



November 1, 2024

The Honorable Shannon Bird  
Chair, Joint Budget Committee

The Honorable Rachel Zenzinger  
Vice Chair, Joint Budget Committee

Representative Shannon Bird and Senator Rachel Zenzinger:

The Colorado Department of Human Services, in response to reporting requirements set forth in Section 26-1-121.5, C.R.S., respectfully submits the attached Funding Model Report.

“(d) On or before November 1, 2024, the state department shall submit the results of the funding model to the joint budget committee, the department of health care policy and financing, and the county departments.”

The Colorado Department of Human Services acknowledges known limitations with developing this funding model. This was the first time the model was produced and run. This process resulted in developing a valuable product; we will continue to improve on the model in the future.

If you have any questions, please contact Angelica Granados, CDHS’ Legislative Analyst, at 303-877-0562.

Sincerely,

*Christina Beisel*

Christina Beisel  
Deputy Executive Director, Financial Services



# SB 22-235

## County Administration Funding Model Final Report and Results of the Model

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Presented to:  
The Colorado General Assembly



**COLORADO**  
Department of Human Services



**COLORADO**  
Department of Health Care  
Policy & Financing

# Executive Summary

Colorado's state-supervised, county-administered eligibility and enrollment system for public and medical assistance programs serves as a critical lifeline for citizens seeking access to food, cash, and medical benefits. These programs are essential to reducing hunger and poverty and connecting individuals, families, and our aged and disabled community members, who are often our most vulnerable, to the services so desperately needed and accessed by more than a million Coloradans. These programs also have broad economic impacts on communities across the state as billions of federal dollars flow to hospitals, medical, dental, and behavioral health providers; grocers and farmers; retailers, and others.



In a state-supervised, county administered system, counties are our conduit to Coloradans in need of public programs and benefits. Delivering these vital services to Coloradans and communities requires a strong partnership among the Department of Human Services, the Department of Health Care Policy and Financing, and counties. It is imperative that the State and counties continue working on a multi-pronged, multi-year approach to improving the eligibility and enrollment services on which so many Coloradans rely.

SB 22-235 provided an opportunity to invest in outside experts to analyze the landscape to identify opportunities and challenges in Colorado's public and medical assistance eligibility and enrollment system. The timing of this work was critical amid the Public Health Emergency unwind, growing volumes of applications for food assistance, and feedback from our customers amid all the myriad of variables that impact their applications. Thus, the following report outlines the charge of SB 22-235 (Phase II) to "develop a county administration... funding model to determine the amount of money necessary to fund the administration of public and medical assistance programs in each county." The outcomes of this work serve as an important step in ensuring Coloradans have the resources they need, such as being able to put food on the table or access medical or behavioral health care.



# Legislative Intent

SB 22-235 was signed into law on June 7, 2022 and codified in 26-1-121.5, C.R.S. The bill charged the Colorado Department of Human Services (CDHS), statutorily responsible for public assistance programs, and the Colorado Department of Health Care Policy and Financing (HCPF), statutorily responsible for medical assistance programs as Colorado's single state Medicaid agency, to improve delivery of eligibility and enrollment for public and medical assistance programs statewide. Colorado elects to delegate eligibility and enrollment activities to the 64 county departments of human/social services under the supervision of the two departments (thereafter referenced as the State).

The bill created a two-pronged approach to improving the delivery of public and medical assistance programs in Colorado: Phase 1 focused on assessing best practices throughout Colorado and making recommendations to improve access, timely processing, administrative efficiency, and cost effectiveness. Phase 2 developed a county administration funding model to determine potential funding levels for administration of public and medical assistance programs throughout Colorado. The exact amounts of the total funds distributed to counties would continue to be driven by the allocation committee; the committee would continue to determine the allocations, by county. Both phases of SB 22-235 were driven by a highly collaborative leadership team consisting of CDHS and HCPF representatives and various county representatives throughout the project continuum.

The purpose of both phases of SB 22-235 was to improve program service and delivery for these programs within the existing structure of Colorado's state-supervised, county-administered model for eligibility and enrollment. As stated later in this report, Colorado's approach to delegating eligibility and enrollment activities to local county departments of human/social services under the supervision of the State departments results in unique strengths, opportunities, and challenges that must be addressed in the coming years.



