit, the Data Analysis Section, and the Quality and Health Improvement unit. It focuses on preventing the onset of disease and helping the Department's clients manage chronic diseases in such a way that their health improves.

The Office of Community Living manages Colorado Medicaid's programs, services, and supports for older adults and persons with disabilities. The Office is working to transform the Long-Term Services and Supports system into a person-centered system that ensures responsiveness, flexibility, accountability, and person-centered supports for all eligible persons of Colorado. The Office is comprised of 4 divisions: Benefits and Services Management; Case Management and Quality Performance; Operations and Administration; and Policy, Innovation and Engagement

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The Policy, Communications, and Administration Office manages Department functions associated with government affairs, communication and media relations, client services, legal affairs and internal operations. It provides leadership and guidance regarding external communication and relations, legal affairs, and organizational development. Office staff represent the Department before external stakeholders that include policy makers, county partners, advocates, and the press. The work of the Policy, Communication and Administration Office crosses the Department and facilitates and supports the work of all staff. The Office is comprised of the External Relations Division, the Client Services Division, the Operations Section, the Grants Unit, the Federal Policy and Rules Officer, the Engagement and Development Division, and the Legal Division.

e. Administration, including budget, legal counsel

The Policy, Communications, and Administration Office manages Department functions associated with government affairs, communication and media relations, client services, legal affairs and internal operations. It provides leadership and guidance regarding external communication and relations, legal affairs, and organizational development. Office staff represent the Department before external stakeholders that include policy makers, county partners, advocates, and the press. The work of the

Policy, Communication and Administration Office crosses the Department and facilitates and supports the work of all staff. The Office is comprised of the External Relations Division, the Client Services Division, the Operations Section, the Grants Unit, the Federal Policy and Rules Officer, the Engagement and Development Division, and the Legal Division.

f. Financial management, including processing of provider claims and other health care financing

The Finance Office consists of the Chief Financial Officer, the Budget Division, Contoller Division, Payment Reform Section, Special Financing Division, Audits and Compliance Division, and Strategy Section. The Chief Financial Officer (CFO) is accountable for the financial and risk management operations of the Department, and oversees control systems that report financial results and maintain Department compliance. The CFO is responsible for the Department's financial data and reporting, and its use of data analytics to define value and measure quality with regard to Department operations. The CFO develops the Department's financial and operational strategy, and generates actionable analytics tied to that strategy.


g. Systems administration, including MMIS, eligibility systems

The Health Information Office develops, implements, and maintains the Department's Health Information Technology (HIT) and related Information Technology (IT) infrastructure, while coordinating with the Governor's Office of Information Technology and other stakeholders on HIT and IT projects that impact the Department. The Health Information Office is comprised of the Eligibility Division, the Purchasing and Contracting Services Section, the Health Data Strategy Section, the Health Information Office Systems Division, and the Health Information Office Operations Division.

h. Other functions, e.g., TPL, utilization management (optional)

The new Cost Control Office houses the Health Cost Control Section, Behavioral Health Cost Control Section, Utilization Management Unit, Value Based Payment Section, and Innovation and Performance Section.

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
HCPF Organizational Chart - September 2018	9/18/2018 1:45 PM EDT	

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | CO2018MS0002O | CO-18-0037

Package Header

Package ID CO2018MS0002O
Submission Type Official
Approval Date 12/21/2018
Superseded SPA ID CO 15-0004
User-Entered

SPA ID CO-18-0037
Initial Submission Date 9/25/2018
Effective Date 7/1/2018

B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title

The Social Security Administration

Description of the functions the delegated entity performs in carrying out its responsibilities:

Pursuant to a written 1634 agreement, the Department for Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Title

Denver Health and Hospital Authority

Description of the functions the delegated entity performs in carrying out its responsibilities:

Denver Health and Hospital Authority is designated to make determination of Medicaid eligibility for all Medicaid eligibility groups for the Colorado Department of Health Care Policy and Financing.

The State assures that it has addressed any potential conflict of interest that Denver Health and Hospital Authority may have when it is delegated the authority to determine Medicaid eligibility and provides ongoing oversight specific to this issue. Specifically, Denver Health and Hospital Authority eligibility staff are established as a separate and distinct unit, unrelated and independent of any provider's unit, staff or processes. The eligibility staff is separate from any staff responsible for billing or claims for services.

