

Schedule 13
Funding Request for the 2013-14 Budget Cycle

Department: Health Care Policy and Financing

Request Title: Improve and Modernize Colorado Benefits Management System

Priority Number: S-5, BA-5

Dept. Approval by: Josh Block *[Signature]* 1/2/12
Date

OSPB Approval by: [Signature] 1/2/13
Date

- Decision Item FY 2013-14
- Base Reduction Item FY 2013-14
- Supplemental FY 2012-13
- Budget Amendment FY 2013-14

Line Item Information		FY 2012-13		FY 2013-14		FY 2014-15	
		1	2	3	4	5	
	Fund	Appropriation FY 2012-13	Supplemental Request FY 2012-13	Base Request FY 2013-14	Funding Change Request FY 2013-14	Continuation Amount FY 2014-15	
Total of All Line Items	Total	\$16,671,199	\$9,223,409	\$8,405,843	\$12,105,576	\$0	
	FTE	0.0	0.0	0.0	0.0	0.0	
	GF	\$7,796,434	(\$866,306)	\$4,173,836	\$1,604,001	\$0	
	GFE	\$0	\$0	\$0	\$0	\$0	
	CF	\$25,189	\$57,199	\$13,660	\$48,785	\$0	
	RF	\$20,577	\$0	\$18,809	\$0	\$0	
	FF	\$8,828,999	\$10,032,516	\$4,199,538	\$10,452,790	\$0	
(6) Department of Human Services Medical-Funded Programs; (B) Office of Information Technology Services - Medical Funding, Colorado Benefits Management System		Total	\$16,671,199	\$9,223,409	\$8,405,843	\$12,105,576	\$0
	FTE	0.0	0.0	0.0	0.0	0.0	
	GF	\$7,796,434	(\$866,306)	\$4,173,836	\$1,604,001	\$0	
	GFE	\$0	\$0	\$0	\$0	\$0	
	CF	\$25,189	\$57,199	\$13,660	\$48,785	\$0	
	RF	\$20,577	\$0	\$18,809	\$0	\$0	
	FF	\$8,828,999	\$10,032,516	\$4,199,538	\$10,452,790	\$0	

Letternote Text Revision Required? Yes: No: If yes, describe the Letternote Text Revision:

See attached calculations

Cash or Federal Fund Name and COFRS Fund Number: CF: Children's Basic Health Plan Trust Fund 11G, Old Age Pension Health and Medical Care Fund moneys originally appropriated to the Old Age Pension State Medical Program; FF: Title XIX

Reappropriated Funds Source, by Department and Line Item Name: Old Age Pension Health and Medical Care Fund moneys originally appropriated to the Old Age Pension State Medical Program; Department of Human Services, (2) Office of Information Technology Services, Colorado Benefits Management System, System Modernization, Operating Expenses

Approval by OIT? Yes: No: Not Required:

Schedule 13s from Affected Departments: Department of Human Services, and Governor's Office of Information Technology

Other Information:



**GOVERNOR'S OFFICE OF
INFORMATION TECHNOLOGY**

John W. Hickenlooper
Governor

**DEPARTMENT OF
HEALTH CARE POLICY AND FINANCING**

Kristin Russell
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DEPARTMENT OF HUMAN SERVICES

Susan E. Birch
Executive Director, HCPF

FY 2012-13 Supplemental and FY 2013-14 Budget Amendment
January 2, 2013

Reggie Bicha
Executive Director, DHS

[Signature] for Sue Birch 12/31/12
Signature Date

Department Priority: S-5, B.1-5
Improve and Modernize Colorado Benefits Management System (CBMS)

Summary of Incremental Funding Change for FY 2012-13	Total Funds	General Fund	Cash Funds	Re-appropriated Funds	Federal Funds
Department of Health Care Policy and Financing	\$9,223,409	(\$866,306)	\$57,199	\$0	\$10,032,516
Department of Human Services	\$9,192,678	(\$341,027)	\$1,740,965	\$8,223,409	(\$430,669)
Governor's Office of Information Technology	\$9,192,678	\$0	\$0	\$9,192,678	\$0

Summary of Incremental Funding Change for FY 2013-14	Total Funds	General Fund	Cash Funds	Re-appropriated Funds	Federal Funds
Department of Health Care Policy and Financing	\$12,105,576	\$1,604,001	\$48,785	\$0	\$10,452,790
Department of Human Services	\$15,721,587	\$1,778,223	\$1,355,103	\$12,105,576	\$482,685
Governor's Office of Information Technology	\$15,721,587	\$0	\$0	\$15,721,587	\$0

Request Summary:

The Governor's Office of Information Technology (OIT), the Department of Health Care Policy and Financing (HCPF), and the Department of Human Services (DHS) request changes in funding in FY 2012-13 and FY 2013-14 to account for revised work plans for projects authorized in House Bill 12-1339 and associated

projects to improve and modernize the Colorado Benefits Management System (CBMS).

In addition, the FY 2012-13 supplemental request includes roll forward authority via a Footnote for any remaining funding that has not been expended by June 30, 2013, removal of the M head note, and a transfer letter note between DHS and HCPF. A budget request will be submitted

during the normal budget process to reconcile the FY 2013-14 spending authority.

Since October 2012, OIT, the two Departments, county representatives, and Deloitte have worked through a collaborative effort to develop and implement an 18-Month Plan to stabilize, upgrade, modernize and increase the reliability of the system and operations. Through House Bill 12-1339, the General Assembly appropriated funds to the CBMS improvement and modernization project and established quarterly reporting on the project status to the Joint Budget Committee. In addition, the February 15, 2012 request stated that additional budget requests and adjustments to spending authority through supplemental appropriations would be necessary as enhanced federal funding became available.

Following the passage of House Bill 12-1339, significant progress has been made that includes:

- OIT and the Departments presented 93 priorities to the JBC, which at that time included 102 projects. 37 of those original 102 projects have been completed. CBMS has defined an additional 118 sub-projects which will play a role in completing the remaining priorities. Roughly 30 percent of these additional sub-projects have been completed.
- The funding has allowed the agencies and counties to streamline application processing efforts that have allowed county staff to re-determine eligibility for multiple programs at one time through the realignment of recertification dates (commonly known as RRRs).
- Over the last seven months, improvements in processing medical applications have already occurred. The timely processing of new applications has increased by 7 percentage points and 10 percentage points for redeterminations.
- The agencies and counties have formed an integrated training team, that has hired a training manager and staff, who are working

with counties on new worker competencies and curriculum development.

- Changes to PEAK have increased client access and provided greater accuracy in 'Am I Eligible' determinations.
- Transparency into the 18-Month Plan has increased by developing a website (www.cbmscolorado.com) where documents submitted to the Joint Budget Committee can be viewed at any time and more people have been invited to participate in the four Integrated Project Teams.

From the county user and community perspective, the following progress has been reported:

- Counties have been particularly pleased with the realignment of recertification dates. This change has ensured that when a household carries more than one benefit program, a county can recertify a single program once (i.e. Colorado Works), and not revisit that case for recertification in another program (i.e. Food Assistance) for at least 12 months, increasing worker efficiency.
- Other improvements that have helped counties include the Department of Motor Vehicles interface, which streamlines verifying identity for applicants, and the Auto FS-3L which removes the burden of printing and mailing Food Assistance client correspondence from the counties, as it now generates automatically via CBMS.

Though significant progress has been made, work on the 18-Month Plan continues. As presented in the February 15, 2012 request, the plan rebuilds CBMS by utilizing advances in technology and proven methods for increasing the capacity and worker productivity to speed eligibility determinations and benefits delivery. The 18-Month Plan includes the following specific actions:

- Enhance the online application (PEAK) to allow real-time eligibility determinations to minimize workload at county and medical assistance sites.

- Convert hard coded eligibility and financial calculations into a modern rules engine, which improves system functionality and reduces time for future system changes.
- Redesign client notification to reduce the volume of paper notices received by clients and increase the accuracy of those notices.
- Add infrastructure and web based access to CBMS to reduce the demand on the current Citrix servers, which will increase system performance for the county user.
- Add infrastructure to allow more concurrent users to access CBMS as the current environment does not have sufficient capacity to support the existing number of users.
- Provide the ability to troubleshoot performance issues on an ongoing basis to eliminate system performance issues that cause a degradation of performance (slowness) across CBMS, transactions taking longer than usual, and potential system freezes.
- Upgrade the current infrastructure (servers, monitoring tools) to increase disaster recovery capability to meet current and future demands.
- Design flexible workflow in CBMS that allows the county user to work in a more efficient manner while only displaying the necessary information available to complete a task, increasing the user's productivity.
- Move to a Cloud Computing model that will allow the State to consolidate CBMS server infrastructure and operations into a managed and on-demand environment.
- Build web services interfaces that will give CBMS more interoperability options to other systems and interfaces.
- Allow the current processing that occurs to determine benefits and produce reports to run without negatively impacting CBMS performance.
- Provide a user log-on routine that does not require users to go through multiple authentications to access CBMS reducing security risks.
- Implement changes for outstanding audit findings from federal regulators to eliminate federal sanctions.
- Expedite improvements to mitigate a potential lawsuit by three legal groups that represent clients who have been impacted by delays in eligibility determination.

It has become clear that certain changes are essential for existing systems and business processes in order to provide our citizens with efficient and effective services. In order to achieve this, OIT, HCPF and DHS, have categorized the projects that directly support the following priorities, realizing our shared goal of offering streamlined, programmatically aligned services to the people of Colorado as follows:

- Any door is the right door and eliminate unnecessary work through efficient screening mechanisms;
- Providing workers the right tools to deliver timely benefits and help workers perform their jobs efficiently and effectively;
- Managing caseload volume by ensuring the infrastructure supports the customer and worker;
- Be responsible stewards of public funds by ensuring correct decisions are made on eligibility and enrollment at first contact; and
- Increasing effective communication and training to both clients and workers

Goal/Solution:

Simply stated, the goal of this effort is to deliver timely, accurate benefits to Colorado citizens. Improving and modernizing CBMS is an important step in improving Colorado citizens' experience to efficiently, effectively, and timely receive eligibility and benefits determinations; however, it is not the only step that must occur. In addition, system improvements and technology

upgrades, advancements to business processes, changes to help desk activities, and improvements to worker training must also occur.

As described in Attachment 1, the state Departments and OIT are confident that this bold plan to improve and modernize CBMS will help Coloradans receive proper benefits efficiently, timely, and accurately if funding is continued to be appropriated by the General Assembly. Due to the importance of this request, the Executive and senior management staff for OIT, HCPF, and DHS have been directly involved in developing and managing this strategic vision and 18-Month Plan.

Financial Summary:

Through the availability of enhanced federal funding for changes to state eligibility systems made available by Centers for Medicare and Medicaid Services (CMS), there is a unique opportunity to minimize the impact of General Fund expenditure on these changes which will benefit both medical and financial assistance programs. In April 2011, CMS announced the availability of enhanced federal funding for new or upgraded Medicaid eligibility systems with CMS providing 90% of the development cost, often referred to 90/10 federal funding. This enhanced federal funding is available through December 2015.

HCPF has received approval from CMS to use enhanced federal funding to upgrade and modernize CBMS. On August 17, 2012, HCPF received approval of an Implementation Advanced Planning Document (IAPD) which authorizes HCPF to receive enhanced federal funding for various projects on the 18-Month Plan and to minimally integrate CBMS with the Colorado Health Benefit Exchange. Through this supplemental request, appropriations are adjusted to account for the additional federal funds and work to minimally integrate CBMS with the Colorado Health Benefit Exchange. Through the IAPD, CMS approved the following cost allocation methodology: 86.47% Medicaid (90% or 75% FFP), 0.26% CHP+ (65% FFP), 13.27%

State Only (No FFP). Additional information on the availability of enhanced federal funding is in Attachment 2.

In addition to adjustments to spending authority to adjust funding for the enhanced federal funding, this request includes several technical adjustments. These adjustments include changes to the spending authority for adjustments due to changes in the CBMS calculator and an adjustment for \$1 million in General Fund that was removed from the final appropriation for HCPF for FY 2012-13 in HB 12-1339 but without a corresponding reduction in re-appropriated funds and the total spending authority as reflected for DHS. These technical adjustments do not need to be directly addressed in this request, but instead the request indirectly makes these adjustments by requesting what is needed to be completed in the 18-Month Plan by utilizing the approved enhanced federal funding.

A summary of the changes by funding source because of the enhanced funding and additional projects covered through the IAPD is provided in Attachment 3.

Because HCPF intends to directly contract with an entity to assist each eligibility site in the development of standardized, efficient and effective work processes that improve work quality by using process improvement methods that are common in the private health care sector through Business Process Re-engineering (described in Attachment 1), \$1,150,000 in FY 2012-13 and \$1,150,000 in FY 2013-14 of reappropriated funds are appropriated to HCPF directly. All other reappropriated funds in this request are appropriated to OIT.

It should be noted that the complete 18-Month Plan is provided in the November 30, 2012 CBMS quarterly update to the JBC. A description of the projects funded through this request is included in Attachment 1. The full 18-Month Plan includes other projects that already have an identified funding source. The funding sources for the projects not included in this

request include legislation from previous sessions and grant funding made available to HCPF through Health Resources and Services Administration (HRSA).