# Phase 1: Assessing Best Practices Report Overview

In compliance with statute, CDHS submitted a comprehensive assessment of best practices in administering public and medical assistance programs in Colorado, including recommendations for improving efficiency in operating programs and delivering benefits to Coloradans, to the General Assembly on June 30, 2023. That report was prepared by the Department's contractor, Public Consulting Group (PCG), using information gathered through a comprehensive review of program policies, processes, information systems, and county workforces. The work included a number of data points, including reviewing the landscape in Colorado and peer states, reviewing policies and performance data, surveying county eligibility technicians and managers, and visiting county offices. Additionally, the vendor's work was guided by a project team that included program managers from CDHS and HCPF and three county representatives who were selected by the Colorado Human Services Directors Association (CHSDA). The State and county representatives met with the vendor at least monthly throughout the project and provided input in every step of the process.

The vendor delivered a number of documents, including the Comprehensive Assessment of Best Practices and Recommendations for Improving Service Delivery in Colorado, which were submitted to the General Assembly on June 30, 2023. Those recommendations included five transformative recommendations plus three quick wins (focused on improved collaboration and communication).

Subsequently, the Department submitted an analysis of the fiscal impact of implementing the recommendations on November 1, 2023. As required, that report presented the feasibility, systemic impact, dependency on other work that needs to be accomplished, anticipated costs, and timeline. The State fully concurred with the recommendations and importance to address them, as presented in the report. CHSDA agreed with the majority of the recommendations and expressed some concerns with a few of them, as noted in the report.

The Phase 1 report and materials can be found in Appendix B.

## Phase 2: County Administration Funding Model Report Overview

The County Administration Funding Model’s development background, details on the methodology, stakeholder processes, model inputs, workload inputs and model adjustments are outlined on the following pages. The model was informed by ten model counties (three large, four medium, and three small, as shown in Figure 1 on page 8). The selected counties were collectively deemed as “higher-performing” counties in order to create a model based on the most efficient operation. As detailed in Figure 2 (on page 15), the model’s output for FY 2025-26 is an additional \$29 million in State, local, and federal fund sources in county administration above current appropriations: \$21 million for medical assistance programs and \$8 million for SNAP. The model identifies the total funding that would be required for counties to operate SNAP and Medicaid programs efficiently and effectively, including meeting all performance standards based on the model’s inputs. The model will be updated annually to enable adaptations, data refreshes, and assumptions to ensure counties are funded to the appropriate levels to perform efficiently and effectively based on updated information. Additionally, the State will explore tasking the vendor to conduct a county salary survey and update the workload/minutes study on a regular cadence.

## Phase 2: Developing a County Administration Funding Model

### *Overview*

Colorado is one of ten states operating public and medical assistance programs in a state-supervised, county-administered framework. Both CDHS and HCPF have County Administration appropriations that are wholly allocated to counties, through a formula allocation developed in consultation with counties. These funds are used by counties to administer public and medical assistance programs, namely the Supplemental Nutrition Assistance Program (SNAP) and Medical Assistance Programs (Medicaid), in their communities. Counties use these funds to hire staff and provide operational support to administer programs, within State and federal guidelines. However, Colorado does not have an established methodology, grounded in data, (i.e. a funding model) that identifies the level of resources that are needed to deliver quality public and medical assistance services to Coloradans while maintaining federal and state compliance.

To rectify this situation, SB 22-235 outlined parameters for creating a County Administration Funding Model (Funding Model) to quantify and account for the level of resources counties need to administer public and medical assistance programs. The bill directed the Department to contract with a vendor to develop a funding model by June 30, 2024. Subsequently, it directed the Department to submit the results of the model by November 1, 2024. Ultimately, the model considered an array of factors, including peer states' and counties' administrative costs, workforce, performance, accuracy and call center data, demographic data, administrative workload, business processes, and technological innovations.

### *Procurement*

As required by statute, the Department secured a contract with a vendor to develop a Funding Model prior to January 2024. The Department solicited vendors through a competitive 'Invitation to Negotiate' (ITN) process. Following discussions with the Department's procurement team and the Department of Personnel and Administration (DPA), the ITN process was identified as the best solicitation approach for securing bids to solve a problem (versus a more structured Request for Proposals (RFP) approach.) This approach enables vendors to provide a responsive, creative solution to meet the goals identified in the ITN and for the State to consider multiple approaches to achieve its goals.



Following the release of the ITN, the Department engaged in negotiations with qualified vendors to achieve the most advantageous contract for the State. Ultimately, North Highland Company, LLC was awarded a contract to develop the funding model. Additionally, North Highland sub-contracted with the Colorado Health Institute to support efforts in developing a Funding Model. The contract was fully executed as of December 11, 2023. The project officially kicked-off with a meeting among the vendor, State, and county partners (i.e. State/County Project Team or Project Team, as detailed in Appendix A) on December 13, 2023.