Agencies delegated by the State to perform Medicaid determinations must initially agree to contracted language that directs the agency on the appropriate actions required to avoid an actual, or the appearance of a perceived, conflict of interest. After entering into a contract with the State, a dedicated contract manager is assigned to the agency for the purposes of monitoring the agency's contractual compliance.

Oversight of the agency includes ongoing biweekly or monthly meetings to address issues such as potential process changes, client concerns, performance, and contract compliance. The contract manager also performs regular site visits, including no-notice visits to ensure the agency is meeting contractual expectations. The meetings and site visits conducted by the State, of the delegated agency, allows the State to address any identified processes or concerns that may present a conflict of interest.

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID	CO2018MS00020	SPA ID	CO-18-0037
Submission Type	Official	Initial Submission Date	9/25/2018
Approval Date	12/21/2018	Effective Date	7/1/2018
Superseded SPA ID	CO 15-0004		
	User-Entered		

D. Supervision of the Administration of the State Plan through Local Government Entities

1. The types of the local government entities that administer the state plan under the supervision of the Medicaid agency are:

- a. Counties
- b. Parishes
- c. Other

a. Counties

2. Are all of the local government entities selected used to administer the state plan?

- Yes
- No

3. The number used to administer the state plan is:

64

4. The functions staff perform in carrying out the entity's responsibilities are described below:

- a. Eligibility Determinations
- b. Fair Hearings
- c. Other

The Colorado County Departments of Human/Social Services (counties) are designated to make the determination of Medicaid eligibility for the Colorado Department of Health Care Policy and Financing. The staff designated to make such determinations are the eligibility technicians hired by the Colorado County Departments of Human/Social Services to perform eligibility for Colorado State Medicaid programs. For the MAGI populations, the counties accept applications and renewals and determine eligibility for all Medicaid eligibility groups. For the non-MAGI populations, the counties make the financial and resource eligibility determinations. The counties, under oversight of the State Medicaid agency, use the compilation of these findings to make the final Medicaid eligibility determination.

Local agencies also conduct County Dispute Resolution hearings prior to or along with State fair hearings.

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | CO2018MS0002O | CO-18-0037

Package Header

Package ID CO2018MS0002O
Submission Type Official
Approval Date 12/21/2018
Superseded SPA ID CO 15-0004
User-Entered

SPA ID CO-18-0037
Initial Submission Date 9/25/2018
Effective Date 7/1/2018

E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

Yes

No

Name of agency: ¹	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Department of Human Services	The Department of Human Services (DHS) administers assistance programs such as food and cash assistance that improve the safety, independence and well-being of Coloradans. DHS also works closely with the Department on the coordination of behavioral health and substance abuse benefits.
The Department of Personnel and Administration	<p>The Office of Administrative Courts (OAC) is Colorado's centralized administrative court system and resides within the Department of Personnel and Administration (DPA). OAC conducts an impartial, third party review of both applicant/beneficiary appeals and provider appeals. For applicant/beneficiary appeals OAC renders an Initial Decision which is subject to a de novo review by the single state Medicaid agency's Office of Appeals for Final Agency Decision. OAC conducts fair hearings and issues final decision for provider appeals under delegated authority from the single state Medicaid agency.</p> <p>DPA provides the infrastructure by which the rest of state government operates. In addition to the Office of Administrative Courts, DPA includes the Division of Finance and Procurement, the Division of Central Services, the Division of Human Resources, and the Office of the State Controller. The Executive Director of the Department of Personnel and Administration is appointed by the Governor and serves at his pleasure as a member of the Cabinet.</p>
The Department of Public Health and Environment	The Department of Public Health and Environment administers programs that seek to improve health outcomes through the promotion of health, wellness and prevention.

Medicaid State Plan Administration

Organization

Single State Agency Assurances

MEDICAID | Medicaid State Plan | Administration | CO2018MS00020 | CO-18-0037

Package Header

Package ID	CO2018MS00020	SPA ID	CO-18-0037
Submission Type	Official	Initial Submission Date	9/25/2018
Approval Date	12/21/2018	Effective Date	7/1/2018
Superseded SPA ID	CO 15-0004		
	User-Entered		

A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.
- 7. The plan is locally administered and state supervised. The requirements of 42 CFR 432.10 are met with respect to local agency administration.

B. Additional information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 1/18/2019 8:22 AM EST