



**GOVERNOR'S OFFICE  
OF INFORMATION TECHNOLOGY**

*John W. Hickenlooper*  
Governor

**DEPARTMENT OF  
HEALTH CARE POLICY AND FINANCING**

*Kristin Russell*  
Secretary of Technology and  
State Chief Information Officer

**DEPARTMENT OF HUMAN SERVICES**

*Susan E. Birch*  
Executive Director, HCPF

*FY 2011-12 Supplemental Request*

*Reggie Bicha*  
Executive Director, DHS

*February 15, 2012*

*Department Priority: S-14  
Improve and Modernize Colorado Benefits Management System (CBMS)*

Summary of Incremental Funding Change for FY 2011-12	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
Total Request*	\$23,225,332	\$13,682,336	\$470,405	\$9,072,591	22.0
Department of Human Services	\$10,939,741	\$7,553,949	\$451,176	\$2,934,616	11.0
Department of Health Care Policy and Financing	\$12,285,591	\$6,128,387	\$19,229	\$6,137,975	11.0

\*\$21,230,022 will be Reappropriated Funds to the Governor's Office of Information Technology (OIT).

Summary of Incremental Funding Change for FY 2013-14	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
Total Request**	\$7,215,648	\$4,154,082	\$147,151	\$2,914,415	27.0
Department of Human Services	\$3,148,094	\$2,124,813	\$141,136	\$882,145	11.0
Department of Health Care Policy and Financing	\$4,067,554	\$2,029,269	\$6,015	\$2,032,270	11.0

\*\*\$5,593,933 and 5.0 FTE will be Reappropriated Funds to the Governor's Office of Information Technology (OIT).

**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) jointly request an increase of \$23,225,332 total funds spending authority, including \$13,682,336 General Fund in FY 2011-12 to support changes to the Colorado Benefits Management System (CBMS) to improve and modernize CBMS. In addition, OIT and the Departments request \$7,215,648 total funds, including \$4,154,082 General Fund in FY 2013-14 to complete the projects. These funds will be primarily utilized through contracted services with the current vendor, Deloitte, or other vendors to upgrade and

modernize CBMS. In addition, the FY 2011-12 supplemental request includes roll forward authority via a Footnote for any remaining funding that has not been expended by June 30, 2012 and removal of the M head note. A budget request will be submitted during the normal budget process for the FY 2013-14 funding need.

In September 2004, the State of Colorado implemented the Colorado Benefits Management System (CBMS). Its purpose was to replace six aging legacy systems supporting various state-administered welfare programs with a single system using current technologies. CBMS was designed, and is currently used, to determine an

applicant's eligibility for public assistance and calculate benefits (e.g., the amount of food and cash assistance available to a client) for twelve program groups including Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Colorado Works. In addition, CBMS is utilized for client notification, administrative reporting and to support the State supervised county administered eligibility and benefits model.

By replacing the legacy systems, the expected goals of CBMS were to provide better service to clients and assurance that the state's welfare programs were being administered properly. Since implementation, the performance issues with CBMS have been well documented. Today, technological and resource limitations continue to plague the system and obstruct Colorado citizens from receiving benefits efficiently, effectively and timely. With state and county caseloads bulging from the economic downturn, the potential for more than an additional hundred thousand Coloradans becoming eligible for medical assistance through new programs taking effect in 2014, and the availability of enhanced federal funds - now is the time to make a significant investment to improve and modernize CBMS.

CBMS is managed by the Governor's Office of Information Technology (OIT) for the Department of Health Care Policy and Financing (HCPF) and the Department of Human Services (DHS). In 2008, Deloitte Consulting (Deloitte) was selected to maintain the system. The governance of CBMS is managed through two groups who meet on a weekly or bi-weekly basis. The Integrated Project Team has two representatives (one of which is an Office Director or Division Director) from OIT, HCPF, DHS, Deloitte and two county representatives. This team works to analyze, schedule and manage the multiple of system changes to CBMS. The Governor's Office (which chairs the committee), the three Executive Directors of OIT, HCPF, DHS, along with two Executive Directors of the

County Departments of Human/Social Services serve on the Executive Steering Committee to provide strategic guidance for CBMS. These teams allow executive and senior level staff to be directly involved in the ongoing development and monitoring of CBMS.

The Governor's Office has worked to enhance the partnership with the counties by including county staff on the CBMS project teams (Integrated Project Team and Executive Steering Committee), and visiting almost every county, as well as Medical Assistance sites to discuss the problems and issues with CBMS. The issues discussed include training, workforce development, help desk ticket problems, "hour glass" issues, as well as lengthy discussions on how to best provide the counties with the tools necessary to provide the most efficient and effective services to their clients. This supplemental budget request was developed as a result of those site visits and discussions.

Over the previous three months, the Governor's Office, OIT, the two Departments, county representatives, and Deloitte have worked through a collaborative effort to develop an 18-Month Plan to stabilize, upgrade, modernize and increase the reliability of the system and operations. 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 potentially 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 with 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 which will reduce security risks.
- Allow county users to have dual monitors to increase work productivity.

- 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 project 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 to eliminate unnecessary work through efficient screening mechanisms;
- Provide workers with the tools to perform their jobs efficiently and effectively;
- Build infrastructure that supports the volume of customers, while respecting manageable workloads;
- Be responsible stewards of public funds by ensuring correct decisions on enrollment and eligibility at first contact; and
- Communicate clearly and consistently 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 efficiently, effectively, and timely eligibility and benefit determinations; however, it is not the only step that must occur. In addition to system improvements and technology upgrades, advancements to business processes, changes to help desk activities, and improvements to worker training need 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. Currently, the business requirements for system changes are often changed by policy staff and stakeholders during development. Changing business requirements in the Waterfall model generates additional system changes or necessitates programming to stop until the new business requirements can be incorporated. By moving to the Agile model, new business requirements can be incorporated without stopping the system changes or programming.

If there is an issue with a CBMS defect, programming defect or a general problem with a client's case that the county user cannot resolve without assistance, the county user is required to submit a Help Desk Ticket. Historically there have been insufficient resources to resolve Help Desk Tickets that require a change to the system. There is a current backlog of over a hundred Help Desk Tickets that need to be resolved. A majority of these Help Desk Tickets require assistance by program and policy staff that have detailed knowledge of the impacted area. To resolve this backlog and provide a timely response to county users, several changes to processing Help Desk Tickets must be made. The specific changes are as follows:

- General Help Desk Technicians transitioned to the larger OIT Help Desk to allow more general resources to process Help Desk Tickets. The next step is to have Help Desk Tickets be directed to the program and policy experts in each Department to address the issue or generate system requirements to modify CBMS.
- The creation of online electronic forms, routing of the forms, metrics, and report creation. The electronic forms allow a county user with an issue to provide the right information necessary to analyze their issue.

In collaboration with county representatives, OIT, and the state Departments are requesting additional funding to develop, deliver, and maintain a comprehensive training system for county, state, and Medical Assistance site staff who are responsible for the eligibility determination of all programs within CBMS. Through the continued evaluation of Colorado Works and TANF program over the last 6 years of evaluation, CBMS and policy training were consistently outlined by both county staff and county leadership as the number one priority for the state to address.

This request will produce an efficient, non-duplicative, and responsive training array that promotes an integrated and holistic service delivery system and better access to timely benefits for consumers statewide. The training array will support new and ongoing workers in gaining core competencies as well as professional development in policy, program knowledge, ethics, communication, and customer service. Standardized training and modernized training tools will allow the almost 4,300 CBMS end-users statewide to deliver more efficient, effective, and timely services to the most vulnerable Coloradans.

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 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 this strategic vision and 18-Month Plan. Further, 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.

It should be noted that the complete 18-Month Plan is included in Attachment 1 as the first two pages. The full 18-Month Plan includes other projects that already have an identified funding source. This plan contains over 90 projects and includes projects that will take beyond FY 2012-13 to complete. The funding sources for the project not included in this request include legislation from previous sessions and grant funding made available to HCPF through Health Resources and Services Administration (HRSA).

**Financial Summary:**

	FY 2011-12	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	\$7,952,387	\$3,851,342	\$11,803,729
Ensuring Correct Decisions are made on Eligibility	\$6,485,596	\$2,061,360	\$8,546,956
Increasing Effective Communication and Training	\$3,568,769	\$1,039,746	\$4,608,515
<b>Total Request</b>	<b>\$23,225,332</b>	<b>\$7,215,648</b>	<b>\$30,440,980</b>

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

OIT, HCPF, and DHS jointly request \$246,060 total funds in FY 2011-12 to support changes to the Colorado Benefits Management System (CBMS) based on getting people to the right door and eliminate unnecessary work through efficient screening mechanisms. This will include 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 efficiency 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**

OIT, HCPF, and DHS jointly request \$4,972,520 total funds in FY 2011-12 to support changes to the Colorado Benefits Management System (CBMS) based on Providing Workers the Right Tools to perform their jobs efficiently and effectively. In FY 2013-14 the request contains \$263,200 total funds.

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**

OIT, HCPF, and DHS jointly request \$7,952,387 total funds in FY 2011-12 to support changes to the Colorado Benefits Management System (CBMS) based on building infrastructure that supports the customer while respecting manageable workloads. In FY 2013-14 the request contains \$3,851,342 total funds.