Subsequently, the vendor met with the Project Team bi-weekly throughout the contract period. This regular meeting cadence was critical to build trust between the State and county representatives and the vendor, receive consistent input and feedback from county subject matter experts, ensure alignment between State and county partners, and guide county engagement throughout the project. Additionally, the vendor met with State program managers in the intervening weeks to ensure the contract deliverables were on-track.



# Developing a County Administration Funding Model

The process to develop a Funding Model was incumbent on the vendor actively engaging State and county stakeholders, understanding the service delivery landscape among peer states and within Colorado, and designing and presenting the model. Ultimately, careful attention to these factors resulted in the development of a robust model that is flexible enough to accommodate future enhancements to program administration and/or other critical variables and secured county support of the model and the components within.

## County Stakeholder Engagement

Counties were actively engaged in all aspects of the project, including understanding the data and service delivery landscapes, architecture of the model, providing and validating data, and ultimately securing statewide support for the funding model. At a minimum, county stakeholders (see Appendix A) were involved in the project on a bi-weekly basis. During the critical phase of gathering the data to develop the model, counties met with the vendor more regularly, often multiple times in one week.

Specifically, county stakeholders were involved in the following:

- Bi-weekly Project Team meetings: December 2023 through June 2024
- Initial data exploration (focused meetings among small, medium, large county cohorts): January 2024
- Data Gathering among Model Counties (focused meetings among small, medium, large counties and series of office hours): March 2024
- Model Methodology (Follow-up meetings with model counties to improve data integrity and include Cost Pool data): April-May 2024
- County Model Feedback sessions: May-June 2024
- Final Model Presentation: June 24, 2024





## Assessing the landscape

Numerous methodologies were considered in developing Colorado's Funding Model including peer state research, Colorado county interviews, and assessing the available data. Given the complexities among Colorado's 64 counties, and variability among their tools and processes, the project team agreed that focusing data collection from a subset of counties would be the best approach. That data could then be extrapolated to all counties based on their actual workloads.

### *Peer State Research*

Peer State Research was conducted to understand how six states (Minnesota, Missouri, North Carolina, North Dakota, Ohio, and Oregon) similar to Colorado (such as by population or administrative structure) to determine what funding formulas and standards existed, and to identify options for Colorado to consider and pitfalls to avoid. Some important considerations were gleaned from the peer states, yet no model was identified that could form the basis of a model to meet Colorado's needs. Thus, Colorado's funding model could set the bar as a program funding model for other county-administered states.