In addition to the figures below, the request includes a COLA increase of approximately 3% for Deloitte Consulting, the primary vendor that provides services to CBMS that include infrastructure and application maintenance and support. This incremental FY 2013-14 increase is \$313,965 which represents the annual escalator in accordance with contract terms.

	FY 2012-13	FY 2013-14	Total
Any Door is the Right Door	\$246,060	\$0	\$246,060
Providing Workers the Right Tools	\$4,972,520	\$263,200	\$5,235,720
Managing Caseload Volume	\$7,235,846	\$3,269,372	\$10,505,218
Ensuring Correct Decisions are made on Eligibility	\$6,485,596	\$2,061,360	\$8,546,956
Increasing Effective Communication and Training	\$2,290,000	\$0	\$2,290,000
Minimal Integration with the Colorado Health Benefit Exchange	\$7,788,909	\$9,813,690	\$17,602,599
Total Request	\$29,018,931	\$15,407,622	\$44,426,553

Note: The FY 2012-13 amounts include the FY 2011-12 rollforward amounts.

Any Door is the Right Door to eliminate unnecessary work through efficient screening mechanisms.

This includes projects that will eliminate manual county work-arounds for caretaker and guardianship cases, improve PEAK (Program

Eligibility & Application Kit) screening logic and reduce applicant confusion and county workload, as well as improve the efficient of inter-county transfers of Colorado Works cases.

Providing Workers the Right Tools to deliver timely benefits and help workers perform their jobs efficiently and effectively.

This project is targeted at improving worker productivity through the utilization of technology and is designed to complement the county process improvement initiatives. This includes providing dual monitors to all county based users in order to improve efficiency, creating a single sign-on capability, and redesigning an online help function.

Managing Caseload Volume by ensuring the infrastructure supports the customer and worker.

This project is targeted at help desk technology changes, to include the creation of electronic forms, routing of forms, metrics, and report creation. Electronic forms allow a user with an issue to provide the right information necessary to analyze their issue. This will result in issues being resolved quicker and improving the user experience with the system and reducing worker lost time. It will also improve the timeliness of getting benefits to clients when there is an issue with their case.

Be responsible stewards of public funds by Ensuring Correct Decisions are made on Eligibility and enrollment at first contact

This project includes additional pool hours for HCPF and DHS, annual eligibility requirements that result from annual changes to the federal poverty limit, funds requests for auditor data requests, corrects lengths of certification periods for Food Assistance, distinguishes between SSI eligibility and recipients of Colorado Works, as well as other projects that will ensure correct eligibility and enrollment decisions are made on first client contact.

Increasing Effective Communication and Training to both clients and workers.

This project is targeted at developing, delivering, and maintaining a comprehensive training system for county, state, and medical assistance site staff who are responsible for the eligibility determination of all programs housed within CBMS.

Minimal Integration with the Colorado Health Benefit Exchange to promote a unified eligibility process and continuity of care.

The Departments, OIT, and COHBE analyzed interoperability options and collectively determined the architecture and features for interoperability between CBMS and COHBE systems to promote a unified eligibility process and continuity of care. In analyzing interoperability options, it was recognized that as the degree of interoperability as perceived by the applicant increases, the consumer experience for a segment of the population will increase but the overall cost, complexity, and schedule risk for the Exchange will increase. Therefore, the minimum level of interoperability as perceived by the applicant was determined to be the optimal alternative at this time. This allows an individual to apply using CBMS or COHBE, which will be two separate application portals, but have the technical integration to provide seamless interactions between the two systems as necessary. In addition to interoperability of systems, the HCPF, OIT, and COHBE are defining responsibilities for business processes and various support and appeals scenarios.

Estimated costs for FY 2014-15 projects included in the IAPD and classified under Minimal Integration with the Colorado Health Benefit Exchange are \$7,027,900, including \$840,106 in General Fund. Estimated costs for additional projects in the other categories are not currently available. However, to maintain ongoing improvements for CBMS it is expected that HCPF, DHS, and OIT will jointly request the

continuation of the increased pool hours in a future budget request.

Roll Forward, M Headnote and Transfer Letter Note Request

Due to the heavy workload of numerous computer programming changes projects that OIT and Deloitte must perform in FY 2012-13 and because of the projects having overlapping deadline requirements, it may be necessary to carry over some of the requested funding into FY 2013-14. Therefore, the Departments and OIT requests Roll Forward authority for any remaining funding from this request that has not been fully used by June 30, 2013. The request is for a footnote or letter note to be placed in the Supplemental Bill to allow the unexpended funds be rolled forward.

Because HCPF has received enhanced federal funding approval from CMS for several of the CBMS projects, HCPF requests that an M head note not be included when appropriating the General Fund. This will allow additional flexibility to complete the projects and the ability to complete additional projects with the enhanced federal funding.

The Random Moment Sample (RMS) results used to allocate HCPF and DHS funding are updated quarterly. By fiscal year-end, due to the quarterly fluctuations in the RMS results, one department may have an overexpenditure while the other department has an underexpenditure of funding. Therefore, both DHS and HCPF request that the following wording be added to a letter note for CBMS appropriations:

“Both the Department of Human Services and the Department of Health Care Policy and Financing are authorized to transfer sufficient funding between the departments to achieve balance at year-end Accounting Close for the Colorado Benefits Management System.”

**Anticipated Outcomes:
CBMS Performance Improvement**

CBMS would be able to make significant improvements that allow for minimal delays, allow client to receive real-time eligibility determinations for Medical Assistance through PEAK (Program Eligibility & Application Kit), allow clients to receive timely and accurate notices, allow county users to process applications timely, and reduce audit findings.

Help Desk Improvements

This will result in issues being resolved quicker, improved user experience with CBMS and reduced worker time processing and researching errors. It will also improve the timeliness of getting benefits to clients when there is an issue with their case.

Training Improvements

The training would have sufficient staff to cover all counties and assistance sites, not just the metropolitan areas. The training would be consistent for all locations. Implementation of new processes would occur smoothly due to adequate training. Counties and assistance sites would have access to training staff as a focal point for their questions on policies and procedures. Training materials could also be used as references for future questions. Improved training would lower the risk for lawsuits for inconsistent and malfunctioning procedures that do not meet required regulations.

Assumptions for Calculations:

Each project on Attachment 1 was evaluated and priced individually based on the information provided to Deloitte. Several of these estimates are based on high-level assumptions and were created similarly to how fiscal notes are priced during the legislative session. As with all projects, final pricing is not provided until the business requirements are clearly defined by OIT and the Departments through a High Level Business Requirements document. Then Deloitte provides an Order of Magnitude to estimate the cost. Once a cost is defined and agreed to by OIT and Deloitte, work can commence on the project.

The rate used to calculate the cost estimates were the rates in the current CBMS contract (\$112/hour for FY 2012-13 and \$118/hour in FY 2013-14).

Consequences if not Funded: CBMS Performance Improvement

The current situation would continue with delayed implementation of expanded capacity for users and slow computer programming changes by using only funding available from normal operating funding and limited funding available from special bills passed by the General Assembly. Furthermore, the Departments will continue to be out of compliance with Federal regulations and guidelines, thereby putting federal financial participation in many of the programs at risk.

Help Desk Improvements

The backlog of Help Desk Tickets would remain and continue to grow. Client and user issues will not be resolved timely and an increase in worker lost time will occur. The timeliness of getting benefits to clients when there is a problem with their case will increase, which will generate additional audit findings and potential lawsuits.

Training Improvements

The current situation would continue with no formal training program and no staff to provide training. Inconsistencies in application of policies and procedures would continue and require frequent overrides by manual processing fixes. Processing of applications for clients could lag due to inefficient use of the system. Lawsuits would be more likely to continue.

The current lack of a formal system for training rarely takes the diverse job structure and functions of the county workers into consideration. The non-linear structure, lack of consistent training standards and protocols, and lack of a competency-based credentialing system has consistently been, in addition to the

unprecedented caseload growth, the core reason for:

- Continued findings in State Audits
- State sanctions for failure to comply with federal rules and regulations
- Potential sanctions for failure to comply with federal performance measures
- Lack of continuity in business processes
- Frustration and morale issues at the counties
- Continued county and state staff turnover
- Lack of critical state/county communication
- Lack of communication regarding promising practices
- Lack of input by the county users in the development of changes in policy/system direction

The training consultancy must provide a continuum of continual education and training opportunities that support a skilled Colorado workforce in the human services arena that can respond to changes in best practices and business process and policy changes, with agility. Without continued support to this critical workforce, we cannot ensure that Colorado's most vulnerable families' needs are addressed in the most easeful and efficient manner, with standardized processes and best practices.

Impact to Other State Government Agency:
OIT, HCPF and DHS would be impacted by this request.

Cash Fund Projections:

The Old Age Pension Fund, managed by DHS, and the Children's Basic Health Plan Trust Fund, managed by HCPF, would provide part of the funding for this request, as calculated by the RMS calculator. The Old Age Pension Fund, created in Article XXIV of the State Constitution, does not have a specific balance but is managed by the State Controller to have the amount needed for programs for eligible Old Age Pension clients.

Both HCPF and DHS use Old Age Pension funding for CBMS.

The Children's Basic Health Plan Trust projection is below.

Cash Fund Name	Children's Basic Health Plan Trust Fund
Cash Fund Number	11G
FY 2010-11 Expenditures	\$43,062,875
FY 2010-11 End of Year Cash Balance	\$7,745,026
FY 2011-12 End of Year Cash Balance	\$5,811,404
FY 2012-13 End of Year Cash Balance Estimate	\$4,121,716
FY 2013-14 End of Year Cash Balance Estimate	\$4,013,450

Relation to Performance Measures:

This request relates to strategic goals by HCPF of increasing the number of insured Coloradans that leads to increased access to health care. The strategic goals tie with performance measures to meet timely processing requirements for 95% of all new applications for medical assistance and to meet timely processing requirements for 95% of all redeterminations for medical assistance. Similar measures of meeting timely processing requirements for financial assistance programs managed by DHS would also apply.

Supplemental, 1331 Supplemental, or Budget Amendment Criteria:

This request meets supplemental criteria of new data because Deloitte, the CBMS vendor, has been able to provide updated cost calculations for projects in FY 2012-13 and FY 2013-14. The federal CMS has also given approval for an

enhanced federal funding match rate related to certain Medicaid projects.

Current Statutory Authority or Needed Statutory Change:

CBMS statutory authority is under 25.5-4-106 (3), C.R.S. (2010 and 25.5-4-204 (1), C.R.S. (2010). No changes to statutes are needed.

Attachment 1

Project Description by Category

Any Door is the Right Door to eliminate unnecessary work through efficient screening mechanisms

- **#60 CBMS Caretaker Relative Phase II.** This project completes the S.B. 10-068 implementation, allowing individuals who have legal custody or guardianship of a child to apply for and receive benefits. Currently, CBMS cannot do this accurately, so this is required for compliance with DHS rules and state statute. In addition, this will eliminate work currently done manually by county workers, freeing up time and improving accuracy.
- **#63 Colorado Works PEAK Am I Eligible (AIE).** This project will change PEAK screening logic to enable potential applicants to estimate likely Colorado Works eligibility more accurately, reducing applicant confusion and county workload. In Summer 2011, counties received and processed 4,000 applications through PEAK of which only 300 were actually eligible (8%). Counties attribute the low approval rate to the PEAK AIE creating too many "false positives" with imprecise screening. Reducing the workload will benefit both the Colorado Works and Food Assistance application processing timeliness and accuracy.
- **#72 Colorado Works Inter-county Transfers.** When a participating family moves from one county to another, their Colorado Works case must be transferred to their new county. This project builds on a previous CBMS change by adding logic to close a Colorado Works case as quickly as possible when a participant fails to meet with their new case manager. Because the case managers work closely with families to ensure they are engaged in work activities that lead to self-sufficiency, it is crucial that counties are able to manage and track transferred cases to ensure the counties' work participation rate (WPR) is met. This will improve the WPR. In August 2011, there were 373 mismatched cases that required manual intervention by the counties to coordinate and review the accuracy of payments and work participation. Each such case takes 45 minutes to research and process, or 280 county work hours.

Providing Workers the Right Tools to deliver timely benefits and help workers perform their jobs efficiently and effectively

- **#29 Dual Monitors.** This project is targeted at improving worker productivity through the utilization of technology and is designed to complement the county process improvement initiatives. One of the largest positive impacts on productivity is to provide dual monitors to all county based users in order to improve efficiency in managing work load. National studies have shown that all types of user productivity are increased when a second monitor is utilized for caseworkers who process eligibility and benefits. The second monitor allows a worker to view electronic documents necessary for completing an application, updating client information or completing a redetermination of benefits while they are entering the information into CBMS on the first screen. This eliminates the need to print out information on paper or to switch between applications and allows the worker to manage interruptions more efficiently and timely. The project costs include purchasing and installing up to two monitors (\$250 for each monitor and \$100 installation) for approximately 4,000 county users. The request contains the expected maximum cost. Depending on the county and the age of the computer, it may be possible to add a new monitor to the existing computer. By adding only one monitor the costs will be reduced, which will be reflected through the normal budget process to adjust the appropriation.