In addition, funding for contracted services, Business Analysts, Project Managers, and Subject Matter Experts are needed to support implementation of projects. The cost for the Subject Matter Experts is based on adding four business analysts, three project managers and four testers over an 18 month period. The staffing will be a combination of staff contractors and

increased contracting staff at Deloitte to serve as subject matter experts on behalf of the state. The cost estimate is based on the equivalent cost of hiring 11.0 FTE at the General Professional IV level for 18 months at a cost of \$1,567,218 total funds. This total cost includes \$363,732 starting in FY 2013-14 for continuous funding that will be dedicated to expanding the team of state OIT staff by 5.0 FTE to support CBMS in future years. The request allocates the funding for this portion of the request to OIT, HCPF, and DHS following the estimated results of the Random Moment Sampling methodology.

Help desk technology changes 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.

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 (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. The Departments are requesting 4.0 FTE for HCPF and 4.0 FTE for DHS.

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

OIT, HCPF, and DHS jointly request \$6,485,596 total funds in FY 2011-12 to support changes to the Colorado Benefits Management System (CBMS) based on being responsible stewards of public funds by ensuring correct decisions are made on eligibility and enrollment at first contact. For FY 2013-14 the request includes \$2,061,360 total funds for this purpose.

This request includes additional pool hours for HCPF and DHS, funds annual eligibility requirements that result from annual changes to the federal poverty limit, funds requests for auditor data requests, corrects periods of ineligibility in the system, corrects lengths of certification periods for Food Assistance, distinguishes between SSI eligible and recipients of Colorado Works, as well as 14 other projects detailed in Attachment 1, pages 19-27, that will ensure correct eligibility and enrollment decisions are made on first client contact.

Increasing Effective Communication and Training to both clients and workers

OIT, HCPF, and DHS jointly request \$3,568,769 total funds in FY 2011-12 to support changes to the Colorado Benefits Management System (CBMS) based on increasing effective communication and training to both clients and workers. For FY 2013-14 the request contains \$1,039,746 total funds for this purpose.

The costs are to develop, deliver, and maintain 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.

The Departments are requesting 14.0 FTE (7.0 FTE to each Department). Thirteen of the FTE are requested at the General Professional IV level for trainers and one FTE at the General Professional V level as the training supervisor (located at HCPF). Each of the teams would have extensive knowledge of CBMS operations, PEAK (Program Eligibility and Application Kit) operations (the client web portal into CBMS), and program policies. The teams would be responsible for the development and updates to the training curriculum. Individual trainers would be subject matter experts in the particular programs for each Department. The team members would also be responsible for training CBMS and PEAK workflows and functionality, program policies, procedures, rules and regulations, background on the Departments' organization, stakeholders, and program populations to new eligibility sites and new workers at all eligibility sites. This training would ensure that every eligibility site is thoroughly trained to ensure proper eligibility for the citizens of Colorado. To cover the entire state, the FTE would travel to the various sites, and travel expenses would be provided accordingly.

#### Roll Forward and M Headnote Request

Due to the heavy workload of numerous computer programming changes projects that OIT and Deloitte must perform in FY 2011-12 and because of the projects have overlapping deadline requirements it will be necessary to carry over the requested funding into FY 2012-13. Therefore, the Department requests Roll Forward authority for any remaining funding from this request that has not been fully used by June 30, 2012. The request is for a footnote be placed in the Supplemental Bill to allow the unexpended funds be rolled forward.

Because the HCPF will be seeking enhanced federal funding from CMS for several of the CBMS project, 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 if the enhanced federal funding is received.

#### Enhanced Federal Funding Request

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.

HCPF has taken the initial step to receive the enhanced federal funding to upgrade and modernize CBMS. On December 30, 2011, HCPF received approval of a Planning Advanced Planning Document (APD) which authorizes 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. If funding is approved by the General Assembly, HCPF will integrate the components that are eligible for enhanced federal funding into a comprehensive and detail Implementation APD for CMS to review. Through this plan, CMS will allocate enhanced federal funding to HCPF. Since federal approval is not expected to be received until June 2012, funding from the General Assembly has been requested as the standard federal match rates. Through the normal budget process, the appropriation will be adjusted to account to the additional federal funds which will reduce the General Fund expenditure. Additional information on the availability of enhanced federal funding is in Attachment 2.

#### **Anticipated Outcomes:**

##### CBMS Performance Improvement

CBMS would be able to make significant improvements that allow for with minimal delays, allow client to receive real-time eligibility determinations for Medical Assistance through PEAK (Program Eligibility and 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, improve the user experience with CBMS and reduce worker misplaced 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:**

See Attachment 1, page 5.

- The Departments assume Business Analysts, Project Managers, and Subject Matter Experts would be allocated evenly across the three agencies.
- The agencies assume that the FTE salary range would be the standard salaries for General Professional IV.
- The Departments assume that the standard level of operating expenses used when calculating fiscal note impacts, would be provided for the FTE.

- The Departments assume the costs associated with the FTE would be allocated according to Random Moment Sampling methodology currently used for CBMS expenditures.

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 State Departments through a High Level Business Requirements document. Then Deloitte will provide an Order of Magnitude to estimate the cost. Once a cost is defined and agreed to by OIT and Deloitte a contract amendment is drafted to cover the scope of work. This process can take several weeks of work for each project.

Many of the projects already have an Order of Magnitude (approximately 40%), or vendor quotes, ready to be included in contract amendments once funding becomes available. For those projects without an Order of Magnitude estimates were based on the descriptions provided by OIT and the Departments as requirements were not available when developing the work plan. For this request, OIT and Deloitte used its knowledge of previous similar efforts on CBMS and/or similar Deloitte projects for other Public Sector clients to determine the effort required to implement these projects. Where assumptions had to be made, OIT and Deloitte took a conservative approach and defaulted to the option that required the greatest effort to assure that the final Order of Magnitude would be lower. The rate used to calculate the cost estimates were the rates in the current CBMS contract (\$108/hour in FY 2011-12 and \$112/hour for FY 2012-13).

As this plan is updated and final costs are known it is expected that OIT, HCPF, and DHS will submit a revised plan through the normal budget process next session.



- The Departments assume that the Training FTE would reside in the two Departments with 7.0 FTE at HCPF and 7.0 FTE at DHS for a total of 14.0 FTE.
- The Departments assume that the FTE salary range would be the standard salaries for General Professional IV and General Professional V levels (located at HCPF).
- The Departments assume that the standard level of operating expenses used when calculating fiscal note impacts, would be provided for the FTE.
- The Departments assume that travel expenses would be provided in order for the trainers to cover all locations in Colorado.
- The Departments assume the costs associated with the FTE would be allocated according to Random Moment Sampling methodology currently used for CBMS expenditures.
- The Departments assume that 4.0 FTE would be assigned to HCPF and 4.0 FTE would be assigned to DHS.
- As mentioned earlier related to Training FTEs, the Departments assume that standard operating expenses, as calculated for fiscal note impacts, would be associated with Help Desk FTEs.
- The Departments assume that Random Moment Sampling methodology would apply for allocation of costs.
- The Departments assume that Help Desk FTE expenditures would apply to both HCPF and DHS but not to OIT.

### **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, as well as future potential lawsuits.

#### 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 FTE and Operations Support

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 lawsuits;
- Increase in County Administration spending authority;
- 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; and
- Lack of input by the county users in the development of changes in policy/system direction.

over \$1 billion over the past ten years to modernize, but not fully replace, its system.

**Impact to Other State Government Agency:**

OIT, HCPF and DHS are impacted by this request.

**Cash Fund Projections:**

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 quickly respond to changes in best practices, business process and policy changes. Without continued support to this growing 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.

Training Staff Funding

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.

To rebuild or “start over” with a new system would take two to four years to implement, and cost over \$100 million, as seen with the following examples from other states:

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

- Kansas recently signed a contract with Accenture for \$135 million for a new eligibility system which will include Medicaid and other assistance programs.
- Oklahoma’s seven year contract with HP for \$281 million is only for Medicaid eligibility and health care reform: it does not include other assistance programs but they have received approval for 90% enhanced federal funding. [Note, enhance federal funding is available for Medicaid-only program changes.]
- North Carolina’s contract with CSC is expected to exceed initial projections of \$320.3 million; their system will include other public assistance programs.
- The state of Washington invested \$161 million to replace its 25 year old legacy mainframe and New York has paid out

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 Estimate	\$9,332,096
FY 2012-13 End of Year Cash Balance Estimate	\$8,036,989
FY 2013-14 End of Year Cash Balance Estimate	\$6,924,385

**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 the extent of the needs for CBMS improvements just recently was determined.