### *Assessing the County Landscape*

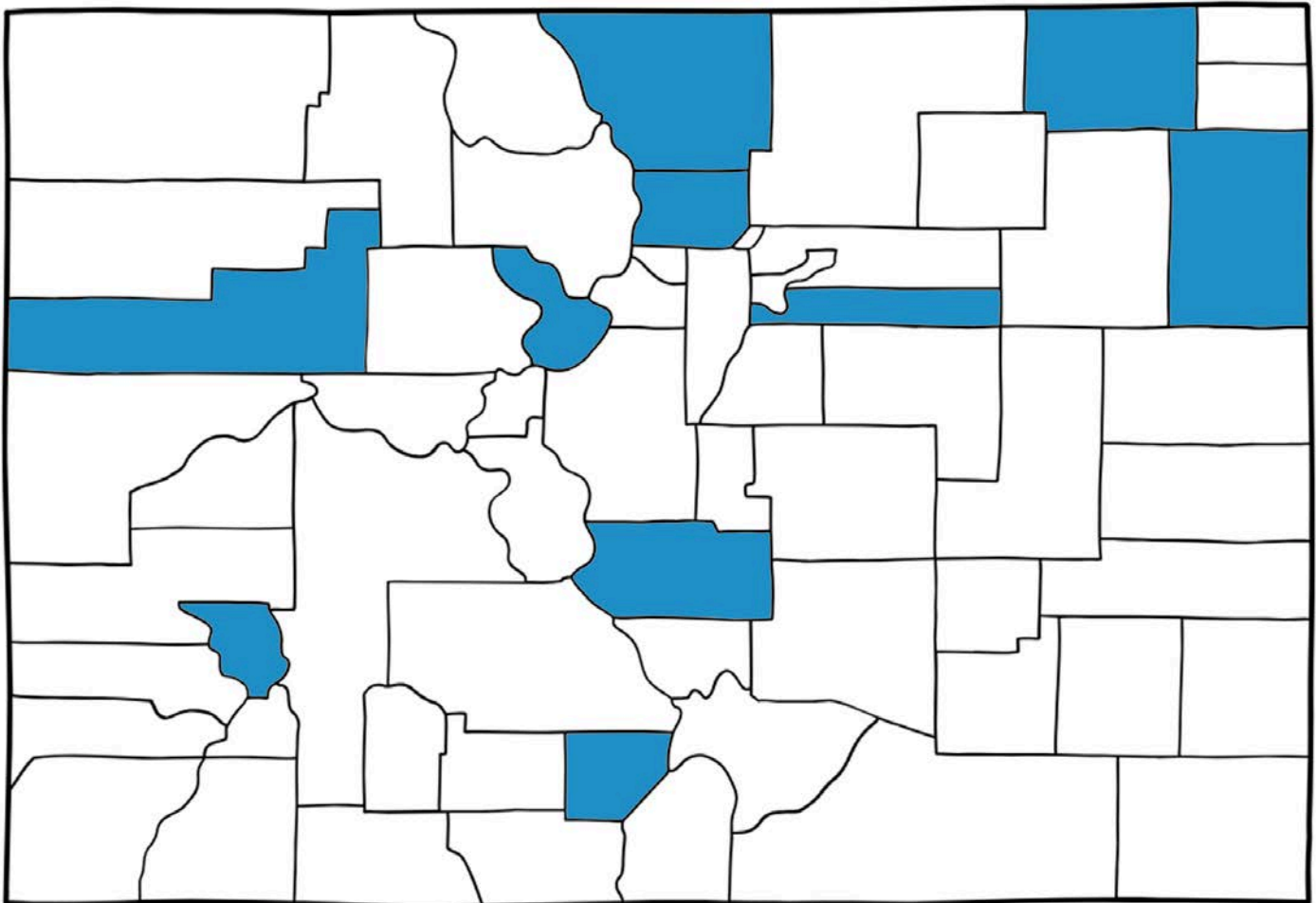
The vendor conducted in-depth interviews with four counties of various sizes (Arapahoe, Garfield, Otero, and Rio Grande/Mineral) in order to understand county dynamics, systems, and their expectations for the model. The interviews also provided an understanding of the available data and how it could support the Funding Model, as noted in detail in the following section.

# Model Inputs

## *Model counties*

Based on input from State and county stakeholders, ten model counties (three large, four medium, and three small, as shown in Figure 1) were selected to inform the development of the funding model. The selected counties were collectively deemed as “higher-performing” counties in order to create a model based on the most efficient operation. The Project Team agreed on the model counties. By using higher-performing counties as the basis, the model ensures the recommended funding is available for counties to administer programs, assuming they are operating efficiently and effectively. However, even in these higher-performing counties, none were meeting all federal and State performance indicators that were reviewed. Given this, the model builds in funding adjustments for a variety of performance metrics that invest additional dollars to raise county performance, recognizing that no counties are performing at a high level in all performance indicators. (These adjustments are discussed in more detail in the following section.)

**Figure 1: Model Counties**



### *County Data Collection and Validation*

The vendor met individually with county stakeholders from the small, medium, and large model counties. County participants included each county's finance team as well as other representatives as determined by each county. The primary goals of these meetings were to introduce the Funding Model, explain the data request from the counties, identify any missing data/elements, and answer questions. Following these meetings, each county received Excel templates to provide their data per the inputs to county administration:

- Number of employees (i.e. full time equivalent employees (FTE)) to administer SNAP and Medicaid within 21 common FTE types (which were developed with input from the model counties) in calendar year 2023. The data included 100% time reporting and cost pool codes from the County Financial Management System for staff/resources that charge time to cost pools, as described in more detail in the following section.
- Salary and benefits data for reported FTE, including minimum and maximum salaries for each position.
- Vacant FTEs in 2023.
- Overtime and contractor costs to administer programs (including hours and total compensation).

The vendor used multiple strategies to ensure each county's data accurately reflected its costs to administer programs. Counties were invited to four discrete office hours to provide a forum to answer questions, collect feedback, and troubleshoot any emerging issues per the model/data. Following submission of the county data, the vendor worked through each dataset to verify and correct obvious errors in the data before it was input into the model.

