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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 19-0026

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Records / Submission Packages


CO - Submission Package - CO2019MS00030 - (CO-19-0026) - Administration

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter

Transaction Logs News Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	CO2019MS00030	Submission Type	Official
Program Name	N/A	State	CO
SPA ID	CO-19-0026	Region	Denver, CO
Version Number	3	Package Status	Approved
Submitted By	Whitney McOwen	Submission Date	10/31/2019
Package Disposition		Approval Date	1/10/2020 6:09 PM EST
Priority Code	P2		

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



Division of Medicaid and Children's Health Operations

January 10, 2020

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

Re: Approval of State Plan Amendment CO-19-0026

Dear Kim Bimestefer:

On October 31, 2019, the Centers for Medicare and Medicaid Services (CMS) received Colorado State Plan Amendment (SPA) CO-19-0026 to update the Governor's Designation Letter in the State Plan to reflect that Tracy Johnson is the Medicaid Director and Rachel Entrican is the Legal Division Director. Through discussion, it has been determined that the Governor's designation letter will be submitted through a separate SPA. That SPA has been submitted under TN 19-0034. This SPA (TN 19-0026) updates the state's organizational chart..

We approve Colorado State Plan Amendment (SPA) CO-19-0026 on January 10, 2020 with an effective date(s) of October 01, 2019.

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

Name

Date Created

No items available

If you have any questions regarding this amendment, please contact Curtis Volesky at curtis.volesky@cms.hhs.gov.

Sincerely,

Richard C. Allen

Director, Western Regional
Operations Group
Denver Regional Office
Centers for Medicaid and CHIP
Services

Division of Medicaid and
Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2019MS00030 | CO-19-0026

Package Header

Package ID CO2019MS00030
Submission Type Official
Approval Date 1/10/2020
Superseded SPA ID N/A

SPA ID CO-19-0026
Initial Submission Date 10/31/2019
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 | CO2019MS0003O | CO-19-0026

Package Header

Package ID	CO2019MS0003O	SPA ID	CO-19-0026
Submission Type	Official	Initial Submission Date	10/31/2019
Approval Date	1/10/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID CO-19-0026

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Organization and Administration	10/1/2019	CO-18-0037

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2019MS0003O | CO-19-0026

Package Header

Package ID	CO2019MS0003O	SPA ID	CO-19-0026
Submission Type	Official	Initial Submission Date	10/31/2019
Approval Date	1/10/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Update the Department's organizational chart.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 431.11(b)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
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No items available

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2019MS0003O | CO-19-0026

Package Header

Package ID CO2019MS0003O
Submission Type Official
Approval Date 1/10/2020
Superseded SPA ID N/A

SPA ID CO-19-0026
Initial Submission Date 10/31/2019
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

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | CO2019MS0003O | CO-19-0026

Package Header

Package ID	CO2019MS0003O	SPA ID	CO-19-0026
Submission Type	Official	Initial Submission Date	10/31/2019
Approval Date	1/10/2020	Effective Date	N/A
Superseded SPA ID	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 | CO2019MS00030 | CO-19-0026

Package Header

Package ID	CO2019MS00030	SPA ID	CO-19-0026
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Approval Date	1/10/2020	Effective Date	N/A
Superseded SPA ID	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, as described in the state consultation plan.

- ☒ Yes
☐ No

☒ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, 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:

9/27/2019

Method of solicitation/consultation:

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 329 in attachment "CO-19-0026 Tribal Consult 09272019." The Programmatic Action Log is the mechanism CMS approved for Colorado's tribal consult through approved SPA CO 11-001. The Department did not receive any comments or questions in response to this tribal consult.

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:

9/27/2019

Method of consultation:

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 329 in attachment "CO-19-0026 Tribal Consult 09272019." The Programmatic Action Log is the mechanism CMS approved for Colorado's tribal consult through approved SPA CO 11-001. The Department did not receive any comments or questions in response to this tribal consult.

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-19-0026 Tribal Consult 09272019

10/31/2019 1:18 PM EDT

**Indicate the key issues raised (optional)**

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

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | CO2019MS00030 | CO-19-0026

Package Header

Package ID	CO2019MS00030	SPA ID	CO-19-0026
Submission Type	Official	Initial Submission Date	10/31/2019
Approval Date	1/10/2020	Effective Date	10/1/2019
Superseded SPA ID	CO-18-0037		
	System-Derived		

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 Grants Unit.

The Pharmacy Office oversees access to medication for Medicaid fee-for-service and Medicare-Medicaid enrollees, and administers the Rx Review Program (drug therapy counseling sessions for Medicaid clients).

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 Strategic Outcomes.

The Medicaid Operations Office includes the Eligibility Division, Provider and Fiscal Agent Division, Chief Client Officer, and Client Services Division. The Operations Office manages the client call center and provides oversight and contractual direction for the fiscal agent. The Office is working on customer service and operational excellence goals to improve client and provider satisfaction.

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 Legal Division, Communications, Government & Partner Relations Division, and the People Operations 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 Legal Division, Communications, Government & Partner Relations Division, and the People Operations Division.

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

The Finance Office consists of the Chief Financial Officer, Deputy Finance Office Director, the Budget Division, Controller Division, Managed Care Rates Division, Fee for Service Division, Special Financing Division, Purchasing and Contracting Services Section, and Audits and Compliance Division. 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 Health Data Strategy Section, the Health Information Office (HIO) System Division, the Health IT Director, the Strategic IT Initiatives Unit, and the Project Management Section.

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

The aims of the Cost Control & Quality Improvement Office are to propel Medicaid claim cost-control solutions towards industry standards and payer best practices; prepare for volatility; build a sustainable approach to controlling claims costs; and contain costs while improving member health outcomes. The Office is comprised of the Chief Nursing Officer, Chief Medical Officer, Utilization Management Section, Cost & Care Management Section, and Analytical Quality Division.

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

Name	Date Created	
CO-19-0026 HCPF Org Chart - October 2019 POSITIONS ONLY and SHORTENED	1/6/2020 4:46 PM EST	

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | CO2019MS00030 | CO-19-0026

Package Header

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	System-Derived		

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

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
The Social Security Administration	<p>Pursuant to a written 1634 agreement, the Department for Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.</p> <p>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.</p> <p>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.</p>
Denver Health and Hospital Authority	<p>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.</p> <p>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.</p>

Organization and Administration

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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 | CO2019MS00030 | CO-19-0026

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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:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
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.
The Department of Personnel and Administration	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.
	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.

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
	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.
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.

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | CO2019MS0003O | CO-19-0026

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	System-Derived		

F. 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 1/13/2020 10:42 AM EST