**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.







## S-14 Attachment 1: CBMS Work Plan Description

Priority Number	Project Classification	Project Name	Estimated Funding Source	Estimated Cost	FY 2011-12 Request w/Rollover	FY 2013-14 Funding Request
3	Building Infrastructure that Supports the Customer	Concurrent Users: Capacity Phase 2 (Additional 250 users)	90/10	\$250,000	\$250,000	\$0
4	Building Infrastructure that Supports the Customer	Add Capacity for New Case Load due to Health Care Reform	90/10	\$350,000	\$0	\$350,000
5	Building Infrastructure that Supports the Customer	Application Quality Analysis (3rd Party)	Calculator	\$100,000	\$100,000	\$0
9	Building Infrastructure that Supports the Customer	System Performance Improvement	90/10	\$196,000	\$140,000	\$56,000
11	Building Infrastructure that Supports the Customer	PEAK Real Time Online Eligibility Determination	90/10	\$1,120,000	\$800,000	\$320,000
12	Building Infrastructure that Supports the Customer	CBMS Web Expansion - Migration off Citrix	Calculator	\$50,000	\$50,000	\$0
14	Building Infrastructure that Supports the Customer	Develop Disaster Recovery and Load Test Environment	Calculator	\$500,000	\$500,000	\$0
15	Building Infrastructure that Supports the Customer	On-Going Modularity and Refactoring	90/10	\$294,000	\$210,000	\$84,000
18	Increasing Effective Communication and Training	Client Notice Redesign Implementation	Calculator	\$800,000	\$800,000	\$0
19	Building Infrastructure that Supports the Customer	Application Workflow and Usability Analysis for County Workers	Calculator	\$294,000	\$210,000	\$84,000
22	Building Infrastructure that Supports the Customer	Convert DHS Rules to New Rules Engine	Calculator	\$1,000,000	\$333,300	\$666,700
23	Building Infrastructure that Supports the Customer	Subject Matter Experts: Additional Business Analysts, Project Managers and Testers	90/10*	\$1,587,218	\$985,246	\$581,972
24	Building Infrastructure that Supports the Customer	Resolution Identity - Improve Duplicate ID Issue	90/10*	\$250,000	\$250,000	\$0
25	Building Infrastructure that Supports the Customer	Additional Pool Hours (10,000/year for OIT Projects) – OIT	Calculator	\$1,980,000	\$1,400,000	\$580,000
26	Ensuring Correct Decisions are Made on Eligibility	Additional Pool Hours (20,000/year for HCPF Projects) – HCPF	90/10	\$3,920,000	\$2,800,000	\$1,120,000
27	Ensuring Correct Decisions are Made on Eligibility	Additional Pool Hours (10,000/year for DHS Projects) – DHS	Calculator	\$1,980,000	\$1,400,000	\$580,000
29	Providing Workers the Right Tools	Dual Monitors	90/10*	\$2,400,000	\$2,400,000	\$0
30	Providing Workers the Right Tools	Single Sign-On Capabilities	Calculator	\$250,000	\$250,000	\$0
31	Building Infrastructure that Supports the Customer	Web Services	90/10	\$800,000	\$800,000	\$0
32	Ensuring Correct Decisions are Made on Eligibility	Annual Income Adjustments	Medicaid	\$39,200	\$28,000	\$11,200
33	Building Infrastructure that Supports the Customer	Batching Long-Term Improvements	90/10	\$600,000	\$200,000	\$400,000
34	Building Infrastructure that Supports the Customer	Migrate to Cloud Computing	90/10	\$500,000	\$333,300	\$166,700
35	Ensuring Correct Decisions are Made on Eligibility	Auditor Data Requests	90/10	\$196,000	\$140,000	\$56,000
44	Ensuring Correct Decisions are Made on Eligibility	Vanishing Med Spans	Medicaid	\$75,600	\$75,600	\$0
57	Increasing Effective Communication and Training	Corrections Required for Denial/Approval Combination Notices	Calculator	\$90,720	\$90,720	\$0
58	Increasing Effective Communication and Training	Prevent Old Dates and information from being added to Current Notices	Calculator	\$49,280	\$49,280	\$0
59	Ensuring Correct Decisions are Made on Eligibility	Adult Financial SVES Interface Fix for IARs	Adult Financial	\$179,200	\$89,600	\$89,600
60	Any Door is the Right Door	CBMS Caretaker Relative Phase II	Colorado Works	\$115,020	\$115,020	\$0
61	Providing Workers the Right Tools	6-Month POE Simplified Reporting	Colorado Works	\$1,075,680	\$1,075,680	\$0
62	Ensuring Correct Decisions are Made on Eligibility	Claims for POE Simplified Reporting	Colorado Works	\$412,560	\$412,560	\$0
63	Any Door is the Right Door	Colorado Works PEAK Am I Eligible (AIE)	Colorado Works	\$50,400	\$50,400	\$0
64	Ensuring Correct Decisions are Made on Eligibility	CBMS Invalid Claims Resulting from Cash Program Approval	Food Assistance	\$88,320	\$68,320	\$0
65	Ensuring Correct Decisions are Made on Eligibility	Child Support Expenses Posted by ACSES	Food Assistance	\$74,368	\$74,368	\$0
66	Ensuring Correct Decisions are Made on Eligibility	Tax Intercept Corrections – Food Assistance, TANF and Adult Financial	Calculator	\$100,800	\$100,800	\$0
67	Ensuring Correct Decisions are Made on Eligibility	Changes to Benefit Recovery for Unreimbursed Public Assistance	Colorado Works	\$168,000	\$168,000	\$0
68	Providing Workers the Right Tools	Recovering Supportive Service Payments	Colorado Works	\$168,000	\$56,000	\$112,000
69	Providing Workers the Right Tools	Colorado Works IEVS IRS Interface	Calculator	\$112,000	\$112,000	\$0
70	Providing Workers the Right Tools	WPR Proration and Registration Date Logic	Colorado Works	\$52,640	\$52,640	\$0
71	Ensuring Correct Decisions are Made on Eligibility	Correcting JT and PS Time Limited Counters for VE	Colorado Works	\$16,800	\$16,800	\$0
72	Any Door is the Right Door	Colorado Works Inter-County Transfers	Colorado Works	\$80,640	\$80,640	\$0
73	Building Infrastructure that Supports the Customer	Decision Support System (DSS)	90/10*	\$648,000	\$648,000	\$0
74	Building Infrastructure that Supports the Customer	Help Desk: Technology, Training, and Process Improvements	90/10	\$56,000	\$56,000	\$0
75	Building Infrastructure that Supports the Customer	Help Desk Policy Support	Calculator	\$1,298,511	\$716,541	\$581,970
76	Building Infrastructure that Supports the Customer	Training Technology: Learning Management System (LMS)	90/10	\$170,000	\$170,000	\$0
77	Providing Workers the Right Tools	Training Technology: Re-Architect Online Help (End User)	90/10	\$875,000	\$875,000	\$0
78	Increasing Effective Communication and Training	Training: CBMS Trainer Certification Program	90/10*	\$300,000	\$300,000	\$0
79	Increasing Effective Communication and Training	Training: CBMS New Worker Training (Basic Worker Redesign)	90/10*	\$550,000	\$550,000	\$0
80	Increasing Effective Communication and Training	Training: CBMS Eligibility & Enrollment Training	90/10*	\$700,000	\$700,000	\$0
81	Increasing Effective Communication and Training	Training Support	Calculator	\$2,318,515	\$1,278,789	\$1,039,746
83	Ensuring Correct Decisions are Made on Eligibility	CBMS Remediation of Potential Litigation	Medicaid	\$800,944	\$800,944	\$0
84	Ensuring Correct Decisions are Made on Eligibility	Minimum Payment for Recoupments of Claims	Food Assistance	\$5,712	\$5,712	\$0
85	Ensuring Correct Decisions are Made on Eligibility	Correct Lengths of Certification Periods – Food Assistance	Food Assistance	\$80,892	\$80,892	\$0
86	Ensuring Correct Decisions are Made on Eligibility	Correcting Periods of Ineligibility (Diversions PO)	Colorado Works	\$67,200	\$67,200	\$0
87	Ensuring Correct Decisions are Made on Eligibility	Distinguishing between SSI eligible and SSI recipients for Colorado Works	Colorado Works	\$44,800	\$44,800	\$0
88	Providing Workers the Right Tools	WFD Track Enhancements	Colorado Works	\$302,400	\$151,200	\$151,200
89	Ensuring Correct Decisions are Made on Eligibility	Whereabouts Unknown	Colorado Works	\$67,200	\$67,200	\$0
90	Ensuring Correct Decisions are Made on Eligibility	Denying/Failing Child Only ACSES	Colorado Works	\$44,800	\$44,800	\$0
92	Ensuring Correct Decisions are Made on Eligibility	Correcting Sanction Creation and Demonstrable Evidence	Colorado Works	\$158,480	\$0	\$158,480
93	Ensuring Correct Decisions are Made on Eligibility	ACSES Referral Interface Enhancements	Colorado Works	\$66,080	\$0	\$66,080
		* These project will have to be cost allocated and the full 90/10 match won't be possible.	Total Cost	\$30,440,980	\$23,225,332	\$7,215,648