- **#30 Single Sign-On Capabilities.** Currently, users must maintain separate passwords to support the statewide network, CBMS, and Cognos logins. The combination of ID's and passwords is cumbersome for the user; they often write them down, resulting in a security risk. In addition, users need CBMS help desk support to change or reset their password when their account is locked. This project involves using a Lightweight Directory Access Protocol (LDAP) to eliminate multiple authentications to logon to the statewide network, CBMS, and Cognos. The LDAP is used for maintaining logins, password and other account information for the statewide network. CBMS will use the same login and password used for statewide network to authenticate CBMS and Cognos logins. Having the same login and password as the State network will save the user time and reduce the extra work for help desk staff to reset passwords.
- **#61 6-Month POE Simplified Reporting.** This project represents the completion of system enhancements and policy changes initiated by S.B. 10-068 intended to streamline processes and more closely align with Food Assistance and medical programs. That bill appropriated funding for this change, however when the change was not completed within the fiscal year, roll-forward authority was not granted and the project stalled while awaiting new funding. The Period of Eligibility (POE) will enable Colorado Works to change the way benefits are calculated and issued, and will replace monthly status reports with reports only as family circumstances change. Implementing this simplified reporting policy with 6-month certification intervals will dramatically reduce workload. Colorado Works estimates county time savings of more than 10,000 hours per month statewide and \$9,600/month in reduced mailing costs. Other benefits include reduced confusion for participants and workers, clearer expectations and incentives for work participation, and greater economic stability for participants.
- **#68 Recovering Supportive Services Payments.** Supportive services payments are non-recurring Colorado Works benefits that a county may issue to participants who demonstrate needs beyond those covered by the monthly grant. This project will allow counties to recover these payments in instances where participants were not actually eligible for them due to fraud and/or an intentional program violation. This is needed in order to be compliant with proposed rules. It would also provide greater confidence in how public funds are utilized. In 2010, there was \$622,061 of basic cash assistance (BCA) payments in household and fraud or intentional program violation (IPV) claims created on 3,442 cases. During that same timeframe, there was \$9,862,213 in supportive services paid in 2010, for an average of \$768 per case. Based on this, there is a potential for counties to recover \$2,643,456 from cases that were paid in error due to client error or fraud.
- **#69 Colorado Works IEVS IRS Interface.** This project will allow Income and Eligibility Verification System's (IEVS) IRS interface will automatically verify lottery and gambling income, self-employment wages, and interest payments to assist with eligibility determinations for Colorado Works (Colorado Works) and other public assistance programs. DHS will utilize these data to ensure payment accuracy, to detect and prevent client fraud, and to verify client statements regarding their finances. If the interface is not established, the Colorado Works program faces a Corrective Action Plan followed by a possible fine of up to \$1.83 million for Federal Fiscal Year (FFY) 2012-13. Once established, all programs, including Food Assistance and Adult Financial Programs, will utilize the interface.
- **#70 WPR Proration and Registration Date Logic.** This change would prorate the number of work participation hours required by a participant who begins the program mid-month based upon the number of days remaining in that month. Reducing the requirement according to entry date increases the likelihood that participants, counties and the state meet work participation

requirements (WPR) and reduces the likelihood of incurring fines for not meeting it. This project would bring the program into compliance with the state's federal Work Verification Plan.

- **#77 Training Technology: Re-Architect Online Help (End User).** This change is necessary to simplify and enhance the current on-line support provided to 4,300 CBMS end users, including county, medical assistance site and state staff. Currently, a worker must exit the system and, using their single monitor, navigate through a very large set of procedural documents or rules to try to find answers to their questions. This has a negative impact on productivity due to the amount of time it takes to locate the correct document and to read through the vast amount of information. It can often take so much time that the user is logged off of CBMS, which causes the worker to have to re-enter data. Frustrated with this lengthy process, the user often decides to find the answer using trial and error, or asks a peer, interrupting a second user's productivity and risking an incorrect answer. Often this research effort is still unsuccessful and results in the need for a help desk ticket and even a data fix by the operational vendor before the application or redetermination action can be completed. Through creation of a simplified, useful on-line help function unnecessary steps and rework will be eliminated thereby increasing productivity. The project includes redesigning and expanding the current on-line Help function in CBMS to:
 - Provide useful information for the end user by providing one click access to helpful information necessary to make accurate and timely decisions.
 - Connect the on-line Help function to resource information including rules, procedures, simplified steps, and other multimedia to help answer questions and provide context for quick decision-making.
- **#88 WFD Track Enhancements.** Since CBMS was implemented in August 2004, the Workforce Development (WFD) track has not met the needs of the Colorado Works program. It drives additional work for county workers (such as entering data into a second system) and generates reports that are not as useful to case managers and supervisors as desired. This change will allow for easier, more intuitive data entry and better utilization of the tools it contains, and therefore, improved case management and outcomes, including improved Work Participation Rate and job acquisition.

Managing Caseload Volume by ensuring the infrastructure supports the customer and worker

- **#3 Concurrent Users: Capacity Increase Phase 2 (Additional 250 users).** Currently, CBMS supports 2,010 concurrent users, while there are 4,300 active users (includes county, state and Medical Assistance sites). If the number of concurrent users exceeds this number, new users will be unable to log into the application and existing users will experience performance degradation. Concurrent users may exceed this peak during specific processing-heavy times when cost-of-living adjustments occur and the beginning of each month. This project involves an infrastructure upgrade to allow more concurrent users to sign on to the CBMS application in FY 2012-13. This is necessary in order to prevent detrimental impacts that result when too many users are attempting to access the system. The results of exceeding system capacity negatively impacts worker productivity.
- **#4 Add Capacity for New Case Load due to Health Care Reform.** It is anticipated that approximately 400,000 new cases will be opened in the system due to the increased visibility of programs resulting from Health Care Reform and Colorado Health Benefits Exchange which will be operational in October 2013. This project will increase the capacity of the system to handle the increased load which includes the following:

- Increase the database by 8 CPUs and 40GB RAM
 - Increase Transactions for Unix, Extended for Distributed Operations (Tuxedo) by 2 CPUs and 8GB RAM
 - Increase Websphere (a set of Java-based tools) for CBMS by 2 CPUs and 8GB RAM
 - Increase Websphere for CBMS Web by 6 CPUs and 42GB RAM
 - Increase hard drive disk space by 1.5TB
- **#5 Application Quality Analysis (3rd Party).** This project will engage a third party vendor to do a complete Application Quality Analysis of CBMS. This analysis will identify areas of code or design that can be modified to improve the system function. The third party vendor hired will be an expert at testing and teasing out problems and attempting to “break” the system. When they do get an error message or frozen screen, etc, they will document exactly what they did to create it. An example would be double clicking eight or nine times in a row to see if the screen can handle it. Based on these results, OIT and Deloitte will make appropriate system changes and improvements.
 - **#9 System Performance Improvement.** If CBMS does not perform effectively users see a degradation of performance (slowness) across the application, consisting of transactions taking longer than usual and potentially the system may freeze. This project will identify the root cause of issues and the mitigation strategy and allow OIT and Deloitte to troubleshoot performance issues on an ongoing basis. This includes on-going monitoring, analysis, trouble shooting and testing in conjunction with capacity planning to ensure that the users of the system experience a system that performs effectively. Often infrastructure components unrelated to the system itself cause the system to appear to work slowly or inconsistently.
 - **#11 PEAK Real Time Online Eligibility Determination.** This change would enhance PEAK to move toward real-time eligibility determination as well as fixing areas of concern/problems from program areas and stakeholders. Real-time eligibility determination will minimize workload at the eligibility sites resulting in fewer manual calculations and allow for improved data entry, case file documentation, and timely processing of eligibility determinations. Real-time eligibility also includes automating verification information from other state and federal systems to verify a client’s information from reliable third party data rather than waiting for paper documentation. Ultimately, real-time eligibility will result in faster eligibility determinations for Coloradoans. Real-time eligibility will result in clients being less likely to utilize urgent or emergent care because they would have health coverage. Changing PEAK to determine eligibility in real time as opposed to simply taking an online application will likely result in fewer clients seeking benefits through the Colorado Health Benefits Exchange resulting in fewer duplicative applications being processed through both systems.
 - **#12 CBMS Web Expansion - Migration off Citrix.** Citrix is virtualization software that is currently used to display the CBMS screens on the users’ desktop. The actual CBMS software is not installed in users’ local desktops but is instead installed on several Citrix servers which host the application for users. When a user logs into Citrix they effectively execute the CBMS software on the Citrix server rather than on their desktop. CBMS processing is currently being slowed down due to resource contention on the Citrix servers resulting from the number of CBMS users that are logging in and executing the CBMS software on the servers. This project will allow for the migration of users off of Citrix and allow the user to access CBMS through the Web, which will increase the performance of the CBMS software for the user. This project includes acquiring servers and monitoring licenses, as well as testing to comply with all security requirements and policies.

- **#14 Develop Disaster Recovery and Load Test Environment.** This project involves upgrading the current infrastructure (servers, monitoring tools) to add the capability of having a production-like load testing environment and the ability to fully recover from a system failure (or disaster recovery). If this project does not go forward, CBMS will not have the ability to support full worker use of CBMS in the event of a disaster that prevents using the current production environment which could result in a significant system failure for an undetermined period of time. This project addresses the following items:
 - Increase the infrastructure by purchasing additional servers to allow sufficient capacity to support the existing CBMS users and the expected increase in users. The current disaster recovery capability can only support 60% of the current user population. Increasing the disaster recovery environment will enhance the ability to support other day-to-day activities such as user acceptance testing and system load testing.
 - Increase monitoring tools that will cover current users and the expected increase in users. Along with the increase in the disaster recovery environment, the monitoring tools will allow for system load testing, which does not exist today. These monitoring tools will allow CBMS testers to create simulated user loads and transactions to predict CBMS performance impacts prior to implementing system changes.
- **#15 On-Going Modularity and Refactoring.** This project involves identifying areas of the system most likely to change, as well as the ones that can be interoperable with other systems, such as the Colorado Health Benefits Exchange, and isolating those areas into modular (flexible and stand-alone) units that will allow for a 'plug and play' environment. This will allow for significant upgrades or replacements of various modules in a more seamless fashion. For example, the PEAK user sign-on module is currently not designed in a way that it can interface with the Colorado Health Benefits Exchange. To meet the Centers for Medicare and Medicaid Services (CMS) modularity requirement under the seven standards and conditions, the PEAK user sign-on needs to be modular to allow for this interface.
- **#19 Application Workflow and Usability Analysis for County Workers.** This project will revamp the workflow of CBMS to be more intuitive and usable for county based users. This is necessary to allow for the fact that counties have different business processes and those business processes will continue to change. Currently, CBMS is designed to support a single model where a caseworker is assigned and manages a defined set of cases. This model is not best for all counties. Many counties have found it more efficient for caseworkers to be task based, where a caseworker receives a new set of cases or applications each day. To achieve top productivity, CBMS workflow and security must be flexible. A flexible workflow allows the user to work in a manner they wish to work and only having information available that makes sense for them. As an example, suppose a caseworker logs into CBMS and is only assigned to work on Medical Assistance cases. A flexible architecture will only show the user those screens and information associated with processing Medical Assistance cases.
- **#22 Convert DHS Rules to New Rules Engine.** Through the State Health Access Program (SHAP) grant from the Health Resources and Services Administration (HRSA), HCPF has invested in purchasing a modern rules engine that will simplify application processing and allow real-time eligibility processing. Further, the grant has provided funding to convert many of the family Medicaid and CHP+ rules into this rules engine. DHS needs to convert their rules to this new rules engine to help streamline application processing for financial assistance. The project requires moving the currently coded rules from CBMS into the new rules engine and involves the following activities.

- Technical Design - Define the high level system-wide design for rules engine, infrastructure, and interface for modules using rules engine services.
 - Environment Setup - Configure and setup for development, system testing, and implementation.
 - Rules Conversion - Conversion of all DHS rules into the new rules engine including existing rules and operations analysis, development, system testing and integration testing.
- **#23 Subject Matter Experts: Additional Business Analysts, Project Managers and Testers.** OIT, HCPF, and DHS Business Analysts, Project Managers, and Subject Matter Experts to support implementation of projects. The cost for the Subject Matter Experts is based on adding business analysts, project managers and testers over a 15 month period. The staffing will be a combination of staff contractors, county users, At Will state employees, and increased contracting staff at Deloitte to serve as subject matter experts on behalf of the state.

The current CBMS base budget provides sufficient FTE staffing to support just less than 20,000 hours of operational work. Based on the project plan, the number of hours of operational work will increase significantly so additional staffing support is necessary. In FY 2011-12, the volume of work increased approximately five fold. The volume of work in FY 2012-13 will double again if this request is approved.

State functions include taking high level business requirements for system changes from program policy staff, and developing detailed business requirements documents. These documents are given to Deloitte to develop detailed design documents for the changes. The increased staffing support will develop the test scenarios used to validate that the code that Deloitte develops meets the business requirements. A combination of state staff (program and OIT) and users will test the changes before approving them to be implemented.

