STATE OF COLORADO
INTERAGENCY AGREEMENT
AMENDMENT
SHORT FORM

Paying State Agency Department of Health Care Policy and Financing (HCPF)	**Agreement Numbers** C22-168594A2
Performing State Agency Department of Public Health and Environment	**Agreement Performance Beginning Date** April 1, 2022
Agreement Maximum Amount The maximum amount payable under this agreement to CDPHE by HCPF shall be determined by the Long Bill, Special Bill(s), and Supplemental Appropriation(s) as determined by HCPF from available funds.	**Agreement Expiration Date** June 30, 2023 **Terms** Payment is due 30 days upon receipt of a valid invoice. Disputes are governed by Fiscal Rule 3-5, Section 4.2. Agencies shall report any outstanding balance on Exhibit AR_AP at Fiscal Year-end.

Agreement Purpose and Obligations of the Parties
Interagency Agreement that allows for DPHE to administer various health programs, health systems and health care services.

Modifications
Exhibit A-1 is hereby deleted in its entirety and replaced with Exhibit A-2, attached below.

Exhibits and Attachments
The following Exhibit(s) and/or Attachment(s) are included with this Agreement:
1. Exhibit A-2 – Statement of Work.

Principal Representatives

For the Paying State Agency:	For the Performing State Agency:
Amy Scangarella Amy.scangarella@state.co.us	Angel Mendoza Angel.mendoza@state.co.us

EXHIBIT A-2, STATEMENT OF WORK

DEFINITIONS

1.1. Adult Day Services – means health and social services furnished in an Adult Day Services Center to ensure the optimal functioning of Home and Community Based Services (HCBS) clients.

1.2. Alternative Care Facility (ACF) – means a residential facility licensed by DPHE as an assisted living residence where Homemaker, Personal Care, protective oversight, social, and recreational services are provided to clients served under the HCBS waivers.

1.3. Brain Injury Supported Living Program (SLP) – means a specialized residential program designed for Home and Community Based Services Brain Injury (HCBS-BI) clients who have maximized their rehabilitative potential and who require 24-hour supervision, structure, and supportive services in a community-based facility.

1.4. Certification – means documented acknowledgment that the provider has met standards established by the applicable legal authority, enabling the provider to be reimbursed for providing covered services either as initial, continuing or provisional.

1.5. CMS – means the federal Centers for Medicare and Medicaid Services.

1.6. Community Transition Services (CTS) – means activities essential to move a client from a skilled nursing or intermediate care for individuals with intellectual and developmental disabilities facility and establish a community-based residence.

1.7. Critical Incident Reporting System (CIRS) – means the web-based critical incident reporting system.

1.8. Day Treatment – means rehabilitative therapeutic services furnished to persons with brain injury in a Day Treatment center, encompassing physical, occupational, speech, and cognitive therapies.

1.9. Deficiency – means a finding that a provider is out of compliance with an applicable state or federal regulation.

1.10. Early Periodic Screening, Diagnostic and Treatment (EPSDT) — means a program that provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents until their 21st birthday, as specified in Section 1905(r) of the Social Security Act (the Act). The EPSDT requirements are defined by 42 C.F.R. § 441.50 to 441.162, 42 C.F.R. § 440.345, 42 U.S.C. 1902(a)(43) and 1905(a)(4)(B), and Medicaid Part V state manual.

1.11. Electronic Visit Verification (EVV) – means an electronic system that verifies when service provision occurs by documenting six points of data; type of service performed, individual reviewing the service, date of service, location of service delivery, individual providing the service, and time the service begins and ends. EVV is referenced in subsection 5.2.

1.12. Home and Community Based Services (HCBS) – means a state and federally approved community-based service provided to individuals eligible for Medicaid long-term services and supports promulgated under a 1915(c) HCBS Waiver. For purposes of this agreement where HCBS is used, the term HCBS incorporates all services approved by the CMS and provider types certified by Medicaid under this agreement except for Alternative Care Facilities.

1.12.1. 1915(c) Waivers are optional programs available to states to allow provision of long-term care services in a home and community-based setting under the Medicaid program. Colorado offers a variety of HCBS waivers and services to support person centered community living.

1.13. Home Health Agency (HHA) – means a free standing or hospital-based agency that provides intermittent Home Health Services in the client's place of residence. Home Health Services include skilled nursing, home health aide services, and occupational, physical, and speech therapies.

1.14. Homemaker Services – means general household activities provided in the home in accordance with 10 C.C.R. 2505-10, Section 8.490.