## S-14 Attachment 1: CBMS Work Plan Description

Priority Number	Project Classification	Project Name	Estimated Cost	Cost Calculation Explanation
3	Building Infrastructure that Supports the Customer	Concurrent Users: Capacity Phase 2 (Additional 250 users)	\$250,000	infrastructure plus programming setup cost estimate
4	Building Infrastructure that Supports the Customer	Add Capacity for New Case Load due to Health Care Reform	\$350,000	infrastructure plus programming setup cost estimate
5	Building Infrastructure that Supports the Customer	Application Quality Analysis (3rd Party)	\$100,000	3rd party vendor estimate
9	Building Infrastructure that Supports the Customer	System Performance Improvement	\$198,000	1,000 programming hours per year at \$112/hour for 21 months
11	Building Infrastructure that Supports the Customer	PEAK Real Time Online Eligibility Determination	\$1,120,000	10,000 programming hours at \$112/hour
12	Building Infrastructure that Supports the Customer	CBMS Web Expansion - Migration off Citrix	\$50,000	servers and monitoring licenses estimate
14	Building Infrastructure that Supports the Customer	Develop Disaster Recovery and Load Test Environment	\$500,000	infrastructure (servers, monitoring tools) estimate
15	Building Infrastructure that Supports the Customer	On-Going Modularity and Refactoring	\$294,000	1,500 programming hours per year at \$112/hour for 21 months
18	Increasing Effective Communication and Training	Client Notice Redesign Implementation	\$800,000	2,800 programming hours at \$108/hour and 2,857 programming hours at \$112/hour
19	Building Infrastructure that Supports the Customer	Application Workflow and Usability Analysis for County Workers	\$294,000	1,500 programming hours per year at \$112/hour for 21 months
22	Building Infrastructure that Supports the Customer	Convert DHS Rules to New Rules Engine	\$1,000,000	8,930 programming hours at \$112/hour
23	Building Infrastructure that Supports the Customer	Subject Matter Experts: Additional Business Analysts, Project Managers and Testers	\$1,567,218	FTE calculation worksheet
24	Building Infrastructure that Supports the Customer	Resolution Identity - Improve Duplicate ID Issue	\$250,000	Commercial Off-the-Shelf Software price estimate
25	Building Infrastructure that Supports the Customer	Additional Pool Hours (10,000/year for OIT Projects) – OIT	\$1,960,000	10,000 programming hours per year at \$112/hour for 21 months
26	Ensuring Correct Decisions are made on Eligibility	Additional Pool Hours (20,000/year for HCPF Projects) – HCPF	\$3,920,000	20,000 programming hours per year at \$112/hour for 21 months
27	Ensuring Correct Decisions are Made on Eligibility	Additional Pool Hours (10,000/year for DHS Projects) – DHS	\$1,960,000	10,000 programming hours per year at \$112/hour for 21 months
29	Providing Workers the Right Tools	Dual Monitors	\$2,400,000	\$250 per monitor to purchase two monitors plus \$100 installation for 4,000 users
30	Providing Workers the Right Tools	Single Sign-On Capabilities	\$250,000	infrastructure plus programming setup cost estimate
31	Building Infrastructure that Supports the Customer	Web Services	\$800,000	infrastructure plus programming setup cost estimate
32	Ensuring Correct Decisions are Made on Eligibility	Annual Income Adjustments	\$39,200	200 programming hours per year at \$112/hour for 21 months
33	Building Infrastructure that Supports the Customer	Batching Long-Term Improvements	\$800,000	hardware (servers and processors) cost estimate
34	Building Infrastructure that Supports the Customer	Migrate to Cloud Computing	\$500,000	infrastructure plus programming setup cost estimate
35	Ensuring Correct Decisions are Made on Eligibility	Auditor Data Requests	\$198,000	1,000 programming hours per year at \$112/hour for 21 months
44	Ensuring Correct Decisions are Made on Eligibility	Vanishing Med Spans	\$75,800	700 programming hours at \$108/hour
57	Increasing Effective Communication and Training	Corrections Required for Denial/Approval Combination Notices	\$90,720	810 programming hours at \$112/hour
58	Increasing Effective Communication and Training	Prevent Old Dates and Information from being added to Current Notices	\$49,280	440 programming hours at \$112/hour
59	Ensuring Correct Decisions are Made on Eligibility	Adult Financial SVES Interface Fix for IARs	\$179,200	1,600 programming hours at \$112/hour
60	Any Door is the Right Door	CBMS Caretaker Relative Phase II	\$115,020	533 programming hours at \$108/hour and 487 programming hours at \$112/hour
61	Providing Workers the Right Tools	6-Month POE Simplified Reporting	\$1,075,680	2,490 programming hours at \$108/hour and 1,283 programming hours at \$112/hour
62	Ensuring Correct Decisions are Made on Eligibility	Claims for POE Simplified Reporting	\$412,560	1,273 programming hours at \$108/hour and 2,456 programming hours at \$112/hour
63	Any Door is the Right Door	Colorado Works PEAK Am I Eligible (AIE)	\$50,400	450 programming hours at \$112/hour
64	Ensuring Correct Decisions are Made on Eligibility	CBMS Invalid Claims Resulting from Cash Program Approval	\$68,320	610 programming hours at \$112/hour
65	Ensuring Correct Decisions are Made on Eligibility	Child Support Expenses Posted by ACSES	\$74,368	644 programming hours at \$112/hour
66	Ensuring Correct Decisions are Made on Eligibility	Tax Intercept Corrections – Food Assistance, TANF and Adult Financial	\$100,800	900 programming hours at \$112/hour
67	Ensuring Correct Decisions are Made on Eligibility	Changes to Benefit Recovery for Unreimbursed Public Assistance	\$168,000	1,500 programming hours at \$112/hour
68	Providing Workers the Right Tools	Recovering Supportive Service Payments	\$188,000	1,500 programming hours at \$112/hour
69	Providing Workers the Right Tools	Colorado Works IEVS IRS Interface	\$112,000	1,000 programming hours at \$112/hour
70	Providing Workers the Right Tools	WPR Proration and Registration Date Logic	\$52,640	470 programming hours at \$112/hour
71	Ensuring Correct Decisions are Made on Eligibility	Correcting JT and PS Time Limited Counters for VE	\$18,800	150 programming hours at \$112/hour
72	Any Door is the Right Door	Colorado Works Inter-County Transfers	\$80,640	720 programming hours at \$112/hour
73	Building Infrastructure that Supports the Customer	Decision Support System (DSS)	\$648,000	infrastructure plus programming setup cost estimate
74	Building Infrastructure that Supports the Customer	Help Desk: Technology, Training, and Process Improvements	\$56,000	519 programming hours at \$108/hour
75	Building Infrastructure that Supports the Customer	Help Desk Policy Support	\$1,298,511	FTE calculation worksheet
76	Building Infrastructure that Supports the Customer	Training Technology: Learning Management System (LMS)	\$170,000	commercial off-the-shelf software cost estimate
77	Providing Workers the Right Tools	Training Technology: Re-Architect Online Help (End User)	\$875,000	infrastructure plus programming setup cost estimate
78	Increasing Effective Communication and Training	Training: CBMS Trainer Certification Program	\$300,000	hiring of contractors and operational support cost estimate
79	Increasing Effective Communication and Training	Training: CBMS New Worker Training (Basic Worker Redesign)	\$550,000	hiring of contractors and operational support cost estimate
80	Increasing Effective Communication and Training	Training: CBMS Eligibility & Enrollment Training	\$700,000	hiring of contractors and operational support cost estimate
81	Increasing Effective Communication and Training	Training Support	\$2,318,515	FTE calculation worksheet
83	Ensuring Correct Decisions are Made on Eligibility	CBMS Remediation of Potential Litigation	\$800,944	1,855 programming hours at \$108/hour and 5,383 programming hours at \$112/hour
84	Ensuring Correct Decisions are Made on Eligibility	Minimum Payment for Recoupments of Claims	\$5,712	51 programming hours at \$112/hour
85	Ensuring Correct Decisions are Made on Eligibility	Correct Lengths of Certification Periods – Food Assistance	\$80,892	749 programming hours at \$108/hour
86	Ensuring Correct Decisions are Made on Eligibility	Correcting Periods of Ineligibility (Diversion POI)	\$67,200	600 programming hours at \$112/hour
87	Ensuring Correct Decisions are Made on Eligibility	Distinguishing between SSI eligible and SSI recipients for Colorado Works	\$44,800	400 programming hours at \$112/hour
88	Providing Workers the Right Tools	WFD Track Enhancements	\$302,400	2,700 programming hours at \$112/hour
89	Ensuring Correct Decisions are Made on Eligibility	Whereabouts Unknown	\$87,200	600 programming hours at \$112/hour
90	Ensuring Correct Decisions are Made on Eligibility	Denying/Failing Child Only ACSES	\$44,800	400 programming hours at \$112/hour
92	Ensuring Correct Decisions are made on Eligibility	Correcting Sanction Creation and Demonstrable Evidence	\$158,480	1,415 programming hours at \$112/hour
93	Ensuring Correct Decisions are Made on Eligibility	ACSES Referral Interface Enhancements	\$68,080	590 programming hours at \$112/hour