To implement system changes in a more efficient manner, OIT and Deloitte will convert the current software development life system (or the process of creating or altering information systems) from a Waterfall model to a modern Agile model. The additional Subject Matter Experts will be utilized to assist in this conversation. The current Waterfall model is a sequential design process used in software development, with the development life cycle of Conception, Initiation, Analysis, Design, Construction, Testing, Implementation, and Maintenance progressing steadily downwards, just like a waterfall flows down. Completion of one stage leads to another, and each stage has its separate goals. The advantage of the Waterfall method is the division of the project into tight compartments, reducing the dependency on individuals on the team. Waterfall also retains its relevance when the environment is stable with little or no room for changes and when frequent interactions with ends users and other stakeholders are not possible. Disadvantages of the Waterfall method include its inflexibility and rigidity, the need for comprehensive requirements upfront, and the need for detailed, robust documentation.

The Agile model is an iterative and incremental approach. Software developers work on small modules, and respond to users' changed requirements rather than follow a specific or predetermined plan of action. The basic design is simple, and changes are made as work progresses. Unlike with the Waterfall model, testing and customer feedback occurs simultaneously with development. The Agile model gives priority to collaboration over design. Interactions among stakeholders take priority over processes and tools, and working software takes priority over documenting procedures.

The advantage of Agile is that it is a lightweight method. As software developers focus on smaller work areas, overhead becomes less, and the project costs considerably less than when using the Waterfall method. When customer requirements are hazy, or the business environment is uncertain, Agile allows for making frequent changes, and testing during the construction stage. Agile requires greater collaboration and interaction between the stakeholders and the developers, highly skilled and competent developers, and stakeholders to change requirements as the development progresses.

As frequent interactions with ends users and other stakeholders are possible when making change to CBMS and that customer requirements are often unclear when the business requirements are developed, the Agile approach will increase the productivity of OIT and Deloitte staff.

- **#24 Resolution Identity - Improve Duplicate ID Issue.** Currently there are many instances where the individual clearance (a system query to verify if the applicant is already is a client in CBMS) does not return accurate matches. When the user does not feel certain that they have an identity match for an application they create a new client ID. Often this results in a duplicate ID which must be resolved using a time-consuming, manual process. The duplicate client ID's can result in inaccurate benefit eligibility determinations, delayed benefits to clients, or fraud. This project will purchase commercial off-the-shelf software that has strong matching algorithms that will ensure more accurate client ID assignment. This software will be integrated into CBMS to significantly reduce duplicate IDs and thus the need to manually resolve duplicate IDs.
- **#25 Additional Pool Hours (10,000/year for OIT Projects) – OIT.** As part of the current Deloitte contract, there is a pool of 19,320 hours that are available for additional changes needed to CBMS. These hours are currently shared between HCPF, DHS and OIT. For the past few years, the majority of these pool hours have been used by the HCPF and DHS to stay in compliance with new policy and changing legislation as well as to address audit recommendations. As a result of that, we have not been able to make significant technology changes that are needed to support these policy changes. The demands caused by the growing caseloads as well as the increase in the number of workers continues to stress the system and negatively impact performance. This pool of hours will help OIT:
 - Add additional capacity to the system based on new caseloads being added by policy changes like Health Care Reform;
 - Implement newer technologies to assist in streamlining the business;
 - Reduce the complexity of the current application by adding more configurable processes;
 - Code Refactor (a technique for restructuring an existing body of code, altering its internal structure without changing its external behavior) the current system to continue to make it more efficient, resulting in less effort to update it in the future;
 - Add better workflows to help reduce the system complexity for the workers;
 - Support the OIT's adoption of an Agile approach to software development; and
 - Participate in statewide initiatives for identity management and data sharing across agencies that will lessen the burden on clients to provide verification documentation and reduce the potential for fraud.
- **#31 Web Services.** To meet the CMS seven standards and conditions, CBMS needs to establish an Enterprise Service Bus and build web services interfaces around the data being shared across systems. An Enterprise Service Bus is a software program that creates web services, but it also has other components, such as message queuing, which essentially saves the message to a queue until the receiver is ready. This will give CBMS the ability to communicate and work with other systems

(referred to as interoperability), as well as isolates data changes from the actual interfaces used by others. Currently all data exchanges to and from CBMS are being done in a simple point-to-point manner. For example, text data files are exchanged between CBMS and other systems such as the Social Security Administration. A web service is a way for disparate systems to communicate (i.e. a PC can talk to an Apple computer without needing to know the details of each system). This has changed the way the internet works by publishing a web service and anyone who has the security credentials can use and not have to understand the underlying technology.

- **#33 Batching Long-Term Improvements.** This project will isolate the batch processes away from the production servers from a long-term perspective by adding more hardware (servers and processors) to support a new off-line database. The short-term batching project will not increase the overall capacity. Additional changes included in this project include modifying all batch processes and reports to run against off-line database so that the system resources are not shared between batch and on-line processes.
- **#34 Migrate to Cloud Computing.** Cloud Computing will allow the State to consolidate CBMS (and potentially other applications) infrastructure and operations into a managed and on-demand environment. Cloud Computing is a virtualized shared pool of resources (hardware, software, network) that are allocated to specific workloads (i.e. CBMS) based on demand for that particular workload. For example, by moving operations into Cloud Computing, CBMS would be able to allocate additional resources during specific process-intensive times such as cost-of-living-adjustment or when additional users are added to the system. Depending on the platform chosen, this allocation of resources may be able to happen automatically and dynamically based on certain rules. This is what defines Cloud Computing as being an “elastic” pool of resources. By moving to a managed solution, the state will gain the elasticity and virtualization needed to manage peak times for CBMS. It also offers the state a ‘pay as you go’ model, so the state only uses the infrastructure it needs, when needs it.
- **#73 Decision Support System (DSS).** The project includes developing a dedicated Decision Support System (DSS) for eligibility and benefits information reported in CBMS. The CBMS DSS will be a computer-based information system that supports business and organizational decision-making activities for the Departments by providing data and analytics without the need for OIT or Deloitte to generate reports directly from CBMS. A dedicated DSS for CBMS will help OIT, HCPF and DHS data users to analyze and build the analytical reports using current data extracted from CBMS. After implementing this project, data users at the Departments will have a complete set of CBMS data to analyze and users will be have the ability to build ad-hoc reports, design standardized data dashboards, and have the capability to provide drill down reporting and data mining. This project involves the following effort:
 - Conduct sessions with data user group to gather requirements
 - Develop functional and technical design
 - Setup required hardware and software for development and production environments
 - Setup the user interface environment for report user group to access data
 - Setup the process to extract data from CBMS, load the data into the DSS, and then transform the data so it can be easily queried by the user
 - Build pre-defined dashboards and drill down reports
 - Build pre-defined ad-hoc package for report user group
- **#74 Help Desk Technology, Training, and Process Improvements.** This project is limited to the creation of electronic forms, routing of forms, metrics, and report creation. Electronic forms allow

a user with an issue to provide the right information necessary to analyze their issue. That information is then routed directly to the person who can resolve the issue without the need for intermediary staff. This will result in issues being resolved quicker and improving the user experience with the system and reducing worker lost time. It will also improve the timeliness of getting benefits to clients when there is an issue with their case.

- **#75 Help Desk Policy Support.** CBMS business analysts review current help desk tickets submitted by users as they submitted and then route those help desk tickets to Deloitte if it was a system problem or route them to the Departments if it was question of policy. Historically there have been insufficient resources to resolve help desk tickets that require a change to the system. There are currently 2,200 active financial program help desk tickets and 2,460 active Medical program help desk tickets. In addition, the current CBMS help desk process does not efficiently distinguish between technical problems that need to be addressed by OIT, Deloitte or the Departments. This approach will fix this issue by creating a CBMS help desk managed by state policy areas for non-technical data fixes. The 8.0 FTE's (4.0 FTE to each Department) will be responsible for resolving policy questions, data entry errors and system errors related to help desk tickets. They will also work through solutions with county users when the system result is different than what they expected and complete secured data exchanges that can only be resolved at the state level. Because these new FTE will be primarily working on policy and program operations questions, they will be located at and appropriated to the Departments so they can retain current program knowledge from the current staff.
- **#76 Training Technology: Learning Management System (LMS).** This project including developing a flexible Learning Management System (LMS) to allow for the collection of metrics, improved scheduling, and reporting of learner data. This would also serves as a platform for standardized training curricula for eligibility and enrollment processes, changes to CBMS and PEAK, system enhancements, basic worker training, and policy change. The cost estimate includes development and implementation as well as 2 years of maintenance that is paid at the time of purchase. The project provides funding to purchase LMS software and the staffing necessary to build an application for the administration, documentation, tracking, and reporting of training programs, classroom and online events, e-learning programs, and training content. The project will:
 - Centralize and automate administration of training programs;
 - Provide self-service and self-guided services in addition to group training;
 - Allow the quick assembly and delivery of learning content;
 - Consolidate training initiatives on a scalable web-based platform;
 - Support portability and standards;
 - Personalize content and enable knowledge reuse (recorded webinar etc.); and
 - Automate record-keeping and facilitate registration.

Be responsible stewards of public funds by Ensuring Correct Decisions are made on Eligibility and enrollment at first contact

- **#26 Additional Pool Hours (20,000/year for HCPF Projects) – HCPF.** Currently, pool hours are shared amongst OIT, DHS and HCPF for CBMS system changes. The majority of hours this year are planned to be used by OIT for system maintenance and performance issues. The average project

implemented used approximately 2,500 pool hours. HCPF anticipates that during each state fiscal year, it will have to implement four or more projects resulting from changes in state and federal regulations, audit findings and stakeholder requests. Additionally, when CBMS was implemented in 2004 the medical programs were not fully implemented into CBMS which resulted in end-users creating their own manual workarounds. These workarounds have resulted in audit findings and now pose a significant risk for potential litigation. HCPF needs to eliminate these workarounds by making necessary changes to CBMS to ensure eligibility is accurately determined within required federal guidelines. In addition, HCPF needs to ensure that the eligibility system is working correctly and efficiently to handle anticipated increase in demand from new clients applying for medical benefits in 2014. If the Department is unable to make these changes, the result will be additional workload, more manual workarounds, with additional risk to clients, additional exposure of the state to litigation, and noncompliance with federal regulation possibly jeopardizing Medicaid federal financial participation.

In addition, the Department needs to implement changes because of new federal regulations. This includes implementing the Monthly Adjusted Gross Income (MAGI). All states will be required to change income requirements to MAGI equivalent standards. In addition to MAGI, HCPF has identified a number of changes that need to be implemented in order to be ready for implementation of federal Healthcare Reform. These projects include the following.

- Implementation of verification systems such as “Work Number” to verify a client’s income that cannot otherwise be verified through the Colorado Department of Labor and Employment.
 - Implementation of an asset verification system to verify a potential Medicaid adult long term care client’s assets. This would be similar to a realtor verifying a client’s deed data and property information.
 - Implementation of an enhanced workload assignment methodology, to allow workload assignments to be based on the more efficient “pull” methodology associated with Lean Management principles, rather than the less efficient “push” methodology, thereby improving workload distribution and productivity.
 - Implementation of improved business intelligence tools for the Department’s eligibility data, thereby allowing HCPF to improve its data analysis related to CBMS data.
 - Implementation of an interface with new Medical Assistance Sites that assist clients in determining eligibility for Medicaid or CHP+.
 - Make necessary modifications to PEAK and CBMS so that those systems can interface with the Colorado Health Benefits Exchange.
- **#27 Additional Pool Hours (10,000/year for DHS Projects) – DHS.** Currently, pool hours are shared amongst OIT, DHS and HCPF for CBMS system changes. The majority of hours this year are planned to be used by OIT for system maintenance and performance issues. The average project implemented used approximately 2,500 pool hours. The Department anticipates that each fiscal year, it will have to implement numerous projects that are the direct result of changes in state and federal regulations, audit findings, errors in payments, and stakeholder requests. DHS has recently undergone a rule reduction effort intended to decrease duplication in eligibility processes and increase consistency in regulations. This “rule rewrite” will result in increased efficiencies for the counties and will also reduce program eligibility confusion for participants. Additionally, the Colorado Works program is expected to undergo reauthorization at the federal level early in 2012.

Traditionally, reauthorization includes policy changes that result in the need to complete CBMS changes. The extent of the proposed changes is unknown at this time, but funding must be available to implement the changes for both of these initiatives in the required amount of time.

Since the initial implementation of CBMS in 2004, DHS has identified areas within CBMS that are no longer consistent with federal or state regulations, areas where the system negatively impacts the accuracy of the benefits provided to participants, and lastly instances where the system poses an increased risk in security access and fraud.