As the vendor worked through the county data, it became apparent that cost pools (i.e. pooled resources that pay for administrative costs that are shared among programs to attribute each program's exact cost share to the total cost) comprised a much larger share of counties' costs than originally anticipated. Given the nature of these cost pools, it was difficult for counties to split out the exact shares of those costs among SNAP, Medicaid, and other programs. Following a meeting among the vendor, CDHS' Settlement Accounting team, and county representatives, the vendor added an additional data sheet that captures the cost pool codes. Data from the fourth quarter random moment sampling (RMS) (i.e. a methodology whereby county workers are randomly surveyed throughout the day to report exactly what task they are working on at that moment) was used to determine the appropriate share of costs for SNAP and Medicaid programs.

### *Workload Inputs*

The volume of work and time required to accomplish the work are key inputs to the model in addition to the costs (FTE and operating costs) associated. Ultimately, the model applies cost data, per FTE type, to the workload inputs to convert staffing needs to funding needs, as detailed in the Model Methodology section below.

- Workload: Actual task data (i.e. all work to process new applications, redeterminations, and changes) was extracted from CBMS for 2023 (to align with the cost data provided by counties).
- Time study: An existing Time Study (completed per SB 16-190 in 2017) was used as a tool to compare workloads among counties. (This tool captured the average amount of time it takes for an eligibility technician to process certain cases in the Colorado Benefits Management System (CBMS), the eligibility engine for many public and medical assistance programs (including SNAP, Medicaid, and cash assistance programs) managed by the State and used by all counties.) The validity of this tool was thoroughly discussed in the Project Team meetings. It is well understood that this study does not reflect the current time it takes to process cases, as the time study occurred prior to CBMS Transformation, whereby significant changes were made both to the CBMS screens and the database environment. However, the group ultimately agreed that this study is still appropriate for comparing county workloads from one county to the next. For purposes of the Funding Model, the time study is used to determine ‘FTE per minutes’ ratios in the model counties which are then averaged by size cohort (small, medium, large). These FTE ratios are then extrapolated to all counties to determine the staffing needs in each county per its actual workload. Note that this will require additional State action, along with additional time and resources, to update the study or use other, existing tools to measure the time, both within and external to CBMS, that it takes to process public and medical assistance cases.

### *Adjustments to the Funding Model*

As the model methodology was solidified, it became clear that adjustments would need to be made to the model to ensure adequate funding to enable high performance. For instance, none of the model counties were meeting all federal and State performance mandates (i.e. timeliness, accuracy, call wait times), which highlighted a significant issue in expecting high performance with the same average funding. Thus, the Project Team agreed on backend adjustments to the model to address the additional resources required to meet all the performance mandates.

- Timeliness: Federal parameters for processing time for new Medicaid and SNAP applications and renewals. The model creates adjustment factors applied to the total county funding needed (discretely for HCPF and CDHS appropriations) to meet timeliness requirements.



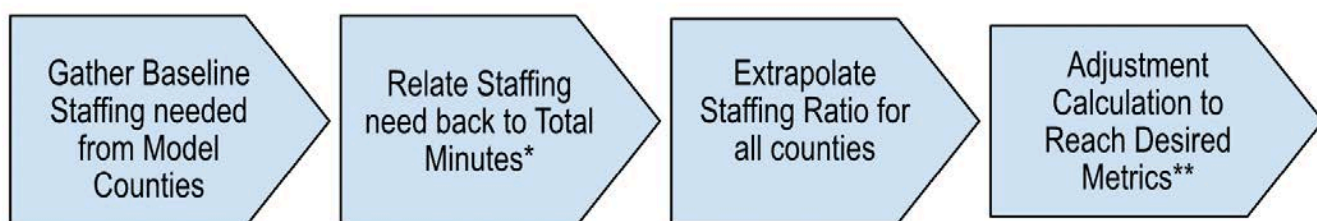
- Accuracy: Medicaid error rates - Errors that Do impact Eligibility and Errors that Do Not impact Eligibility; SNAP Payment Error Rate; SNAP Case and Procedural Error Rate. The model creates adjustment factors that are applied to the total county funding needed (discretely for HCPF and CDHS appropriations) to meet performance requirements.
- Call Center: Call average speed to answer (ASA), volume, and average handling time of calls for call center or customer service staff to support the volume of calls for the Medicaid and SNAP programs. The model adjustment creates an updated FTE-per-minute ratio that is applied to all counties' total workload to get a new FTE count for call center or customer support staff. Then, the average cost of a call center FTE is applied to get the final funding amount, split 50/50 between the CDHS and HCPF funding totals, to meet performance requirements.
- Salaries: Both county and State representatives on the Project Team agree that county eligibility technician salaries are low; in some cases, the county eligibility technician salary qualifies them for the same programs for which they are determining eligibility. Therefore, the model adjusted the salary ranges, for eligibility technicians only, to the highest salaries reported by the model counties. The salary used by the funding model was \$75,305, including wages and fringe, which adjusted the model by an additional \$1.4 million. As stated earlier, both the State and counties agree this salary range is likely too low considering the job duties and tasks associated with the work, but would require further study to determine what the appropriate salary range is. However, there is further opportunity to explore salaries across less tenured staff compared to veteran workers, and the additional competencies required to process Long Term Services and Supports cases for Medicaid, which are more complex, time intensive job duties than those processing standard cases.
- These issues are also directly related to hiring and the ability to get appropriate candidates for the jobs, and staff retention and the ability to retain a quality, engaged county workforce. Both of these issues are ongoing challenges in this workforce, as highlighted in the SB 22-235 recommendations submitted in June 2023.
- An additional standard adjustment was made on the backend of the model to account for the non-SNAP programs that historically charge to CDHS' County Administration appropriation, including Adult Financial programs. These adjustments are based on county cost data reflecting the direct operating costs for adult financial and other programs (approximately 8% of the CDHS total).