# S-14 Attachment 1: CBMS Work Plan Description

## Budget Request CBMS 18-Month Work Plan

Priority Number	Primary Agency Impacted	Project Name	FY 2011-12 Request w/Rollforward	FY 2011-12 DHS Budget Impact					FY 2011-12 HCPF Budget Impact			
				DHS Total Funds	DHS General Funds	DHS Cash Funds	DHS Re-Appropriated Funds	DHS Federal Funds	HCPF Total Funds	HCPF General Funds	HCPF Cash Funds	HCPF Federal Funds
3	OT	Concurrent Users: Capacity Phase 2 (Additional 250 users)	\$250,000	\$250,000	\$0	\$0	\$250,000	\$0	\$250,000	\$125,000	\$0	\$125,000
4	OT	Add Capacity for New Case Load due to Health Care Reform	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5	OT	Application Quality Analysis (3rd Party)	\$100,000	\$100,000	\$37,980	\$3,464	\$36,905	\$21,651	\$36,905	\$18,342	\$148	\$18,415
9	OT	System Performance Improvement	\$140,000	\$140,000	\$0	\$0	\$140,000	\$0	\$140,000	\$70,000	\$0	\$70,000
11	HCPF	PEAK Real Time Online Eligibility Determination	\$800,000	\$800,000	\$0	\$0	\$800,000	\$0	\$800,000	\$400,000	\$0	\$400,000
12	OT	CBMS Web Expansion - Migration off Citrix	\$50,000	\$50,000	\$18,990	\$1,732	\$18,452	\$10,826	\$18,452	\$9,171	\$74	\$9,207
14	OT	Develop Disaster Recovery and Load Test Environment	\$500,000	\$500,000	\$189,900	\$17,320	\$184,525	\$108,255	\$184,525	\$91,709	\$738	\$92,078
15	OT	On-Going Modularity and Refactoring	\$210,000	\$210,000	\$0	\$0	\$210,000	\$0	\$210,000	\$105,000	\$0	\$105,000
18	OT	Client Notice Redesign Implementation	\$600,000	\$600,000	\$227,880	\$20,784	\$221,430	\$129,906	\$221,430	\$110,051	\$886	\$110,493
19	OT	Application Workflow and Usability Analysis for County Workers	\$210,000	\$210,000	\$79,758	\$7,274	\$77,501	\$45,467	\$77,501	\$38,518	\$310	\$38,673
22	DHS	Convert DHS Rules to New Rules Engine	\$333,300	\$333,300	\$126,587	\$11,546	\$123,004	\$72,163	\$123,004	\$61,134	\$462	\$61,378
23	OT, HCPF, DHS	Subject Matter Experts: Additional Business Analysts, Project Managers and Testers	\$985,246	\$985,246	\$374,198	\$34,129	\$363,605	\$213,316	\$363,605	\$180,712	\$1,454	\$181,439
24	OT	Resolution Identity - Improve Duplicate ID Issue	\$250,000	\$250,000	\$94,950	\$8,660	\$92,262	\$54,128	\$92,262	\$45,855	\$369	\$46,038
25	OT	Additional Pool Hours (10,000/year for OT Projects) – OT	\$1,400,000	\$1,400,000	\$531,720	\$48,496	\$516,670	\$303,114	\$516,670	\$256,786	\$2,067	\$257,817
26	HCPF	Additional Pool Hours (20,000/year for HCPF Projects) – HCPF	\$2,800,000	\$2,800,000	\$0	\$0	\$2,800,000	\$0	\$2,800,000	\$1,400,000	\$0	\$1,400,000
27	DHS	Additional Pool Hours (10,000/year for DHS Projects) – DHS	\$1,400,000	\$1,400,000	\$531,720	\$48,496	\$516,670	\$303,114	\$516,670	\$256,785	\$2,067	\$257,818
29	OT	Dual Monitors	\$2,400,000	\$2,400,000	\$911,520	\$83,136	\$885,720	\$519,624	\$885,720	\$440,203	\$3,543	\$441,974
30	OT	Single Sign-On Capabilities	\$250,000	\$250,000	\$94,950	\$8,660	\$92,262	\$54,128	\$92,262	\$45,855	\$369	\$46,038
31	OT	Web Services	\$600,000	\$600,000	\$0	\$0	\$600,000	\$0	\$600,000	\$300,000	\$0	\$300,000
32	HCPF	Annual Income Adjustments	\$28,000	\$28,000	\$0	\$0	\$28,000	\$0	\$28,000	\$14,000	\$0	\$14,000
33	OT	Batching Long-Term Improvements	\$200,000	\$200,000	\$0	\$0	\$200,000	\$0	\$200,000	\$100,000	\$0	\$100,000
34	OT	Migrate to Cloud Computing	\$333,300	\$333,300	\$0	\$0	\$333,300	\$0	\$333,300	\$166,650	\$0	\$166,650
35	HCPF	Auditor Data Requests	\$140,000	\$140,000	\$0	\$0	\$140,000	\$0	\$140,000	\$70,000	\$0	\$70,000
44	HCPF	Vanishing Med Spans	\$75,600	\$75,600	\$0	\$0	\$75,600	\$0	\$75,600	\$37,800	\$0	\$37,800
57	HCPF, DHS	Corrections Required for Denial/Approval Combination Notices	\$90,720	\$90,720	\$34,455	\$3,143	\$33,480	\$19,642	\$33,480	\$16,640	\$134	\$16,706
58	HCPF, DHS	Prevent Old Dates and Information from being added to Current Notices	\$48,280	\$48,280	\$18,717	\$1,707	\$18,186	\$10,670	\$18,186	\$9,039	\$73	\$9,074
59	DHS	Adult Financial SVES Interface Fix for IARs	\$89,600	\$89,600	\$89,600	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60	DHS	CBMS Caretaker Relative Phase II	\$115,020	\$115,020	\$115,020	\$0	\$0	\$0	\$0	\$0	\$0	\$0
61	DHS	6-Month POE Simplified Reporting	\$1,075,680	\$1,075,680	\$1,075,680	\$0	\$0	\$0	\$0	\$0	\$0	\$0
62	DHS	Claims for POE Simplified Reporting	\$412,560	\$412,560	\$412,560	\$0	\$0	\$0	\$0	\$0	\$0	\$0
63	DHS	Colorado Works PEAK Am I Eligible (AIE)	\$50,400	\$50,400	\$50,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0
64	DHS	CBMS Invalid Claims Resulting from Cash Program Approval	\$68,320	\$68,320	\$34,160	\$0	\$0	\$34,160	\$0	\$0	\$0	\$0
65	DHS	Child Support Expenses Posted by ACSES	\$74,368	\$74,368	\$37,184	\$0	\$0	\$37,184	\$0	\$0	\$0	\$0
66	DHS	Tax Intercept Corrections – Food Assistance, TANF and Adult Financial	\$100,800	\$100,800	\$38,284	\$3,492	\$37,200	\$21,824	\$37,200	\$18,499	\$149	\$18,562
67	DHS	Changes to Benefit Recovery for Unreimbursed Public Assistance	\$168,000	\$168,000	\$168,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
68	DHS	Recovering Supportive Service Payments	\$56,000	\$56,000	\$56,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
69	DHS	Colorado Works EVS IRS Interface	\$112,000	\$112,000	\$42,538	\$3,880	\$41,333	\$24,249	\$41,333	\$20,544	\$165	\$20,624
70	DHS	WPR Proration and Registration Date Logic	\$52,640	\$52,640	\$52,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0
71	DHS	Correcting JT and PS Time Limited Counters for VE	\$16,800	\$16,800	\$16,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0
72	DHS	Colorado Works Inter-County Transfers	\$80,640	\$80,640	\$80,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0
73	OT, HCPF, DHS	Decision Support System (DSS)	\$648,000	\$648,000	\$246,110	\$22,447	\$239,145	\$140,298	\$239,145	\$118,855	\$957	\$119,333
74	OT, HCPF, DHS	Help Desk: Technology, Training, and Process Improvements	\$56,000	\$56,000	\$0	\$0	\$56,000	\$0	\$56,000	\$28,000	\$0	\$28,000
75	HCPF, DHS	Help Desk Policy Support	\$716,541	\$716,541	\$272,142	\$24,821	\$264,440	\$155,138	\$264,440	\$131,428	\$1,058	\$131,954
76	OT	Training Technology: Learning Management System (LMS)	\$170,000	\$170,000	\$0	\$0	\$170,000	\$0	\$170,000	\$85,000	\$0	\$85,000
77	OT	Training Technology: Re-Architect Online Help (End User)	\$875,000	\$875,000	\$0	\$0	\$875,000	\$0	\$875,000	\$437,500	\$0	\$437,500
78	HCPF, DHS	Training: CBMS Trainer Certification Program	\$300,000	\$300,000	\$113,940	\$10,392	\$110,715	\$64,953	\$110,715	\$55,026	\$443	\$55,246
79	HCPF, DHS	Training: CBMS New Worker Training (Basic Worker Redesign)	\$550,000	\$550,000	\$208,890	\$19,052	\$202,977	\$119,081	\$202,977	\$100,880	\$812	\$101,285
80	HCPF, DHS	Training: CBMS Eligibility & Enrollment Training	\$700,000	\$700,000	\$265,850	\$24,248	\$258,335	\$151,557	\$258,335	\$128,393	\$1,033	\$128,909
81	HCPF, DHS	Training Support	\$1,278,769	\$1,278,769	\$485,676	\$44,297	\$471,930	\$276,866	\$471,930	\$234,550	\$1,888	\$235,492
83	HCPF	CBMS Remediation of Potential Litigation	\$800,944	\$800,944	\$0	\$0	\$800,944	\$0	\$800,944	\$400,472	\$0	\$400,472
84	DHS	Minimum Payment for Recoupments of Claims	\$5,712	\$5,712	\$2,856	\$0	\$0	\$2,856	\$0	\$0	\$0	\$0
85	DHS	Correct Lengths of Certification Periods – Food Assistance	\$80,892	\$80,892	\$40,446	\$0	\$0	\$40,446	\$0	\$0	\$0	\$0
86	DHS	Correcting Periods of Ineligibility (Diversion POI)	\$67,200	\$67,200	\$67,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0
87	DHS	Distinguishing between SSI eligible and SSI recipients for Colorado Works	\$44,800	\$44,800	\$44,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0
88	DHS	WFD Track Enhancements	\$151,200	\$151,200	\$151,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0
89	DHS	Whereabouts Unknown	\$67,200	\$67,200	\$67,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0
90	DHS	Denying/Failing Child Only ACSES	\$44,800	\$44,800	\$44,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0
92	DHS	Correcting Sanction Creation and Demonstrable Evidence	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
93	DHS	ACSES Referral Interface Enhancements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			\$23,225,332	\$23,225,332	\$7,553,948	\$451,176	\$12,285,591	\$2,934,616	\$12,285,591	\$6,128,387	\$19,229	\$6,137,975