The annual allocation of pool hours will be used in supporting the rule reduction efforts, increasing the security restrictions for CBMS functionality, restricting user access to benefits that are issued outside of the system generated benefit process, and develop functionality that would report on error prone and or questionable data. This functionality will also improve data warehousing and analysis, allow county supervisors to conduct and document case reviews in CBMS, and prevent over-issuance of benefits and internal fraud plans. Specific changes to be addressed by pool hours include:

- Corrections to the Client Correspondence track to ensure 1) correct documents are provided to participants (such as those submitting a redetermination through PEAK), 2) notices contain the most up-to-date regulatory volume reference numbers and wording (based on new rule cites updated by the statewide rule reduction), 3) invalid notices are not generated for incorrect individuals (such as liable individuals for claims), and 4) timely noticing is accurate.
- Updates are made to increase the efficiencies of the Benefit Recovery track so that money owed to the DHS in the form of claims are accurately researched prior to being established and eliminate the invalid creation of claims when a discrepancy in payment is identified. These changes will also discontinue the invalid restorations of benefits to ineligible recipients.
- Ensure timely processing for new applications and redeterminations for Food Assistance by requiring PEAK data to accurately screen expedited households.
- Support the focus on employment outcomes by the Colorado Works program for working individuals by ensuring funding options for payments made to eligible participants from CBMS are flexible (County Diversion or MOE), provide the most appropriate option based on the participants' circumstances and employability status, and can be issued based upon unique identifiers. Colorado Works must also ensure work activity hours are accurate and cases are consistently closed automatically when a participant does not meet the work requirements.
- Correct errors in eligibility determinations and benefit calculations to include accurate class codes for non-citizens, correcting missing aid codes for programs in order to pay burial benefits to eligible recipients, correcting benefit calculation for spousal attributes for Adult Financial programs, and increasing the accuracy of Food Assistance eligibility determinations for students. This also includes correcting issues related to Food Assistance sanctions, such as running backwards, incorrect closures and reversals, and invalid closures as well as correcting Food Assistance cases that continue to count public assistance benefits for sanctioned cases after the case closes.
- Automating processes that are currently draining county worker time and decreasing efficiencies. These changes include automatically enrolling eligible SSI recipients for Food

Assistance, automatically closing cases after the required timeframes have been met, and automating other processes that traditionally should not require worker intervention.

- **#32 Annual Income Adjustments.** HCPF is requesting funding to update annual eligibility requirements as a result of annual changes to the federal poverty limits. If HCPF is unable to make these changes, eligibility for clients will be determined incorrectly, resulting in clients who are eligible not receiving benefits. As a result, the state will be out of compliance with federal regulations, possibly jeopardizing Medicaid federal financial participation.
- **#35 Auditor Data Requests.** This requests funding for requests to pull data or conduct system research required by federal or state audits. Without additional support to generate these reports, HCPF will be out of compliance with federal and state audit requests.
- **#44 Vanishing Med Spans.** Current CBMS functionality enables end-users to change data such that an existing medical eligibility span can be eliminated retroactively without an audit trail or even a record of the original medical eligibility span. This project will solve this issue and eliminate vanishing medical eligibility spans. Because of this issue, HCPF is 5 years behind completing capitation reconciliation for the Medicaid BHO mental health program. This problem causes problems with claims and capitation payments, which raise concerns about the validity of HCPF's annual BHO reconciliation. In addition, if a medical eligibility span is eliminated, resulting in medical services being denied to clients. This can result in a life threatening situation for the client as well as concerns with data integrity. Further, this problem presents an ongoing federal compliance/audit risk and has been noted as a CMS federal audit finding.
- **#59 Adult Financial SVES Interface Fix for IARs.** Currently, the existing CBMS interface makes only one attempt to sync CBMS with the Social Security Administration (SSA) database or State Verification Exchange System (SVES). If the record in CBMS does not match the SSA record exactly, it does not sync, and the State does not collect the Interim Assistance Recovery (IAR) funds for that particular client. This project will change the interface logic such that CBMS will continue to try to sync with SSA until it is successful, which results in an increase to the IARs received. It is difficult to accurately quantify the impact of this IAR issue as the Department cannot tell how many clients the Department cannot match due to the interface issue versus clients that are not matching because they are denied for SSI. The Department's best estimate is that it is potentially missing up to half of the IARs it is entitled to, which translates to an additional IAR collection amount of \$1.27 million - \$1.93 million annually.
- **#62 Claims for POE Simplified Reporting.** Link to the project above, this change allows for the fact that new rules and POE/Simplified Reporting will require changes in how claims work in CBMS. This will ensure that claims, overpayments, intentional program violations and fraud are correctly created and monitored in CBMS in order to recover these funds.
- **#64 CBMS Invalid Claims Resulting from Cash Program Approval.** When a household applies for food and cash benefits (approximately 4,000 cases each month) and the food benefits are approved prior to the case benefit approval, an invalid claim is created. Households may be making payments or having their benefits reduced incorrectly due to these invalid claims. Correcting this problem through this project will save county caseworkers time. Food and Nutritional Service (FNS) will be conducting a claims audit in May, 2012 and this incorrect treatment of cases will be a finding which could result in a Federal sanction.
- **#65 Child Support Expenses Posted by ACSES.** Child Support paid by an individual should be deducted from the gross household income before the Food Assistance eligibility determination is made. The payments being posted from the ACSES interface are not being used correctly in CBMS

and the deduction is not being given. This results in some households being incorrectly denied benefits for excess gross income when the deduction would have made them eligible. This project will correct these cases and ensure that the benefit amount is correct. A recent query identified that 3%, or 18,000 individuals receiving Food Assistance benefits also pay child support through the ACSES system. When manual corrections are not made to these cases, it may result in a payment error. According to the findings of the DHS Quality Assurance Division, the incorrect calculation of these benefits contributes to the second highest payment error for the Food Assistance program.

- **#66 Tax Intercept Corrections – Food Assistance, TANF and Adult Financial.** The tax intercept process is intended to intercept income tax refunds to pay against claims that individuals have for receiving Food Assistance, Temporary Assistance to Needy Families and Adult Financial benefits that they were not entitled to receive. The interface process currently does not work correctly and the state is intercepting tax refunds from individuals who are not liable for the claims or who are making recent payments and should not be intercepted. This project will fix this interface issue and will decrease the hours of rework and correction for county caseworkers that can otherwise be avoided and time used more efficiently. The Food Assistance Program will undergo a federal audit this spring and the program anticipates that there will be a federal audit finding to correct this process. When taxes are intercepted incorrectly, the state must refund the client the \$17 fee that was incorrectly charged for the intercept. In 2011 a total of \$2,455 was returned to clients for these errors.
- **#67 Changes to Benefit Recovery for Unreimbursed Public Assistance.** The complex mathematical calculations that determine the amount of child support payments retained by CBMS for Child Support Enforcement (CSE) and Colorado Works have errors that need to be corrected. Each month, if child support has been paid on behalf of a child receiving public assistance, any funds in excess of the order are applied against the outstanding Unreimbursed Public Assistance balance. This project ensures that the correct amount of money is retained by the CSE agency, preventing possible over- or under-payments to Colorado Works families. Counties will no longer need to manually track and separate child support payments into separate “buckets” because the system will do it correctly. In addition, the system will come into compliance with DHS rules and appeals will be avoided. This change must be made in conjunction with the Automated Child Support Enforcement System (ACSES) Referral Fixes change above. DHS cannot quantify the extent of this particular problem without initiating the project.
- **#71 Correcting JT and PS Time Limited Counters for VE.** Colorado Works participants are required to participate in federal work activities. These activities are indicated in CBMS using specific codes. This project removes time limits that are tied to specific training codes, allowing the state to receive credit for these activities. This change will increase the state's ability to meet the federal work participation requirement.
- **#83 CBMS Remediation of Potential Litigation.** This project would provide funding for the improvement and correction of errors in Medicaid application processing that cause delays and hardship for erroneously denied Medicaid eligibility. These improvements, in turn, would help to satisfy the coalition of legal organizations that are on standby to sue the State if the improvements do not occur, although the legal organizations continue to monitor HCPF for other problems with CBMS. Likewise, the improvements would demonstrate that the State is making a concentrated effort to address findings in the completed CBMS audit by the federal Center for Medicare and Medicaid Services reported to the Department on July 1, 2011, and, thus, ensure continued federal financial participation for the Medicaid program. There is also expected to be a slight decrease in

the number of cases appealed to administrative law judges, but the specific number cannot be quantified under current circumstances.

Several errors exist in the Medicaid application processes in Colorado Benefits Management System (CBMS). These errors are causing potential Medicaid clients to be denied eligibility when they are actually eligible or to be approved for the wrong category of eligibility when they should be designated for a different category. This incorrect determination for the clients is causing delays and hardship for clients who must wait long periods of time to have the issues resolved. The errors in application processing have existed since the implementation of CBMS in September 2004, but the situation has become more serious as the caseload for Medicaid has increased and a larger number of clients are affected.

On September 7, 2011, a letter from a coalition of legal organizations, specifically Colorado Lawyers Committee, Colorado Center on Law and Policy, and Colorado Legal Services, was delivered to Governor John W. Hickenlooper. The purpose of the letter was to remind the State that improvements are still needed in CBMS. The implication of the letter was that another lawsuit could follow if the State does not proceed with improvements.

On July 1, 2011, a final report on an audit completed by the federal Centers for Medicare and Medicaid Services showed many errors in CBMS that could place Medicaid federal financial participation in jeopardy if the errors are not corrected in a timely manner. This budget amendment requests funding for certain specific findings in the audit but does not address every known problem with CBMS or other problems mentioned in the audit.

Potential Medicaid clients that have been denied eligibility approval often appeal their cases to administrative law judges. CBMS does not have a report that tells the type of denied clients that do appeal to the administrative law judges, so it is not possible to know if the people who appeal make up the same clients who have been affected by the risk of the lawsuit and the federal audit findings. Some potential clients do not appeal and go unnoticed. The Department has tried to handle error correction manually on an individual case basis, but this approach has become overwhelming as a result of the increased caseload. The changes included in the project are as follows:

- Pickle clients are those people who would have previously lost eligibility due to a cost of living increase (COLA) in financial assistance, but who should remain eligible now because the COLA is disregarded. All SSI eligible recipients should be approved for Medicaid under the Adult Medical-SSI Mandatory Category. If an SSI recipient is approved for another medical category (i.e. Family Medical), this case should be closed and an Adult Medical-SSI case should be opened. This project will correct the category of medical assistance for an SSI recipient.
- Currently, some SSI recipients are not automatically approved for Adult Medical-SSI Mandatory via the SDX Interface due to demographic discrepancies or they are already approved for Medicaid under another Category. These clients are included on SSI Exception reports that eligibility sites are responsible for reviewing. If the eligibility sites do not work these reports, SSI recipients may never be approved for Medicaid. In addition, there are miscellaneous corrections that need to be made to the posting tables that populate data to the SSI Details Window.
- This project will correct the eligibility determination for Adult Medical-Pickle, Adult Medical-Disabled Adult Child and Adult Medical-Qualified Disabled Widow(er). This will allow those SSI recipients that lose SSI to be determined under these categories correctly.

- This project will allow a 60-day Medicaid extension (to file an appeal with Social Security Administration) for all active SSI-Mandatory Medicaid clients that lose their SSI due to no longer meeting disability criteria.
- This project will allow medical benefits to continue for all Medical categories when the recipient requests a hearing before the date of action, the recipient's services may not be terminated or reduced until a final agency decision is rendered after the hearing.
- State rules dictate that all Medicaid applicants/clients must have their eligibility determined under all medical categories prior to being denied or discontinued.
- **#84 Minimum Payment for Recoupments of Claims.** Federal requirements state that benefits which are recouped and applied toward a claim must be at least the required minimum payment amount unless it is the final payment on a claim and the balance is less than the minimum required amount. The system is currently allowing recoupments of less than the minimum payment amount. This project would bring Food Assistance into compliance with Federal regulations and would ensure the state is collecting the appropriate minimum amount on claims.
- **#85 Correct Lengths of Certification Periods – Food Assistance.** Lengths of certification periods for Food Assistance are set according to the amount of risk for error that households have based on their household circumstances including household composition and ability to earn income. The most error prone households' certification periods should be for a full 3 months. Households that are less error prone than those certified for 3 months are certified for 6 months unless the household is considered very stable in which case, they are certified for 24 months. CBMS is currently not setting these certification periods correctly, resulting in households having to report information earlier than the regulations allow and unstable households not having to report changes when they should. The project will correct these certification periods to put DHS in compliance with federal regulations and will make the process uniform and easier for both applicant households and for county eligibility workers. Approximately 25%, or 53,000, Food Assistance cases are affected, causing increased client correspondence costs as redetermination packets are sent out more frequently than required. Alignment of the certification periods for households receiving multiple kinds of benefits including Food Assistance, TANF, Medicaid, and Old Age Pension is anticipated to save the state both time and money. The system change to support this cannot be accomplished until the Food Assistance certification periods are corrected.
- **#86 Correcting Periods of Ineligibility (Diversion POI).** Following a diversion payment, a recipient is ineligible for additional benefits for a period of time, or a "period of ineligibility" (POI). POIs should never be assigned to a child, but only to the head of household or applicant who received the Diversion payment. This project will correctly end POIs following diversion payments, and prevent POIs from being improperly assigned to children. This will ensure compliance with DHS rules, reduce time county workers spend submitting help desk tickets and executing manual corrections, and reduce delayed applications and benefits receipt, and reduce improper application denials. This issue came to DHS's attention through help desk tickets generated by counties as they were unable to approve new applications as the end date of the POI record should have expired, but its expiration was not noted in CBMS. In the past 3 months, a total of 29 help desk tickets for this issue were reported.
- **#87 Distinguishing between SSI eligible and SSI recipients for Colorado Works.** Current CBMS programming incorrectly denies some Colorado Works applicants who receive SSI. Applicants who receive cash SSI payments are ineligible for Colorado Works. However, they remain eligible if they are only receiving medical coverage and no cash payments. Current

programming does not always distinguish between these and sometimes improperly excludes participants based only on medical benefits. This conflicts with DHS rules, increases applicant/participant barriers to receiving assistance, and generates workload for counties and DHS staff. If this project is not processed, affected applicants will continue to have a delay in receiving Colorado Works benefits. Because CBMS is currently programmed to continue to exclude the individual if receiving Medicaid, the client can potentially be waiting indefinitely for approval as it depends on when Medicaid coverage ends.