# Running the County Administration Funding Model

Following multiple touchpoints with the Project Team and other State and county stakeholders, the Funding Model methodology was finalized. As such, there was universal validation by the State and model counties per all the input data (county FTE and operating costs, application of time study data to create FTE ratios, and CBMS task data) and adjustments (performance, salary, and other programs charging to the County Administration appropriation) to generate funding outcomes.

A key milestone in securing consensus for the Funding Model was validating the data among the model counties. This process included sharing the FTE and operating cost spreadsheets with each county. Follow-up meetings were scheduled individually with counties to walk through the cost pool data applicable for each county.

## Model Methodology



\* Total minutes derived from CBMS tasks multiplied by the time it takes to complete each task

\*\* Metrics adjustments include timeliness, accuracy, call times

Step 1:

County Tasks x Time per task = **Total eligibility work**

Step 2:

County staff / **Total eligibility work** = **Staff per eligibility work**

Repeat Steps 1 and 2 for 10 model counties

Step 3:

Calculate average **Staff per eligibility work** per small, medium, large counties = **Average staff per eligibility work by county size**

Step 4:

**Total eligibility work** x **Average staff per eligibility work by county size** = **Staff for each county**

Step 5:

**Staff for each county** x Salary\* per FTE/role = **Funding Need**

\* Ultimately, the model adjusted for the highest average salary among the model counties

### *Data Sources*

Caseload data: SNAP and Medicaid caseloads, pulled from CBMS for calendar year 2023.

Task data: Data represents all tasks to process new cases, redeterminations, and changes. It was pulled from CBMS for calendar year 2023.

Time per task data: Existing activity minutes (2017) supplied the model with information regarding the time it takes eligibility workers to complete each task associated with the caseloads. The model uses this data to compare workloads among counties, by size cohort.

Model County Data: Provided by selected high-performing counties to represent the costs to administer programs (including salaries, salary ranges, benefits, overtime, contracts, operating costs) efficiently and effectively.

Cost Pool Data: Counties provided cost pool codes that were cross-walked with the Random Moment Sample (RMS) codes in the Colorado Financial Management System (CFMS).

Performance data: Model counties' timeliness, accuracy, and call center data reported to the State and federal government.



# Sharing the Model

## *County Input and Review*

The vendor and State partners held multiple review sessions with county stakeholders to ensure they had ample opportunities to review the Funding Model and share feedback. As noted earlier, the model framework and methodology were shared bi-weekly with the Project Team, including the county representatives on that team, as the model was developed.

Once the Funding Model methodology was solidified, it was shared in the following forums:

- May 1, 2024: Project Overview Meeting (CHSDA Executive Committee and other county directors)
- May 3, 2024: Initial County Review (County representatives on the project team and the ten model counties)
- May 8, 2024: County Town Hall (All interested county stakeholders)
- June 3, 2024: Funding Model release (CHSDA Executive Committee and other county directors)
- June 24, 2024: Funding Model Finale (All interested county stakeholders)
- August 12, 2024: SB 22-235 Presentation (Colorado Counties, Inc.)

Through these forums, counties agreed on the Funding Model's methodology, as well as the model counties' data that forms its core.