# S-14 Attachment 1: CBMS Work Plan Description

## Budget Request CBMS 18-Month Work Plan

Priority Number	Primary Agency Impacted	Project Name	FY 2013-14 Funding Request	FY 2013-14 DHS Budget Impact					FY 2013-14 HCPF Budget Impact				
				DHS Total Funds	DHS General Funds	DHS Cash Funds	DHS Re-Appropriated Funds	DHS Federal Funds	HCPF Total Funds	HCPF General Funds	HCPF Cash Funds	HCPF Federal Funds	
3	OT	Concurrent Users: Capacity Phase 2 (Additional 250 users)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4	OT	Add Capacity for New Case Load due to Health Care Reform	\$350,000	\$350,000	\$0	\$0	\$350,000	\$0	\$350,000	\$175,000	\$0	\$0	\$175,000
5	OT	Application Quality Analysis (3rd Party)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9	OT	System Performance Improvement	\$56,000	\$56,000	\$0	\$0	\$56,000	\$0	\$56,000	\$28,000	\$0	\$0	\$28,000
11	HCPF	PEAK Real Time Online Eligibility Determination	\$320,000	\$320,000	\$0	\$0	\$320,000	\$0	\$320,000	\$160,000	\$0	\$0	\$160,000
12	OT	CBMS Web Expansion - Migration off Citrix	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
14	OT	Develop Disaster Recovery and Load Test Environment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
15	OT	On-Going Modularity and Refactoring	\$84,000	\$84,000	\$0	\$0	\$84,000	\$0	\$84,000	\$42,000	\$0	\$0	\$42,000
18	OT	Client Notice Redesign Implementation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
19	OT	Application Workflow and Usability Analysis for County Workers	\$84,000	\$84,000	\$31,903	\$2,910	\$31,000	\$18,187	\$31,000	\$15,408	\$124	\$15,468	\$124
22	DHS	Convert DHS Rules to New Rules Engine	\$666,700	\$666,700	\$253,213	\$23,094	\$246,046	\$144,347	\$246,046	\$122,285	\$984	\$122,777	\$984
23	OT, HCPF, DHS	Subject Matter Experts: Additional Business Analysts, Project Managers and Testers	\$581,972	\$581,972	\$221,033	\$20,160	\$214,777	\$126,002	\$214,777	\$106,745	\$859	\$107,173	\$859
24	OT	Resolution Identity - Improve Duplicate ID Issue	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
25	OT	Additional Pool Hours (10,000/year for OT Projects) – OT	\$560,000	\$560,000	\$212,688	\$19,398	\$206,668	\$121,246	\$206,668	\$102,714	\$827	\$103,127	\$827
26	HCPF	Additional Pool Hours (20,000/year for HCPF Projects) – HCPF	\$1,120,000	\$1,120,000	\$0	\$0	\$1,120,000	\$0	\$1,120,000	\$560,000	\$0	\$0	\$560,000
27	DHS	Additional Pool Hours (10,000/year for DHS Projects) – DHS	\$560,000	\$560,000	\$212,688	\$19,398	\$206,668	\$121,246	\$206,668	\$102,714	\$827	\$103,127	\$827
29	OT	Dual Monitors	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
30	OT	Single Sign-On Capabilities	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
31	OT	Web Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
32	HCPF	Annual Income Adjustments	\$11,200	\$11,200	\$0	\$0	\$11,200	\$0	\$11,200	\$5,600	\$0	\$0	\$5,600
33	OT	Batching Long-Term Improvements	\$400,000	\$400,000	\$0	\$0	\$400,000	\$0	\$400,000	\$200,000	\$0	\$0	\$200,000
34	OT	Migrate to Cloud Computing	\$166,700	\$166,700	\$0	\$0	\$166,700	\$0	\$166,700	\$83,350	\$0	\$0	\$83,350
35	HCPF	Auditor Data Requests	\$56,000	\$56,000	\$0	\$0	\$56,000	\$0	\$56,000	\$28,000	\$0	\$0	\$28,000
44	HCPF	Vanishing Med Spans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
57	HCPF, DHS	Corrections Required for Denial/Approval Combination Notices	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
58	HCPF, DHS	Prevent Old Dates and Information from being added to Current Notices	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
59	DHS	Adult Financial SVES Interface Fix for IARs	\$89,600	\$89,600	\$89,600	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60	DHS	CBMS Caretaker Relative Phase II	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
61	DHS	6-Month POE Simplified Reporting	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
62	DHS	Claims for POE Simplified Reporting	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
63	DHS	Colorado Works PEAK Am I Eligible (AIE)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
64	DHS	CBMS Invalid Claims Resulting from Cash Program Approval	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
65	DHS	Child Support Expenses Posted by ACSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
66	DHS	Tax Intercept Corrections – Food Assistance, TANF and Adult Financial	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
67	DHS	Changes to Benefit Recovery for Unreimbursed Public Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
68	DHS	Recovering Supportive Service Payments	\$112,000	\$112,000	\$112,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
69	DHS	Colorado Works EVS IRS Interface	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
70	DHS	WPR Proration and Registration Date Logic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
71	DHS	Correcting JT and PS Time Limited Counters for VE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
72	DHS	Colorado Works Inter-County Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
73	OT, HCPF, DHS	Decision Support System (DSS)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
74	OT, HCPF, DHS	Help Desk: Technology, Training, and Process Improvements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
75	HCPF, DHS	Help Desk Policy Support	\$581,970	\$581,970	\$221,032	\$20,159	\$214,777	\$126,002	\$214,777	\$106,745	\$859	\$107,173	\$859
76	OT	Training Technology: Learning Management System (LMS)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
77	OT	Training Technology: Re-Architect Online Help (End User)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
78	HCPF, DHS	Training: CBMS Trainer Certification Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
79	HCPF, DHS	Training: CBMS New Worker Training (Basic Worker Redesign)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
80	HCPF, DHS	Training: CBMS Eligibility & Enrollment Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
81	HCPF, DHS	Training Support	\$1,039,746	\$1,039,746	\$394,896	\$36,017	\$383,718	\$225,115	\$383,718	\$190,708	\$1,535	\$191,475	\$1,535
83	HCPF	CBMS Remediation of Potential Litigation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
84	DHS	Minimum Payment for Recoupments of Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
85	DHS	Correct Lengths of Certification Periods – Food Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
86	DHS	Correcting Periods of Ineligibility (Diverion POI)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
87	DHS	Distinguishing between SSI eligible and SSI recipients for Colorado Works	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
88	DHS	WFD Track Enhancements	\$151,200	\$151,200	\$151,200	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
89	DHS	Whereabouts Unknown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
90	DHS	Denying/Falling Child Only ACSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
92	DHS	Correcting Sanction Creation and Demonstrable Evidence	\$158,480	\$158,480	\$158,480	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
93	DHS	ACSES Referral Interface Enhancements	\$66,080	\$66,080	\$66,080	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			\$7,215,648	\$7,215,648	\$2,124,813	\$141,136	\$4,067,554	\$882,145	\$4,067,554	\$2,029,269	\$6,015	\$2,032,270	\$6,015

## S-14 Attachment 1: CBMS Work Plan Description

### Project Description by Category

#### Any Door is the Right Door and 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 Program Eligibility Application Kit (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. Such cases take 45 minutes to research and process, or 280 county work hours.

#### Providing Workers the Right Tools to 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

## S-14 Attachment 1: CBMS Work Plan Description

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 are 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

## S-14 Attachment 1: CBMS Work Plan Description

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 to 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 this 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. This process is so time-intensive 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.

## S-14 Attachment 1: CBMS Work Plan Description

- **#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.

### Building Infrastructure that Supports the Customer while respecting manageable workloads

- **#3 Concurrent Users: Capacity Increase Phase 2 (Additional 250 users).** Currently, CBMS supports 2,010 concurrent users, but there are 4,300 active users (includes county, state and Medical Assistance sites). If the number of concurrent users exceeds 2,010, new users will be unable to log into the application and existing users will experience performance degradation. Concurrent users may exceed this level during specific processing-heavy times when cost-of-living adjustments occur and at 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; and
  - 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.

## S-14 Attachment 1: CBMS Work Plan Description

- **#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 causes of issues and potential mitigation strategies and also 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:

## S-14 Attachment 1: CBMS Work Plan Description

- 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 with information available that makes sense for the situation. As an example, if 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.



## S-14 Attachment 1: CBMS Work Plan Description

- 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 the implementation of projects. The cost for the Subject Matter Experts is based on adding four business analysts, three project managers and four testers over a 15 month period. The staffing will be a combination of staff contractors 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.

Currently, the CBMS management team is staffed with only one certified project manager. For the level and complexity of projects planned for CBMS and PEAK, experienced project managers with professional certification are needed. The Business Analysts must not only have experience with BABOK (the business analysis body of knowledge), but must also possess knowledge of the programs they support, current and new policy impacts as well as understand how CBMS and PEAK work. DHS and HCPF have complex projects that must be implemented in aggressive timelines and they expect/require a knowledge level that is not compatible with a junior analyst that is learning one of the above credentials. Similarly, the testers must be able to have an expert knowledge of how the system should work so that they can write test scenarios and identify defects in new code and negative impacts to existing code.

## S-14 Attachment 1: CBMS Work Plan Description

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. Historically CBMS has utilized the traditional Waterfall approach to software development. Today, Agile is the preferred development approach and considered a best practice because of its iterative and rapid development technique. Since CBMS was originally designed, there have been several such advancements to both the technology industry and to the software solutions available.

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 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.