- **#89 Whereabouts Unknown.** When a county cannot locate a family, it cannot record work participation, nor can it encourage or assist with work participation. This project would add CBMS functionality to allow for clients to be identified as "unable to locate," and would withhold payments during the notification process to allow the participant to provide information regarding their whereabouts. When such information is not received, the change will allow the county to close the Colorado Works case. Currently, these activities take county workers approximately 1 hour per case and potentially result in an additional 2 months of benefits paid in error. This project automates the time-consuming manual process by automatically tracking and closing cases after a certain amount of time when a family's whereabouts are unknown as allowed by federal and state rules. This change will reduce benefits payments to families who are no longer eligible, and yield more accurate work participation rates for the state and individual counties. While the Department can recover these payments today, it is a manual process that relies upon much work and attention paid by county workers.
- **#90 Denying/Failing Child Only ACSES.** This project is required due to a rule change that became effective 7/1/2010. Help Desk tickets indicate that child only cases are not being appropriately denied or failed in cases when the child's caretaker is non-complaint with Child Support Enforcement, allowing ineligible participants to continue to receive benefits improperly. This change will ensure that counties process cases accurately and in accordance with existing state rules. Counties will no longer have to spend time tracking this manually and will not have to submit help desk tickets for this issue, reducing county and help desk workload.
- **#92 Correcting Sanction Creation and Demonstrable Evidence.** This project will correct technical issues such as overlapping or otherwise incorrect Colorado Works sanctions that are causing households to be underpaid or causing cases to discontinue before they should. The change will also allow counties to provide "good cause" when needing to reverse a Demonstrable Evidence (DE) closure. Counties submit several help desk tickets weekly to request assistance in correcting the invalid sanctions and Colorado Works state staff receive questions and process data fixes daily, increasing overall workload. The change will ensure that sanctions and DE will be consistently and appropriately implemented across the state, and that affected cases receive timely and proper noticing of any such actions. In addition, it will bring the program into compliance with DHS rules and reduce appeals due to invalid benefit reductions and invalid closures. Currently 23% (more than 3,500 cases) of the Colorado Works caseload is designated as sanctioned in CBMS, though the true percentage is likely less than 5%. It is safe to assume that all sanctioned cases are resulting in invalid underpayments and/or closures to eligible households.
- **#93 ACSES Referral Interface Enhancements.** This project will fix the broken interface between CBMS and the Automated Child Support Enforcement System (ACSES) to ensure that all children who are required to be referred to Child Support Enforcement (CSE) for all Colorado Works cases. This would allow CSE to pursue support orders with absent parents. In turn, this will result in substantial savings for the Colorado Works program by ensuring child support is pursued and utilized correctly in the Colorado Works payment calculation. Anecdotally, CSE and Colorado

Works staff estimate that this project could yield \$1 million worth of additional child support collections annually, reducing county Colorado Works expenditures. In addition, the change will reduce county work – often caseworkers track and refer these cases manually – and will bring the program into compliance with federal and DHS rules.

Increasing Effective Communication and Training to both clients and workers

- **#18 Client Notice Redesign Implementation.** This redesign of client notification involves innovative ways of notifying the client without having to send paper copies. This project represents the effort to implement the software necessary to achieve these benefits. Currently, clients do not have the option to receive, view, or reference electronic notices. As part of the redesign, the PEAK application will be enhanced to allow access to electronic notices. Other avenues, such as phone notifications, may be viable options for client notification in the future after the redesign is completed.
- **#57 Corrections Required for Denial/Approval Combination Notices.** Current notices list multiple decisions and are contradictory and create confusion related to eligibility decisions for clients. Correcting these notices will prevent the clients from misunderstanding their eligibility status and will reduce the amount of work spent at the eligibility sites answering calls concerning these notices. As stated in the project above, incorrect notices result increased appeal hearings and potential federal sanctions.

In FY 2010-11, OIT contracted with a training consultancy, TIA (Technical Information Associates) to assess the current training supporting the Colorado eligibility and enrollment system, with a particular focus on the needs of the almost 4,300 CBMS end users statewide. This assessment included evaluation of all current CBMS worker training materials, site visits and key informant interviews, CBMS user surveys, and observation. The findings indicated that training for CBMS users statewide, as well as training on the eligibility and enrollment system as a whole, was inadequate. Key findings included:

- Lack of availability of training;
- Dissatisfaction with current CBMS training due to lack of realistic scenarios and bifurcation between policy and systems as well as between different program areas;
- Training did not prepare new workers for working with a high level of accuracy or efficiently;
- Combining system (CBMS) training with policy/program training is key to success;
- Online help functions are outdated; and
- Need to create more opportunities for hands-on learning.

TIA put forth three overarching recommendations:

1. Embed the training organization more firmly in the system development process.
2. Update and consolidate the infrastructure of the training organization for cohesive training.
3. Revise and fine tune the content and delivery of the courses for the CBMS New Worker training.

In addition to these TIA recommendations, Counties and state departments are in agreement that additional training to disseminate best practices and excellent customer service are necessary to streamline the eligibility processes, to redesign internal operations to meet the increased caseloads,

and prepare for the expansion populations and Health Care Reform. Further, enhanced training for all eligibility workers will create a more agile and responsive workforce able to meet the mandates of the CBMS court settlements.

This request outlines the funding and resources necessary to create and sustain comprehensive and collaborative training efforts that integrate the teaching of program policy and regulations across program areas, combined with training on best practices for eligibility processing into the CBMS to ensure consistency, benefit accuracy, and uniformity amongst all CBMS end-users. Since the integration of all benefit and medical assistance programs into CBMS in 2004, the provision of training of program regulations and use of the automated system has been piecemeal. Training is provided on an as needed basis from the state and within available resources at the time. This has led to a disjointed system of training and the provision of information from the state to those that administer the program. As a result, there is confusion, lack of consistency, and an inability to create and disseminate best practices in service delivery. The current delivery of training is oftentimes arduous and confusing with no guarantee that all workers receive, understand and apply the information correctly to the eligibility determination process. Several larger counties have used limited resources for training and have been able to fill some of the gap by creating training programs within their counties for new and on-going workers. As there is no standardized, state level training curriculum, nor central repository for training, many counties have been forced to develop training materials outside of any uniform process. State agencies have also had to create training, in many cases just days before a major build, or worse yet, after a major change has occurred. Due to the lack of centralized and integrated training resources, many training efforts provided by one program area do not address the impact that changes will have on other program areas. Most vulnerable citizens in Colorado receive services from multiple benefit programs (such as Food Assistance and Medicaid Coverage). However, the training provided to the CBMS end-user rarely addresses this fact. The county training provided is neither consistent nor uniform between counties. Most importantly, the balance of the state is left with no resources or ability to provide training.

Reflecting Colorado's value to integrate human services programs and benefits enrollment and to provide seamless and excellent customer service, a successful training program must include a statewide system coordinated amongst service providers and between both Departments and all programs that use CBMS. All eligibility and medical assistance site workers must receive the same basic and on-going policy and automated system training applicable to their job responsibilities to ensure success and uniformity. A training foundation should consist of a certification process that favors a uniform philosophy of quality and customer service, program rules and regulations, program performance measures, outcomes, and expectations. Training and procedures materials must be developed and made available for all learning styles and must be easily accessible using the most modern training software. Seamless training that reflects the reality that most Coloradans receive services from multiple programs and need to be served in a holistic and integrated fashion and that integrates policy and automation for all programs is necessary. Trainees must be tested to ensure the level of understanding required to be successful in their jobs and to serve the citizens of Colorado. In preparation of changes to policy and automation, staff must be trained timely and appropriately throughout the entire state to ensure that changes are understood and implemented correctly. County Caseworkers, who have the subject matter expertise and experience in serving consumers across program areas, must be involved in the agile evolution of statewide training and need to have one focal point to address and meet their training needs. Communication about processes and changes needs to be coordinated and consistent. Training materials and information needs to be stored in one primary repository and made accessible to all staff and users.

The training staff, in collaboration with the consultancy leadership, will prepare all training objectives, curricula, and materials; develop training schedules and delivery methods and implement statewide training. Deliverables will include train-the-trainer certification programs; basic, intermediate, and advanced worker training; development and implementation of the Learning Management System training, ongoing/advanced worker and supervisor training, the creation of automated practice environments within CBMS that allow trainees to apply newly learned skills; and the creation of a system to test and track the performance of trainees.

These training projects are necessary to institutionalize and sustain a unified, comprehensive, modern training program that standardizes procedures throughout the state and ensures program integrity, responsiveness, and efficiency. This request is necessary to replace the current training process that only provides training on an as needed basis from the state departments and within available resources. This is inadequate and has led to a disjointed system resulting in confusion, lack of consistency, and failure to implement necessary steps in accurately determining eligibility for program services and benefits. Under current practices there is no guarantee that all workers receive the information or apply it consistently to their work. Some counties are able to fill this gap by providing training for their workers; however, the vast majority of counties do not have adequate resources to do so.

- **#58 Prevent Old Dates and Information from being added to Current Notices.** Notices that are being sent to clients are being populated with old information that is no longer valid, including old dates of eligibility, which is confusing for those receiving the notices. Fixing these notices will create less confusion for the clients and reduce the number of phone calls to caseworkers who have to research the case and then explain the notice. This extra work takes time away from processing new and renewal applications. In addition, appeal hearings have been lost as a result of these notices. HCPF continues to be cited in audits as a result of this issue in client correspondence. In the next Federal fiscal year, the federal Quality Assurance process will cite the Department of Human Services that these notices are errors, causing the State's negative error rate to go up from 7% to an estimated 50%. An increased error rate can result in fiscal sanctions from Food and Nutrition Services (FNS).
- **#78 Training: CBMS Trainer Certification Program.** This project will create a train-the-trainer model for CBMS users that will enable the transfer of knowledge regarding instructional design, training delivery methodologies, policy and technology. The development of a trainer certification program is necessary to expand the opportunities for training delivery throughout the state while ensuring accuracy and standardization. Through a systemic certification process, certified instructors will demonstrate knowledge of adult learning styles, training delivery standards, program rules and regulations, knowledge of the automated systems, and an understanding of the clients we serve and the specific skills needed to work with the various groups that our programs serve. Costs include the hiring of contractors (or temporary staffing) and operational support to develop the certification program, development of new curricula for train-the-trainer, an integrated procedures manual, and other supportive training materials.
- **#79 Training: CBMS New Worker Training (Basic Worker Redesign).** This project is to develop a universal and comprehensive training for new CBMS users. All eligibility and medical assistance site caseworkers, in addition to state workers, must receive the same basic policy and system training applicable to their job responsibilities to ensure success and uniformity. This project will provide comprehensive eligibility and case management training for new CBMS users in multiple formats (e.g. in person, web based, and webinar). Costs include the hiring of contractors

(or temporary staffing) and operational support to development of new curricula, an integrated procedures manual, and other supportive training materials.

- **#80 Training: CBMS Eligibility & Enrollment Training.** This project is to develop a universal and comprehensive incumbent training for incumbent or current CBMS users. All eligibility and medical assistance site workers, in addition to state staff, must receive the same on-going policy and system training applicable to their job responsibilities to ensure success and uniformity. This project will provide comprehensive eligibility and case management training for incumbent CBMS users in multiple formats (e.g. in person, web based, and webinar) etc. Costs include the hiring of contractors (or temporary staffing) and operational support to development of new curricula, an integrated procedures manual, and other supportive training materials.
- **#81 Training Support.** OIT, HCPF, DHS, and counties looked at different options to implement a better integrated training program. The recommendation is to form a training consultancy that would be governed by representation from OIT, HCPF, DHS, and counties to insure holistic and integrated training that reflects the business needs and vision of the service delivery system statewide. The training consultancy would hire a total of 14.0 FTE to represent the needs of the Department program areas, the caseworkers (or CBMS users) and clients to develop and deploy relevant, accurate, and state of the art training that integrates program and policy into eligibility enrollment practices. HCPF and CDHS would provide matrix management of these 14.0 FTE to insure program area training needs are fully addressed. The training team would work very closely with OIT to provide close collaboration with the system development process and to work closely with Deloitte to deploy training ahead of major changes. The training team will be responsible for the development and delivery of combined program and automated system training for new and on-going staff as well as provide information and training on upcoming automated system and policy changes.

This funding request is for staffing and operating costs necessary to sustain, modify and update the upstart training efforts. The staff hired for this project will:

- Be responsible for training statewide for the 2,500 on-going county caseworkers who determine eligibility and for approximately 50 new workers who are hired into vacancies each month.
- Be responsible for the education and training of all state, county and medical assistance site staff in policy, automated system and program procedures.
- Serve as subject matter experts to the staff that will be creating the Learning Management System, redesigning the on-line Help function, updating the Basic New Worker training, and creating the Train-the-Trainer and training modules for incumbent staff.
- Maintain, update, facilitate, and manage the Learning Management System, on-line Help, Train-the-Trainer certification program, New Worker Basic Training, and training for incumbent workers beyond the initial creation of those projects.

