



Medicaid Administration

State Name: Colorado

OMB Control Number: 0938-1148

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State Plan Administration Designation and Authority

A1

42 CFR 431.10

Designation and Authority

State Name: Colorado

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency: Colorado Department of Health Care Policy and Financing

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency: State Medicaid Agency

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

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

Section 25.5-1-104(4) and Section 25.5-4-104 CRS (2014)

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The state statutory citation for the legal authority under which the agency supervises the administration of the plan on a statewide basis is:

25.5-1-104(4), 25.5-1-201, 25.5-4-104, 25.5-4-106, and 25.5-4-205 CRS (2014)

The state statutory citation under which the single state agency has legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is:

25.5-4-104 CRS (2014)

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



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An attachment is submitted.

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

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No

- Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

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

- Determining eligibility
 Conducting fair hearings
 Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

Add



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- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

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

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

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Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Department of Health Care Policy and Financing (the Department) receives federal funding as the single state agency responsible for administering the Medicaid program (Title XIX) and the Child Health Insurance Program (Title XXI), known as the Children's Basic Health Plan (CHP+). In addition to these programs, the Department administers the Colorado Indigent Care



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Program, the Old Age Pension State Medical Program, the Primary Care Fund, as well as the Home- and Community-Based Services Medicaid waivers. The Department also provides health care policy leadership for the state's Executive Branch.

Executive Director's Office

Areas of responsibility for the Executive Director include general governance and financial accountability for the Department, communication with partners within and outside of state government, and research and development for current and future refinement of Department operations and programs. The Office of Community Living was created to meet the growing need for long-term services and supports by aging adults and people with disabilities.

The Office of Appeals

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

Health Programs Office

The Health Programs Office designs, implements, and administers Medicaid, the Children's Basic Health Plan, and the Long Term Care Medicaid Programs. The office is comprised of the Health Programs Services and Supports Division and the Long-Term Services and Supports Division.

Finance Office

The Finance Office consists of the Budget Division, the Controller Division, the Rates and Analysis Division, and the Safety Net Programs Section. The Finance Office also houses the Provider Operations Division, which includes the Claims Systems and Operations Division and the Purchasing and Contracting Services Section. The Audits and Compliance Division is located in the Finance Office, and includes the Program Integrity and Internal Audits sections which ensure compliance with state and federal law, as well identifying and recovering any improper Medicaid payments.

Clinical Services Office

The new Clinical Services Office provides clinical expertise across the Department. This Office focuses on preventing the onset of disease and helping the Department's clients to manage chronic diseases in such a way that their health improves. This Office includes Pharmacy, Strategic Projects and the Quality and Health Improvement units.

Policy, Communications and Operations Office

The Office was created in September 2012, and includes Policy Coordination, Communications, Operations, Human Resources and Workforce Development sections. The Office also houses the State Medical Services Board, which has the authority to adopt rules governing the Colorado Medicaid program and the Children's Basic Health Plan that are in compliance with state and federal regulations. The Office bears responsibility for management of the functions associated with government affairs and communication and media relations, as well as human resources and workforce development.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The State of Colorado Executive Branch consists of 19 Departments. Each Department is led by a Governor-appointed Executive



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Director.

The Department of Health Care Policy and Financing works hand-in-hand with county and community partners as well as executive leadership from the Department of Human Services and Department of Public Health and Environment. The Department of Human Services administers assistance programs such as food and cash assistance that improve the safety, independence and well-being of Coloradans. Also works closely with HCPF on the coordination of behavioral health and substance abuse benefits. The Department of Public Health and Environment administers programs that seek to improve health outcomes through the promotion of health, wellness and prevention.

The Office of Administrative Courts (OAC) is Colorado's centralized administrative court system and resides within the Department of Personnel and Administration (DPA). OAC conducts an impartial, third party review of both applicant/beneficiary appeals and provider appeals. For applicant/beneficiary appeals OAC renders an Initial Decision which is subject to a de novo review by the single state Medicaid agency's Office of Appeals for Final Agency Decision. OAC conducts fair hearings and issues final decision for provider appeals under delegated authority from the single state Medicaid agency.

DPA provides the infrastructure by which the rest of state government operates. In addition to the Office of Administrative Courts, DPA includes the Division of Finance and Procurement, the Division of Central Services, the Division of Human Resources, and the Office of the State Controller. The Executive Director of the Department of Personnel and Administration is appointed by the Governor and serves at his pleasure as a member of the Cabinet.

Entities that determine eligibility other than the Medicaid Agency, (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

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

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add



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Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

Yes No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

Counties

Parishes

Other

Are all of the local subdivisions indicated above used to administer the state plan?

Yes No

Indicate the number used to administer the state plan:

Description of the staff and functions of the local subdivisions:

The Colorado County Departments of Human/Social Services (counties) are the agencies designated to make the determination of Medicaid eligibility for the Colorado Department of Health Care Policy and Financing. The staff designated to make such determinations are the eligibility technicians hired by the Colorado County Departments of Human/Social Services to perform eligibility for Colorado State Medicaid programs. For the MAGI populations, the counties obtain the information provided by the client on the application and determine eligibility within the Colorado Benefits Management System (CBMS). This also includes following up with the client to resolve any discrepancies that are found through data interfaces or data obtained through other programs (such as Colorado Works and SNAP). For the non-MAGI populations, the counties make the financial and resource eligibility determinations. This includes obtaining documents to verify the income and resources, as well as coordinating with entities charged to make determinations of disability and institutional level of care. The counties, under oversight of the State Medicaid agency, use the compilation of these findings to make the final Medicaid eligibility determination.

An individual obtains Medicaid coverage by establishing eligibility under a particular Medicaid program eligibility category. A Colorado resident makes application at the local County Department of Human/Social Services (or at a health care provider that offers an "outstationing" eligibility site), and a county eligibility technician verifies and processes the application using criteria established in state and federal rules that is handed down in policy by the Department of Health Care Policy and Financing. The Department of Health Care Policy and Financing's authority to make rules and regulations that are binding on the political subdivision administering the plan in Sections 25.5-4-104, 25.5-1-303(7), and 25.5-4-207(c)(2) C.R.S.(2012).

State Plan Administration

Assurances

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42 CFR 431.10

42 CFR 431.12

42 CFR 431.50

Assurances

The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.

All requirements of 42 CFR 431.10 are met.

There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.



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- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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