Frequent interactions with end users and other stakeholders are possible when making changes to CBMS and 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 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

## S-14 Attachment 1: CBMS Work Plan Description

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 a more accurate client ID assignment. This software will be integrated into CBMS to significantly reduce duplicate IDs and thus reduce the need for a manual resolution.

- **#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, OIT has not been able to make significant technology changes that are needed to support these policy changes. The demand caused by the growing caseloads as well as the increase in the number of workers continues to stress the system and negatively impact performance. Expanded pool 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 making 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 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.** In order to meet the CMS seven standards and conditions, CBMS needs to establish an Enterprise Service Bus and build web service 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 necessary security credentials can use it and not have to understand the underlying technology.

## S-14 Attachment 1: CBMS Work Plan Description

- **#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, and network) that are allocated to specific workloads (i.e. CBMS) based on demand for a 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-adjustments 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; and
  - Build pre-defined ad-hoc package for report user group.

**S-14 Attachment 1: CBMS Work Plan Description**

- **#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 and then route those tickets to either Deloitte if it is a system problem or to 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.

The following table displays the total CBMS help desk tickets submitted for the past five years and the number of FTE/staff funded to work on those tickets:

	2007	2008	2009	2010	2011
Total of All CBMS Service Tickets	24,432	26,173	26,279	38,328	39,376
Service Desk FTE (CBMS Only)	5.0 FTE	5.0 FTE	5.0 FTE	5.0 FTE	5.0 FTE

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 operation questions, they will be located in 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 includes 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

## S-14 Attachment 1: CBMS Work Plan Description

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 facilitated 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 increases in demand from new clients applying for medical benefits in 2014. If these changes are not implemented, the result will be an 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, HCPF 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.

## S-14 Attachment 1: CBMS Work Plan Description

- 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 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 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

## S-14 Attachment 1: CBMS Work Plan Description

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



## S-14 Attachment 1: CBMS Work Plan Description

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 would provide 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 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, this results 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.

## S-14 Attachment 1: CBMS Work Plan Description

- **#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 mentioned 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.

## S-14 Attachment 1: CBMS Work Plan Description

- **#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 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 request would fund 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 indicates 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:

## S-14 Attachment 1: CBMS Work Plan Description

- 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 certification period for those deemed to be error prone should be for a full 3 months. Households that are less error prone 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

## S-14 Attachment 1: CBMS Work Plan Description

households having to report information earlier than the regulations allow and unstable households not having to report changes when they should. This 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 approved, affected applicants will continue to have a delay in receiving Colorado Works benefits. Because CBMS is currently programmed to continue to exclude an individual if they are 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

## S-14 Attachment 1: CBMS Work Plan Description

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-compliant 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 are 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 an 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 system that supports 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 available 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 efficiency;
- 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.

## **S-14 Attachment 1: CBMS Work Plan Description**

In addition to these TIA recommendations, counties and state departments are in agreement that additional training is needed to streamline the eligibility processes and to redesign internal operations to meet the increased caseloads. 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 among 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 among 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



## S-14 Attachment 1: CBMS Work Plan Description

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

## S-14 Attachment 1: CBMS Work Plan Description

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). 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.

## **S-14 Attachment 1: CBMS Work Plan Description**

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.

## **S-14 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.

## S-14 Attachment 2: Enhanced Federal Funding

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. 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 initial step 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 authorizes 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. If funding is approved by the General Assembly, HCPF will integrate the components that are eligible for enhanced federal funding into a comprehensive and detail Implementation APD for CMS to review. Through this plan, CMS will allocate enhanced federal funding to HCPF. Since federal approve is not expected to be received until June 2012, funding from the General Assembly has been requested as the standard federal match rates. Through the supplemental budget process, the appropriation will be adjusted to account to the additional federal funds which will reduce General Fund expenditure.

# Improve & Modernize Colorado Benefits Management System



**18 MONTH WORK PLAN**  
**GOVERNOR'S OFFICE**  
**GOVERNOR'S OFFICE OF INFORMATION TECHNOLOGY**  
**HEALTH CARE POLICY AND FINANCING**  
**HUMAN SERVICES**  
**COLORADO COUNTIES, INC.**  
**HUMAN SERVICES DIRECTOR'S ASSOCIATION**

# Agenda



- Governor's Supplemental Request
- What Issues Are We Addressing
- What Led to the Plan
- Goals and Major Components
- Plan Integration
- Going Forward Engagement
- Q&A

# Governor's Supplemental Request



- **FY 2011-12 with rollover to FY 2012-13**
  - \$23,225,332 Total Funds, 22.0 FTE
  - \$13,682,336 General Fund
  - \$ 470,405 Cash Funds
  - \$ 9, 072,591 Federal Funds
  
- **FY 2013-14**
  - \$7,215,648 Total Funds, 27.0 FTE
  - \$4,154,082 General Fund
  - \$ 147,151 Cash Funds
  - \$2,914,415 Federal Funds



# Governor's Supplemental Request



- Our goal is to deliver timely, accurate benefits to Colorado citizens
- 3 Different Spreadsheet Views of the Request
  - Prioritized list of the 93 projects with a timeline
  - 5 “buckets”
    - ✦ Any door is the right door
    - ✦ Providing workers the right tools
    - ✦ Managing caseload volume
    - ✦ Ensuring correct decisions are made on eligibility
    - ✦ Increasing effective communication and training
  - List by Funding Source

# What Led to the Plan



- **Current and Past Issues from Stakeholders**
  - Lack of governance and coordination across agencies and with counties
  - Eligibility determination is not consistent from the system with many of the work-arounds in place
  - Frustrations with the Help Desk & Client Correspondence
  - System Slowness
  - Old Computer Infrastructure
  - Lack of Clear Timeliness Measurements
  - No Single, Prioritized Plan

# What Led to the Plan



- **Why not “start over” with CBMS?**
  - Kansas new system contracted for \$135 million
  - Oklahoma’s 7 year contract is \$281 million for Medicaid and health care programs without public assistance programs
  - North Carolina has projected costs of \$320 million for all programs
  - Washington invested \$161 million to replace its 25 year old legacy mainframe system
  - New York has paid an average of \$100 million per year for ten years to modernize their system
  - In addition to increased cost, the time and risks to implementing a brand new system are exorbitant to the state

# What Led to the Plan



- Administration's Past Experience
- New Governance Model
  - Governor's Office
  - Executive Directors of OIT, CDHS, and HCPF
  - Colorado Human Services Directors' Association
  - Colorado Counties Incorporated
- Collaboration and Coordination
- More Comprehensive Approach – One Master List
- Key Technological Issues for All Users

# Major Components



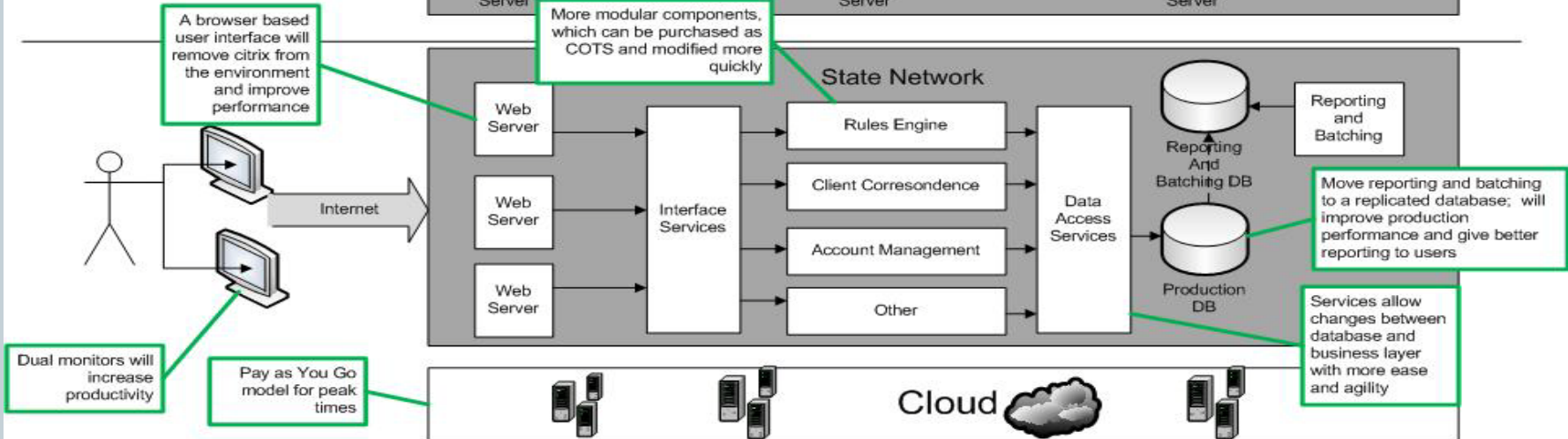
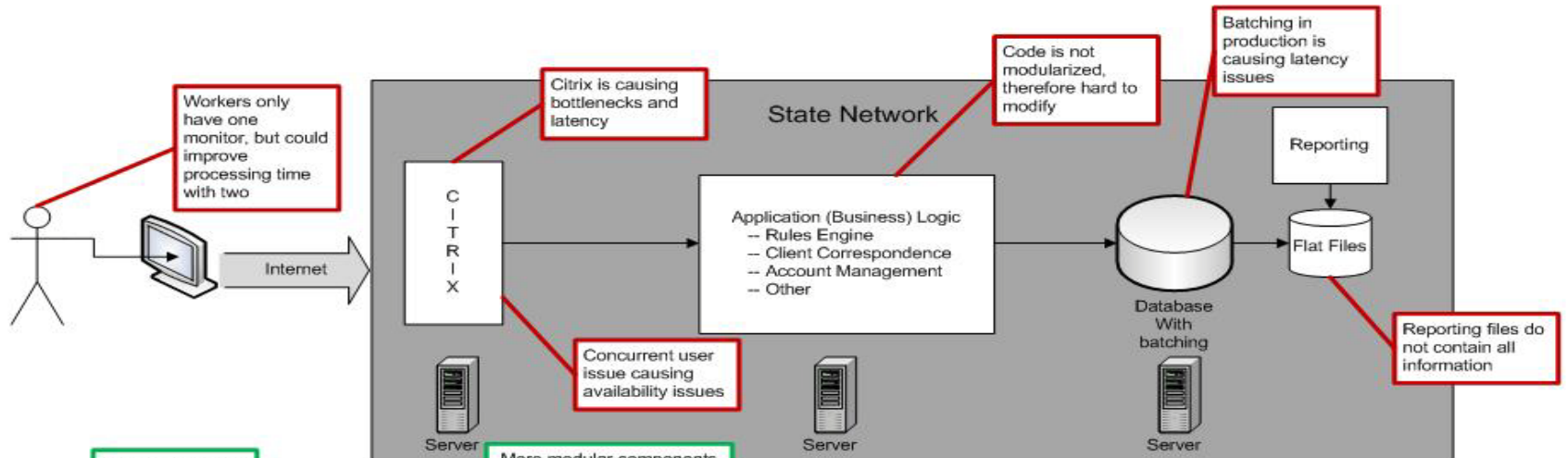
- **IT Modernization**
  - Using technology for efficiency and effectiveness, ease of use, and timely delivery of services and benefits
- **Leverage Federal Funds/Align with Exchange**
- **Improve the End User Experience**
  - Making the system better for County staff and Coloradoans