Minimal Integration with the Colorado Health Benefit Exchange to promote a unified eligibility process and continuity of care.

The following projects were identified to create the minimal integration with the Colorado Health Benefit Exchange to promote a unified eligibility process and continuity of care. Enhanced funding for these projects have been secured through the Implementation Advanced Planning Document (IAPD) approved by CMS.

Project Name	Funding Source	Total Estimated Cost	FY 2012-13 Funding Request	FY 2013-14 Funding Request	FY 2014-15 Funding Request
Rules Engine	90/10	\$3,713,000	\$928,250	\$2,784,750	\$0
Interfaces	90/10	\$6,232,000	\$383,520	\$744,480	\$5,104,000
Business Process Re-engineering	90/10	\$2,375,000	\$1,150,000	\$1,150,000	\$75,000
Additional CBMS & PEAK Modifications - Contractor	90/10	\$4,956,000	\$2,329,340	\$1,896,660	\$730,000
Additional CBMS & PEAK Modifications - Software	75/25	\$2,144,500	\$1,087,800	\$1,037,800	\$18,900
Additional CBMS & PEAK Modifications - Hardware	90/10	\$2,810,000	\$1,610,000	\$1,200,000	\$0
IV&V Contractor & MITA 3.0 State Self-Assessment Contractor	90/10	\$2,400,000	\$300,000	\$1,000,000	\$1,100,000
Total		\$24,630,500	\$7,788,910	\$9,813,690	\$7,027,900

- **Rules Engine.** An eligibility rules engine is the “brains” of an eligibility application and stores the majority of business logic to determine eligibility for various programs. CBMS uses a custom rules engine as part of a tightly coupled programming framework. Any change in rules requires significant changes to the framework and programming models before policy staff can implement changes to the rules.

HCPF has acquired a rules engine that can be programmed and maintained by business analysts versus programmers. Rules will be written in an Excel spreadsheet type of format, use effective dating, have a trace-back capability to identify the rules and will document the order that the rules were invoked to arrive at an outcome. The rules engine will support web services and interface with common workflow tools, identity management, and content management solution components. The rules engine will provide enormous benefits. It will result in more accurate and consistent eligibility determinations. It will reduce overall long-term systems costs and reduce system maintenance. It will increase responsiveness to legislative and policy changes. It will provide traceability and transparency of eligibility determinations that will improve both client and eligibility worker satisfaction. Finally, the rules engine will orchestrate some of the automated business process paths, alerts and other system-to-person and system-to-system interactions.

- **Interfaces.** The purpose of modifying existing CBMS interfaces and creating new interfaces is to provide the eligibility process (systems and workers) real-time access to data and information needed to expedite eligibility determinations. Where business requirements warrant, interfaces will be real-time. Where only data and informational “look ups” are required, interfaces will provide the capability for the eligibility worker to locate and view the data elements in other systems (if feasible and permissible).

CBMS exchanges information with multiple Federal, State, and other internal and external systems using approximately 1,000 existing interfaces. These interfaces are necessary for the State to utilize

its resources efficiently and provide the highest level of service to its many clients. Currently, the majority of these interfaces use batch processing, i.e. a flat file is usually sent through a secure FTP transaction to and from CBMS. The file is then loaded into a table and processed using COBOL programs and, for some files, a file is generated and sent back to the interface partner.

Through its planning efforts, HCPF has identified the interfaces that support the eligibility process that will undergo some degree of modification. For each interface HCPF will define specific enhancements required to support a streamlined medical eligibility process and to integrate with the proposed modular architecture. These interfaces will be built to required standards for protection of data in transit. Interface requirements will include data logging, error detection and rollback capabilities (where feasible).

These automated interfaces will improve the eligibility process for the client and the worker leading to greater client satisfaction and worker efficiencies and effectiveness. The enhanced interfaces in CBMS will be used to compare or update consumer data to support medical eligibility and enrollment processes. When specific client data elements are updated by external systems or workflow, the rules engine will execute an automatic eligibility determination benefit calculation to determine current or ongoing eligibility for benefits. When eligibility workers need access to data in other systems they will have the capability to query those systems in real-time. Some interfaced data will be written to clients' case records in CBMS and will be available for display and can be used to update PEAK as well for client viewing. Interfaced data used for verification of eligibility information will be written to the eligibility system to allow eligibility workers to review and request corroborating verification, if necessary. The identified interfaces include:

- Real-time interface for the Federal Data Hub (SSA, IRS, Department of Homeland Security).
- Ten (10) real-time interfaces between PEAK and the Colorado Health Benefit Exchange allowing seamless transfer of client data between the two systems.
- Real-time interface for current Child Support Monies records (ACSES Financial Interface).
- Receipt of New Hire data (ACSES New Hire Interface).
- Real-time Interface for IM-770 and Court Ordered Update (ACSES Regular Interface).
- Monthly Match of BEER (Beneficiary Earnings Exchange Record) data (IEVS BENDEX Interface).
- Daily receipt of newly approved Child Care children (CHATS Interface).
- Real-time Interface for Vehicle Registration data (DMV Interface).
- Match of BEER FEIN to remove employers already reporting to Colorado (CDLE).
- Monthly Match of IRS (Internal Revenue Services) data (IEVS IRS Interface).
- Fine tuning SDX data in CBMS (IEVS-SDX Interface).
- Monthly/Quarterly Match of National Directory of New Hires (NDNH) data (Federal Office of Child Support Enforcement (OCSE)).
- Additional functionality in PARIS (Public Assistance Reporting Information System) Interface in CBMS (HHS, ACF Interface).
- Weekly SAVE (Systematic Alien Verification for Entitlement) Interface data (Immigration and Customs Enforcement (ICE)).
- Daily SVES National Prisoner Match data (SSA).

- Redesign of Medical Eligibility Spans Interface for real-time functionality (HCPF)
- CBP/SIDMOD Interface match (OIT).
- Division of Youth Corrections Interface (Colorado Department of Human Services (DYC)).
- Division of Mental Health Institutions Interface (Colorado Department of Human Services (DMHI)).
- Colorado Department of Corrections Interface (DOC).
- Work Number Interface.
- Asset Verification Interface.
- Weekly CLDE UIB Income automated data update.

In addition, the following interfaces allow for minimal integration with the Colorado Health Benefit Exchange:

- PEAK to Individual Exchange – Customer Information and Security Credentials. Transmits customer selection of a State (Medicaid or CHP+) plan (selected in the Exchange) to CBMS/MMIS to proceed with enrollment.
 - PEAK to Individual Exchange – SSO and Account Information. Provides SSO access from PEAK into the Exchange. After transferring into the Exchange the customer may perform Exchange customer functions, e.g. account management, determine eligibility, view plans, select plans, enroll.
 - Individual Exchange to PEAK – MAGI Eligibility Determination. Transmits MAGI eligibility determination from the Individual Exchange to PEAK to enable customers in PEAK to review their eligibility for either public benefits or private healthcare coverage benefits.
 - CBMS/MMIS to Individual Exchange – Enrollment Information. Transmits enrollment information from CBMS so that the Exchange knows that a customer for whom eligibility was determined became enrolled in a public program.
- **Business Process Re-engineering.** The Business Process Re-engineering project consists of three initiatives that will complement the technology projects described above by focusing on business processes and the interaction people, processes, and technology. This project includes a Business Process Re-engineering initiative, a comprehensive Training program and wide-ranging Outreach and Communications activities.

The Department will initiate systemic changes to the eligibility and enrollment processes and the role of eligibility sites. The Department intends to assist each site in the development of standardized, efficient and effective work processes that improve work quality by using process improvement methods that are common in the private health care sector. The focus will be on workflow management and integration of automated systems, and technologies that are under development, such as a dashboard, an EDMS, improvements in the worker interface and real time eligibility determinations. Additional efforts will concentrate on client call centers with focus on first-call resolution and on the workers' new role around client service and providing resources and referrals. The business process improvement strategies will reduce non-value-added steps and waste, as well standardize multiple work functions based on each site's unique work environment.

Benefits from business process re-engineering will provide a means for incorporating staff input into solution design, which will result in optimization of people, processes, and technology.

Eligibility staff will solve problems and eliminate system “work-arounds” they have been utilizing. This includes, facilitation costs for CBMS Governance Meetings and county meetings.

- **Additional CBMS & PEAK Modifications – Contractor, Software, and Hardware.** PEAK will serve as the entry point for a self-service user experience that will enable Colorado citizens to access a real-time application for health and human services benefits. PEAK will link Coloradans to the full spectrum of health and human service programs, including the preventive public health, clinical and human services that work together to safeguard, ensure and improve their health. To the maximum extent possible, the enhanced PEAK application will support self-service for clients, (i.e. change in life events which trigger eligibility determination or re-determination, changes to account information, etc.). It will fully integrate with CBMS and the Exchange.

There are a multitude of benefits resulting from these enhancements that will accrue to clients and workers. Eligibility and enrollment for Family Medicaid or CHP+ will be self-service and real-time. The process will be fast and user-friendly. It will have the ability to capture, store, and transmit supplemental information required of applicants and existing clients electronically. This will significantly decrease the time required for clients to begin receiving benefits or to renew benefits. It will reduce or eliminate the need for clients to travel to and from home to an enrollment facility. This self-service capability will enable entities that assist clients enrolling in these programs to re-allocate resources to other programs with more extensive eligibility requirements and focus on case management and exceptions management. It will leverage information already captured for use in other eligibility processes. Interoperability with the Exchange will address the needs of households with some members enrolled in state programs and some members enrolled in private coverage through the Exchange.

Over time, PEAK will continue to develop and strengthen the network of local access points through which Coloradans can apply for the full spectrum of health and human service benefits. The types of organizations that serve in this capacity will continue to grow and expand. The network will include eligibility sites (i.e. kiosks in lobbies, etc.), Community Based Organizations (CBOs), clinics, libraries, food banks, childcare centers, churches, community centers, and more.

In order to enhance the quality of case management that PEAK application assistant sites can offer, a CBO portal will be created in PEAK allowing staff to track applications through the process. This will be enabled once the enhanced Account Management capabilities are implemented which will provide role-based access and security to separate internal and external users and allow maintenance of the security profiles separately. The identified changes include:

- Provide Upload functionality in PEAK/CBMS. DDI to enable PEAK/CBMS to upload the verifications/documents, then in turn these documents will be loaded in the EDMS tool. Includes additional screens that will be developed to upload the documents, and add the functionality to retrieve/view the documents from the EDMS.
- PEAK/CBMS Upgrade to support integration with the Exchange
- Account info from PEAK/CBMS/Master Person Index (MPI) and Identity Management to the Individual Exchange for MAGI Determination. Provides the Exchange with customer information from the PEAK/CBMS applications, verification of the household members from the MPI component and access credentials from the SSO component.
- Online Renewals. Enhancing the Program Eligibility Application Kit to include functionality for the online renewals

- Online Enrollment Fee Payment. Enhancing the Program Eligibility Application Kit to include functionality for the online enrollment fee payments for the applicable medical programs.
 - PEAK-Web Content Management System. Includes implementing the Web Content Management System to increase flexibility for State Business Analysis to update the PEAK Website Content.
 - Update the existing Medicaid rules due to the changes in current Medicaid policies/regulations.
 - New correspondence needed for the MAGI population, once the information is received from Exchange. Assume, there will be around 20-25 new correspondences will be generated. Guaranteed generation of time sensitive correspondences.
 - E-Notices: creation of electronic forms, routing of the forms, metrics, and report creation.
 - Reporting, assume approximately 20 new reports will be developed.
 - Additional software purchases: Log Management Solution, Vulnerability Management, Interactive Voice Response (IVR) System, and Clarity Project Management/Time Keeping Licenses.
 - Additional hardware purchases: Hardware for Additional Environments (Development/Testing) for Interoperability, Data Sharing with Vital Statistics (Birth and Death Information), and Interactive Voice Response (IVR) Equipment.
- **IV&V Contractor & MITA 3.0 State Self-Assessment Contractor.** As a condition of the IAPD to receive enhanced federal funding, Centers for Medicare & Medicaid Services (CMS) requires that HCPF perform Independent Verification and Validation (IV&V) and a Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A). Through IV&V, HCPF and OIT will apply best practices in project management and deliver work products that meet all federal and contract requirements through provision of quality products, performance of project monitoring activities, performance of independent reviews and appropriate resources and governance to support the project to completion. This includes assessing project methodologies, requirements tracking, deliverable and milestone review and oversight, requirements validation, test evaluation, quality assurance, independent risk assessment, and system certification and closeout support. An independent entity will be engaged to facilitate the verification that requirements analysis and documentation supports the project requirements and objectives to meet federal and state provisions. The verification will involve a collaborative review by all of the impacted entities, project participants and external experts in MAGI, MITA, and federal and state rules.