# Colorado County Administration Funding Model

Figure 2: FY 2025-26 Funding Model

| COLORADO COUNTY ADMINISTRATION FUNDING MODEL             |                |                    |
|--|----------------|--------------------|
| TOTAL FUNDING FOR MEDICAID COUNTY ADMINISTRATION         |                |                    |
| FUNDING MODEL COMPONENT                                  | DOLLARS        | CHOOSE FUNDING     |
| HCPF Base Funding  | \$ 88,082,924  |                    |
| Timeliness Adjustment (Change from Base)                 | \$ 8,424,964   | 100%               |
| Errors Adjustment (Change from Base)                     | \$ 4,904,363   | 100%               |
| Call Center Adjustment (Change from Base)                | \$ 2,009,613   | 100%               |
| Salary Adjustment (Change from Base)                     | \$ 1,923,608   | Yes                |
| <b>TOTAL FUNDING</b>                                     | <b>\$</b>      | <b>105,345,471</b> |
| TOTAL FUNDING FOR SNAP COUNTY ADMINISTRATION             |                |                    |
| FUNDING MODEL COMPONENT                                  | DOLLARS        | CHOOSE FUNDING     |
| CDHS Base Funding  | \$ 101,659,962 |                    |
| Timeliness Adjustment (Change from Base)                 | \$ 3,603,630   | 100%               |
| Errors Adjustment (Change from Base)                     | \$ -           | 100%               |
| Call Center Adjustment (Change from Base)                | \$ 2,009,613   | 100%               |
| Salary Adjustment (Change from Base)                     | \$ 1,416,445   | Yes                |
| <b>TOTAL FUNDING</b>                                     | <b>\$</b>      | <b>108,689,650</b> |
| TOTAL COUNTY ADMINISTRATIVE FUNDING (PROGRAMS COMBINED)  |                |                    |
| <b>\$</b>  |                | <b>214,035,121</b> |
| CHANGE IN FUNDING FROM PREVIOUS YEAR (INFORMATIONAL)     |                |                    |
| OVERALL FUNDING ACROSS BOTH PROGRAMS (MEDICAID AND SNAP) | \$             | 29,717,268         |
| MEDICAID COUNTY ADMINISTRATION FUNDING                   | \$             | 21,347,118         |
| SNAP COUNTY ADMINISTRATION FUNDING                       | \$             | 8,370,150          |

Figure 2 presents the outputs of the Funding Model. It identifies the total funding that would be required for counties to operate SNAP and Medicaid programs efficiently and effectively, including meeting all performance standards based on the model's inputs. As explained, the model's funding amounts are rooted in high performance expectations as set by the federal and state governments, and based on the performance of the model counties that were selected.

By rooting the analysis in high-performing counties, the model identifies the funding levels counties need to administer programs efficiently and effectively. However, it is important to recognize that no counties are meeting all performance expectations. Therefore, performance adjustments are embedded into the model to calculate the requisite funding required for counties to meet all performance requirements, as explained in the previous section. It is also important to note that the funding amount dictated by the Funding Model reflects the need not just across application processing, but across all aspects of the counties' operations, such as LTSS processing staff, call center and customer service agents, contractors such as language access, and other costs as reported in the model counties' actual expenditures.

As required by statute, the State will contract with a vendor beginning in July 2025 to update the Funding Model annually. As such, the Funding Model contains the necessary flexibility to enable adaptations, data refreshes, and assumptions to ensure counties are funded to the appropriate levels to perform efficiently and effectively. Additionally, the State will explore tasking the vendor to conduct a county salary survey and update the workload/minutes study on a regular cadence.



# Lessons Learned

Stakeholder Engagement was vital to the project's success. Namely, this consistent engagement with county and State stakeholders (as summarized in the Stakeholder Engagement section, above) provided critical input, direction, and feedback during model development. Moreover, it facilitated broad understanding of the model and built trust in the process to accelerate support for the Funding Model.

- **Input and direction:** The robust stakeholder engagement enabled the vendor to quickly test ideas, verify assumptions, and get connected to the appropriate subject matter experts, as needed. For instance, the State/County Project Team provided guidance on the peer states to research and what functionalities should be built into the model. As the model was developed, the Project Team facilitated the broader sharing of the model with State and county stakeholders, shared feedback/considerations, and helped to troubleshoot solutions.
- **Feedback:** County stakeholder engagement sessions were important to build awareness of the project and broad understanding of how the model was built. When counties understand how the model works (i.e. inputs, calculations, adjustments), they have more confidence in its outputs.