# IT Modernization



- Need to update the outdated system
- Relieve the bottleneck with the number of concurrent users
- Stabilize, upgrade, and increase the reliability of the system
- Achieve a sustainable system with greater integration and speed
- Collect measurable data that will allow us to measure the impact, and make improvements as needed

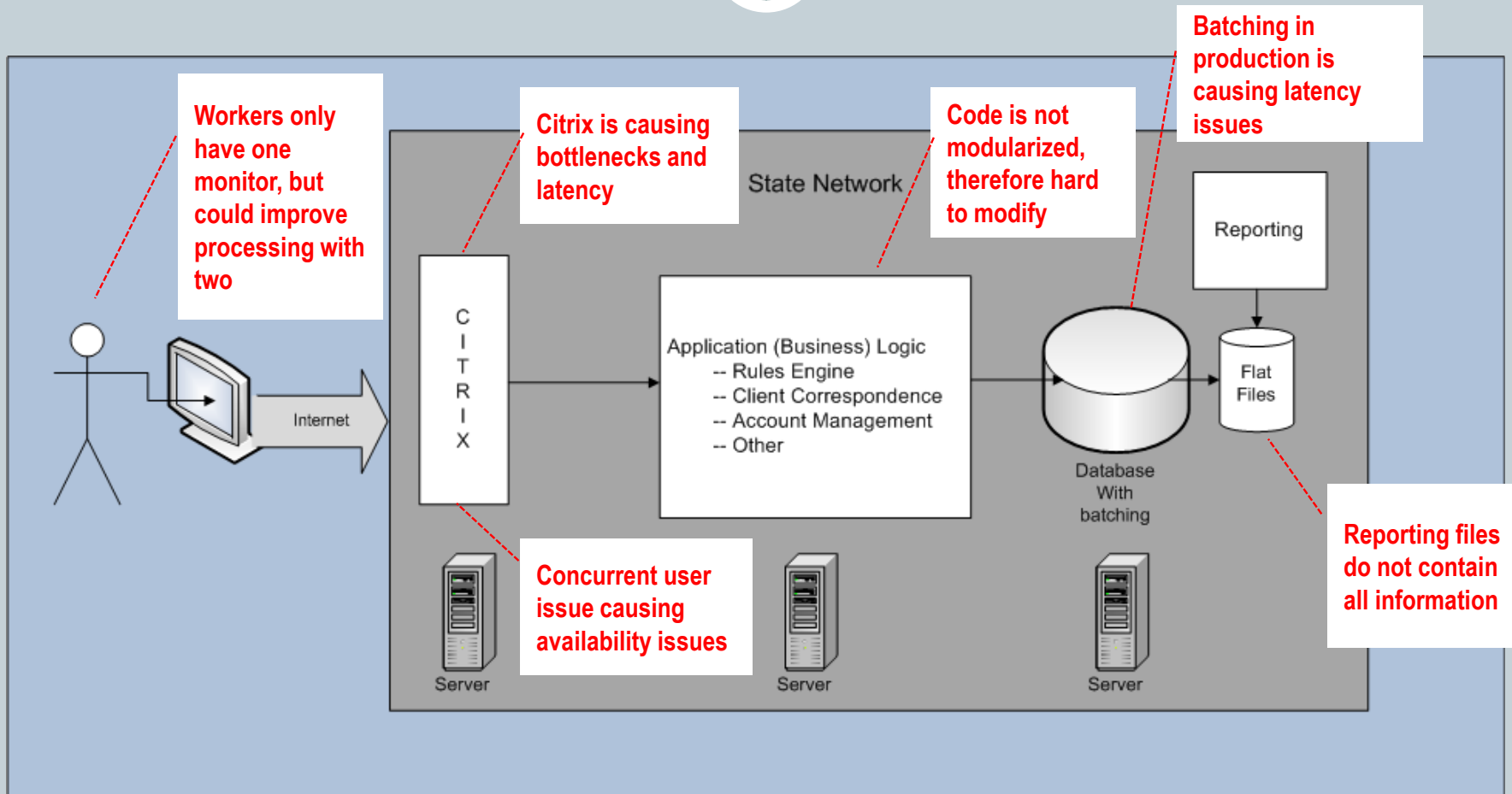
# IT Modernization



Best Practices

Single Sign On, Master Data Management (LINK)

# IT Modernization – CBMS Today



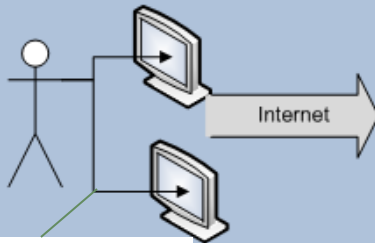


# IT Modernization – New System



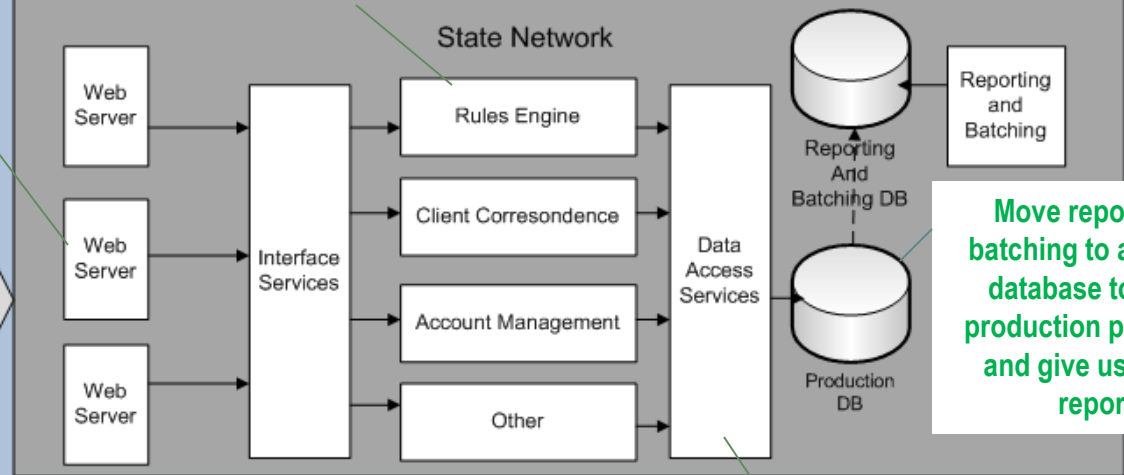
Modular components can be purchased “off the shelf” and modified more quickly

A browser based user interface will remove Citrix from the environment and improve performance



Dual monitors will increase productivity

“Pay as You Go” model for peak times



Move reporting and batching to a replicated database to improve production performance and give users better reporting



Cloud

Services allow changes between database and business layer with more ease and agility

Best Practices

Single Sign On, Master Data Management (LINK)

# Leverage Federal Funds/Align with Exchange



- Colorado has a unique opportunity to leverage substantial federal dollars to help fund this work
- General fund dollars are available as a result of the positive economic forecast in December
- Supplemental request does not propose reducing county administration
- Pre-Advanced Planning Document Approved by federal government
- Technology Staffs from Exchange and OIT coordinating

# Improve the End User Experience



- The new system recognizes both clients and county workers depend on this system working better
- Client Correspondence is addressed
- Changes in batching improves system availability
- Modularity makes improvements easier to make
- Improved Reporting Capability
- On-line access/PEAK will function as it was intended

# Next Steps



- Making information available on the web
- Continuing the conversation with the community
- Supporting counties as we make the transition together
- CCI Support Letter to Governor and CCI Legislative Report
- Deliver a system that meets the needs of Coloradoans – today and in the future

# Questions?



Please email questions to  
[cdhs.communications@state.co.us](mailto:cdhs.communications@state.co.us)