The CMS introduced the MITA as a framework to assist states with improving the operation of their Medicaid programs. The MITA 3.0 SS-A contractor will be selected through a competitive solicitation. The SS-A documents the State's maturity level for each defined business process and is a tool for states to plan their transitions from current capabilities to future, targeted capabilities. MITA prescribes an enterprise architecture for Medicaid programs that is comprised of three architectural layers:

- Business Architecture – a layer that focuses on business processes and a maturity model that describes in detail how Medicaid operations are expected to mature over time.
- Information Architecture – a layer that focuses on data and information to support the business architecture, including data management strategies and data standards.

- Technical Architecture – a layer that focuses on the technology that supports both the information architecture and business capabilities, and defines a set of services and standards that states can use to plan and specify their future systems.

Attachment 2

Enhanced Federal Funding

To assist with these changes, the Centers for Medicare and Medicaid Services (CMS) have provided an opportunity for states to build or upgrade their eligibility systems utilizing enhanced federal funding. In April 2011, CMS announced the availability of enhanced federal funding for new or upgraded Medicaid eligibility systems with CMS providing 90% of the development cost, often referred to 90/10 federal funding. This enhanced federal funding is available through December 2015. (Source: Medicaid Program; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities, final CMS rule issued April 19, 2011)

This enhanced federal funding is available if upgrades to CBMS meet seven conditions and standards as issued by CMS. These conditions and standards have been established to streamline the eligibility and enrollment process, improve user experiences, increase administrative efficiencies, and support with greater effectiveness the ability to manage care and produce improved health outcomes for Medicaid beneficiaries. Through the 18-month plan, CBMS will be upgraded and modernized to correspond with these seven conditions and standards:

1. **Modularity Standard** – This condition requires the use of a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming; and the availability of business rules in both human and machine-readable formats.
2. **Medicaid Information Technology Architecture (MITA)** – This condition requires states to align to and advance increasingly in MITA maturity for business, architecture, and data. These investments by federal, state, and private partners will allow systems to make important incremental improvements to share data and reuse business models, applications, and components.
3. **Industry Standards Condition** – This condition requires that infrastructure and information system investments are made with the assurance that timely and reliable adoption of industry standards and productive use of those standards are part of the investments. Industry standards promote reuse, data exchange, and reduction of administrative burden on patients, providers, and applicants.
4. **Leverage Condition** – This condition requires the sharing, leveraging, and reusing of technologies and systems within and among states. States can benefit substantially from the experience and investments of other states through the reuse of components and technologies already developed, consistent with a service-oriented architecture, from publicly available or commercially sold components and products, and from the use of cloud technologies to share infrastructure and applications.
5. **Business Results Condition** – This condition requires accurate and timely processing of claims (including claims of eligibility), adjudications, and effective communications with providers, beneficiaries, and the public.
6. **Reporting Condition** – This condition requires that system solutions produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability. Systems should be able to produce and to expose electronically the accurate data that are necessary for oversight, administration, evaluation, integrity, and transparency.
7. **Interoperability Condition** – This condition requires that eligibility systems must ensure seamless coordination and integration with the Exchange (whether run by the state or federal government),

and allow interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services. (Source: Enhanced Funding Requirements: Seven Conditions and Standards, Medicaid IT Supplement (MITS-11-01-v1.0), issued April 2011.)

Because other federally funded human services programs can benefit from the changes being made to create a modern infrastructure to determine eligibility for Medicaid the federal government is allowing states an exception to OMB Circular A-87. This exception does not apply to state-only programs (State-Only Old Age Pension, State-Only Medical programs, and Adult Protective Services). The exception allows human services programs (including, but not limited to, Temporary Assistance for Needy Families (TANF), and the Supplemental Nutrition Assistance Program (SNAP)) to utilize systems designed specifically for determining a person's eligibility for certain health coverage programs (Medicaid and CHP+) without sharing in the common system development costs, so long as those costs would have been incurred anyway to develop systems for the Medicaid, and CHP+. However, incremental costs for additional requirements needed for the inclusion of those programs, whether they are added to those projects at initial or later stages, must be charged entirely to the benefitting program. Therefore, the CBMS changes related to only the financial programs administered by DHS will not qualify for enhanced funding. (Source: Tri-Agency Letter on Cost Allocation of Information Technology Systems, issued August 10, 2011.)

HCPF has taken the steps to receive the enhanced federal funding to upgrade and modernize CBMS. On December 30, 2011, HCPF received approval of a Planning Advanced Planning Document which authorized the Department to receive enhanced federal funding to develop an implementation plan to receive enhanced federal funding related to the system change provided in the 18-month plan. Then on August 17, 2012, HCPF received approval of a Implementation Advanced Planning Document which authorizes the Department to receive enhanced federal funding to related to the system change provided in the 18-month plan and additional items that are necessary for the minimal integration with the Colorado Health Benefit Exchange to promote a unified eligibility process and continuity of care..

Through Implementation Advanced Planning Document, CMS approved a total project budget of \$62,926,200 until December 2015. This amount includes funding for staff and other projects not specified on the 18-month plan. The following cost allocation methodology was approved: 86.47% Medicaid (90% or 75% FFP), 0.26% CHP+ (65% FFP), 13.27% State Only (No FFP).

Attachment 3 Summary of Funding Changes

Due to the approval of enhanced federal fund this request makes the following changes to funding based on House Bill 12-1339. These funding breakouts use the following cost allocation methodology that was approved under the IAPD: 86.47% Medicaid (90% or 75% FFP), 0.26% CHP+ (65% FFP), 13.27% State Only (No FFP). To break out the funding amounts for financial programs, the following CBMS calculator amounts were applied: 13.16% TANF, 48.33% SNAP, 1.26% Adult Protective Services, and 3.75% OAP. In addition, TANF amounts are considered 100% General Fund due to a shortfall in the federal grant.

Definitions used in the tables:

CF – CBHP	Cash Funds – Children’s Basic Health Plan Trust Fund
CF – OAP	Cash Funds - Old Age Pension Fund (Health and Medical)
CF – OAP F	Cash Funds - Old Age Pension Fund (Financial)

Department of Health Care Policy and Financing

FY 2011-12

(6)(B) Office of Information Technology Services - Medicaid Funding - CBMS	TF	GF	CF - CBHP	CF - OAP	RF	FF
Appropriations	\$3,654,755	\$1,820,992	\$2,123	\$6,398	\$0	\$1,825,242
Revised Estimate	\$4,003,390	\$1,014,057	\$4,183	\$11,950	\$0	\$2,973,200
Total Revised FY 2011-12 Incremental Change	\$348,635	(\$806,935)	\$2,060	\$5,552	\$0	\$1,147,958

FY 2012-13

(6)(A) Executive Director's Office - Medicaid Funding	TF	GF	CF - CBHP	CF - OAP	RF	FF
Total Appropriations	\$39,762	\$19,881	\$0	\$0	\$0	\$19,881
Revised Estimate	\$39,762	\$19,881	\$0	\$0	\$0	\$19,881
FY 2012-13 Supplemental Need	\$0	\$0	\$0	\$0	\$0	\$0
(6)(B) Office of Information Technology Services - Medicaid Funding - CBMS	TF	GF	CF - CBHP	CF - OAP	RF	FF
Total Appropriations	\$7,591,074	\$3,287,514	\$2,669	\$8,039	\$0	\$4,292,852
Non-Contractor Costs	\$696,607	\$348,304	\$0	\$0	\$0	\$348,303
Available Appropriations for Contractor Costs	\$6,894,467	\$2,939,210	\$2,669	\$8,039	\$0	\$3,944,549
Revised Estimate for Original 1339 Projects	\$8,186,702	\$1,258,295	\$8,553	\$24,436	\$0	\$6,895,418
Additional Projects	\$6,775,604	\$814,609	\$7,080	\$20,226	\$0	\$5,933,689
Total Revised FY 2012-13 Project Cost	\$14,962,306	\$2,072,904	\$15,633	\$44,662	\$0	\$12,829,107
FY 2012-13 Incremental Need	\$8,067,839	(\$866,306)	\$12,964	\$36,623	\$0	\$8,884,558
Unmet Need from FY 2011-12 Funding	\$1,155,570	\$0	\$2,060	\$5,552	\$0	\$1,147,958
FY 2012-13 Supplemental Request	\$9,223,409	(\$866,306)	\$15,024	\$42,175	\$0	\$10,032,516

FY 2013-14

(6)(A) Executive Director's Office - Medicaid Funding	TF	GF	CF - CBHP	CF - OAP	RF	FF
Total Appropriations	\$74,143	\$37,072	\$0	\$0	\$0	\$37,071
Revised Estimate	\$74,143	\$37,072	\$0	\$0	\$0	\$37,071
FY 2013-14 Budget Amendment	\$0	\$0	\$0	\$0	\$0	\$0
(6)(B) Office of Information Technology Services - Medicaid Funding - CBMS	TF	GF	CF - CBHP	CF - OAP	RF	FF
Total Appropriations	\$564,113	\$280,262	(\$5,645)	\$8,039	\$0	\$281,457
Non-Contractor Costs	\$564,113	\$280,262	(\$5,645)	\$5,039	\$0	\$281,457
Available Appropriations for Contractor Costs	\$0	\$0	\$0	\$0	\$0	\$0
Revised Estimate for Original 1339 Projects	\$3,568,609	\$620,792	\$3,729	\$10,653	\$0	\$2,933,435
Additional Projects	\$8,536,967	\$983,209	\$8,920	\$25,483	\$0	\$7,519,355
Total Revised Estimate for FY 2013-14	\$12,105,576	\$1,604,001	\$12,649	\$36,136	\$0	\$10,452,790
FY 2013-14 Budget Amendment	\$12,105,576	\$1,604,001	\$12,649	\$36,136	\$0	\$10,452,790

Department of Human Services

FY 2011-12

(2) Office of Information Technology Services, Colorado Benefits Management System, System Modernization, Operating Expenses	TF	GF	CF - OAP F	RF	FF	MCF	MGF	NGF
Total Appropriations	\$8,950,260	\$3,845,866	\$199,942	\$5,654,755	\$1,249,697	\$3,654,755	\$1,820,992	\$5,666,858
Revised Estimate	\$8,950,260	\$3,439,818	\$448,141	\$4,033,390	\$1,058,911	\$4,003,390	\$1,014,057	\$4,453,875
Total Revised FY 2011-12 Project Cost	\$0	(\$406,048)	\$248,199	\$348,635	(\$190,786)	\$348,635	(\$806,935)	(\$1,212,983)

FY 2012-13

(2) Office of Information Technology Services, Colorado Benefits Management System, System Modernization, Operating Expenses	TF	GF	CF - OAP F	RF	FF	MCF	MGF	NGF
Total Appropriations	\$15,542,214	\$5,555,184	\$218,920	\$8,236,264	\$1,482,946	\$7,286,264	\$5,142,219	\$6,496,065
Non-Contractor Costs	\$1,062,452	\$403,519	\$36,864	\$392,097	\$230,032	\$392,097	\$348,304	\$751,823
Available Appropriations for Contractor Costs	\$12,279,762	\$2,950,265	\$182,116	\$7,894,467	\$1,252,914	\$6,894,467	\$2,793,975	\$5,744,240
Revised Estimate for Original 1539 Projects	\$12,279,762	\$2,354,395	\$916,420	\$8,136,702	\$822,245	\$8,186,702	\$1,258,295	\$3,612,690
Additional Projects	\$7,788,909	\$254,843	\$758,452	\$6,775,604	\$0	\$6,775,604	\$814,609	\$1,069,452
Total Revised FY 2012-13 Project Cost	\$20,068,671	\$2,609,238	\$1,674,882	\$14,962,306	\$822,245	\$14,962,306	\$2,072,904	\$4,682,142
FY 2012-13 Supplemental Need	\$7,788,909	(\$341,027)	\$1,492,766	\$7,067,839	(\$430,669)	\$8,067,839	(\$721,071)	(\$1,062,098)
Unmet Need from FY 2011-12 Funding	\$1,403,769	\$0	\$248,199	\$1,153,370	\$0	\$1,153,370	\$0	\$0
FY 2012-13 Supplemental Request	\$9,192,678	(\$341,027)	\$1,740,965	\$8,223,409	(\$430,669)	\$9,223,409	(\$721,071)	(\$1,062,098)

FY 2013-14

(2) Office of Information Technology Services, Colorado Benefits Management System, System Modernization, Operating Expenses	TF	GF	CF - OAP F	RF	FF	MCF	MGF	NGF
Total Appropriations	\$821,309	\$311,932	\$28,451	\$333,104	\$177,822	\$303,104	\$156,778	\$468,710
Non-Contractor Costs	\$821,309	\$311,932	\$28,451	\$303,104	\$177,822	\$303,104	\$156,778	\$468,710
Available Appropriations for Contractor Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Revised Estimate for Original 1539 Projects	\$5,907,897	\$1,457,130	\$399,473	\$5,558,609	\$482,685	\$5,568,609	\$620,792	\$2,077,922
Additional Projects	\$9,813,690	\$321,093	\$955,630	\$8,536,967	\$0	\$8,536,967	\$983,209	\$1,304,302
Total Revised Estimate for FY 2013-14	\$15,721,587	\$1,778,223	\$1,355,103	\$12,105,576	\$482,685	\$12,105,576	\$1,604,001	\$3,382,224
FY 2013-14 Budget Amendment	\$15,721,587	\$1,778,223	\$1,355,103	\$12,105,576	\$482,685	\$12,105,576	\$1,604,001	\$3,382,224