# Other Considerations for Colorado

## *Future Considerations*

The collective evidence gleaned through the vendor's work - especially delving into the peer state research and multiple conversations with Colorado county representatives - identified several operational features that could support Colorado's efforts to ensure consistently efficient and effective service delivery to all Coloradans seeking public and medical assistance. The vendor has noted that if the State and counties adopt some of these technological, process, and staffing levers, it could strengthen Colorado's system and position the State as a national leader in public and medical assistance program delivery and funding.





# Conclusion

## *Next Steps for Implementing SB 22-235*

The combination of this Funding Model report and the Phase 1 report, Comprehensive Assessment of Best Practices and Recommendations for Improving Service Delivery in Colorado, will inform the General Assembly, State and county stakeholders, and community organizations as they consider future investments to support Colorado’s State-supervised, county-administered approach for delivering public and medical assistance. In addition to identifying baseline resource needs, this report can guide conversations regarding the allocation formulas, business processes, local staffing and salary structures, and other priorities, in order to advance the delivery of services to best serve Coloradans. Understanding the scope of the need to adequately invest in system-wide efficiencies and resources for counties to deliver services can mitigate future risk from adverse federal actions.

In our state-supervised, county-administered eligibility and enrollment system, counties interact directly with Coloradans in need of services: they are the “face” of, and perform eligibility determination for, our public and medical assistance programs and provide value-added support for many Coloradans who need hands-on support. External factors continue to have an impact on the counties’ ability to keep up with the needs of citizens, including increased workloads during the Public Health Emergency and its aftermath. Because they are the direct connection to Coloradans in need of eligibility and enrollment services for public and medical assistance programs, it is essential that counties be appropriately resourced to sustain these critical services.

As the State works to address the SB 22-235 phase 1 recommendations and phase 2 funding model recommendations, there continues to be a focus on improving member service and reducing county workloads, alongside achieving and maintaining 95% SNAP timeliness. These are highly prioritized goals of the Polis-Primavera administration. Investments outlined in both the SB 22-235 reports and other collaborations among State and county partners can help to move this work forward.

Per Phase 1, the State outlined other investments needed to implement recommendations and submitted them to the General Assembly on November 1, 2023. Work is underway for the Joint Agency Interoperability (JAI) implementation. JAI will create a unified work management and a single document image repository retention tool across counties in phases starting in 2026. This system will drive many efficiencies and help make work “more portable” as Coloradans move from county to county and address one of the transformative recommendations from the Phase 1 report.

Per Phase I of SB 22-235, the State outlined other investments needed to implement the recommendations, which were submitted to the General Assembly on November 1, 2023. Work is underway to address the transformative recommendations, including advancing technological efficiencies, including improving medical assistance ex parte renewal rates, providing policy guidance and supports, as feasible; and supporting hiring and retaining a skilled workforce.

CDHS, HCPF, and counties look forward to continuing discussions on how to better resource county partners through the proposed Funding Model and other recommendations from this report and the Phase 1 report. Providers, advocates, community partners and most importantly the Coloradans served by our public assistance programs all have a vital interest in these efforts.

# State/County Project Team - Appendix A

## Purpose

- Collaboration forum among State, Counties, and the Vendor
- Get regular project input from stakeholders
- Provide guidance for stakeholder engagement

## Cadence

- Bi-Weekly meetings (2 hours)

## Project Team Members

Jesica Antonucci (Jefferson County)

Karen Asato-Chrysler (Grand County)

Shelley Banker (CDHS)

Nolan Bell (Garfield County)

Sarah Dawson (CDHS)

Jody Kern (Rio Grande County)

Joshua Montoya (HCPF)

Samantha O'Neill-Dunbar (CDHS)

Barry Pardus (CDHS)

Crickett Phelps-Corio (Adams County)

Christine Torres (HCPF)

Jamie Ulrich (Weld County)

# SB 22-235 Phase 1 Reports - Appendix B

Links to the SB 22-235 Phase 1 (Assessing Best Practices in Public and Medical Assistance Programs in County Administered States) reports and associated documents that were submitted to the General Assembly in 2023 can be found here:

## June 30, 2023 Deliverables:

Executive Summary: Assessing Best Practices in Public and Medical Assistance Programs  
[SB 235 Assessment Exec Summary FINAL.pdf](#)

Assessing Best Practices in Public and Medical Assistance Programs  
[SB 235 Assessment FINAL.pdf](#)

Recommendations for Colorado: Assessing Best Practices in Public and Medical Assistance Programs  
[SB 235 Assessment Recommendations FINAL.pdf](#)

## November 1, 2023 Deliverable:

SB 22-235 Recommendations: Feasibility & Timeline  
[SB 22-235 Recommendations-Feasibility & Timeline Final.pdf](#)