1.15. Hospice – means a centrally administered program of palliative, supportive, and interdisciplinary team services providing physical, psychological, spiritual, and sociological care to terminally ill clients and their families.

1.16. Hospital Backup Level of Care Program – means a program in a nursing facility for medically stable clients who were in the hospital while seeking approval for the program and who meet the specific criteria in one of the following categories: ventilator-dependent, complex wound care or medically complex.

1.17. In Home Support Services (IHSS) – means services approved under a 1915(c) HCBS waiver that include the utilization of a trained attendant for health maintenance activities, personal care and or homemaker services to assist with the activities of daily living.

1.18. Immediate Jeopardy (IJ) – means a situation in which the provider's non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment or death to a resident or client.

1.19. Licensure – means documented evidence that the provider has been licensed by DPHE pursuant to 6 C.C.R. 1011-1.

1.20. Live-in Caregiver – a caregiver who permanently or for an extended period of time resides in the same residence as the Medicaid member receiving services. Live-in caregiver status is determined by meeting requirements established by either the U.S. Department of Labor, the Internal Revenue Service, or Department-approved extenuating circumstances. Verification of live-in caregiver status must be validated by the provider through the HCPF Live-in Caregiver Attestation Form. Documentation of Live-in Caregiver status must be collected and maintained by the Provider. Live-in caregiver is referenced in subsection 5.2.

1.21. Medicaid Funded Program – means a medical assistance program funded in part by state and federal monies pursuant to the provision of state and federal law.

1.22. Monitoring – means a survey process that may involve direct contact with clients, family, and/or other responsible individuals, interviewing clients, and reviewing records to verify that clients are receiving services in accordance with state and federal laws.

1.23. Occurrence – means an event resulting in unexplained deaths, missing persons, diverted drugs, abuse, or any of the other outcomes specified in Section 25-1-124(2), C.R.S.

1.24. Personal Care – means assistance with eating, bathing, dressing, personal hygiene, mobility, and other activities of daily living when skilled care is not required.

1.25. Pre-Admission Screening and Resident Review (PASRR) – means a pre-screening or review of all individuals who apply to or reside in a Medicaid certified nursing facility regardless of the source of payment for nursing facility services or the individual's diagnosis.

1.26. Private Duty Nursing (PDN) – means face-to-face skilled nursing services provided by Home Health Agency staff that is more individualized and continuous than nursing services available under the Home Health benefit or routinely provided in a hospital or nursing facility.

1.27. Risk-Based Survey Schedule – means a schedule by which a Survey is conducted according to the provider's history of previous surveys and complaints that allows for more frequent surveys of providers with Deficiencies and less frequent surveys for providers without Deficiencies or with minimal deficient practices.

1.28. Survey – means a review conducted to verify that a provider is in compliance with applicable legal authority, including statutes and regulations.

1.29. Transitional Living – means a residential program that prepares HCBS-Brain Injury (BI) clients to live independently by providing training, therapy, and 24-hour supervision over a six to twelve-month period.

1.30. Transition Services – means services that are only available to individuals transitioning from an institution into the community. Transition Services are available to those on the Community Mental Health Supports, Brain Injury, Elderly, Blind, and Disabled (EBD), Developmental Disabilities (DD), Supported Living Services (SLS) and Spinal Cord Injury (SCI) waivers, and include the four services: Peer Mentorship, Home Delivered Meals, Transition Setup and Transition Independent Living Skills Training.

2. PUBLIC HEALTH PROGRAMS COVERED IN THIS INTERAGENCY AGREEMENT

2.1. Center for Health and Environmental Data Programs

2.1.1. Pregnancy Risk Assessment Monitoring System (PRAMS).

2.1.2. Colorado Central Cancer Registry (CCCR).

2.1.3. Maternal and Child Health Programs

2.1.3.1. Maternal Health Outcomes Data Initiative.

2.1.4. Colorado Responds to Children with Special Needs (CRCSN).

2.1.5. Death Outcomes Data Initiative (DODI).

2.2. Disease Control and Environmental Epidemiology Programs

2.2.1. Immunization Programs

2.2.1.1. Colorado Immunization Branch (CIB).

2.2.1.2. Colorado Immunization Information System (CIIS).

2.2.1.3. Vaccines for Children (VFC).

2.3. Sexually Transmitted Infections HIV/Viral Hepatitis (STI/HIV/VH)

2.3.1. Tuberculosis.

2.3.2. Refugee Health Surveillance Program.

2.3.3. Environmental Epidemiology, Occupational Health and Toxicology (EEOHT).

2.4. Prevention Services Programs

2.4.1. Breast and Cervical Cancer Program (BCCP).

2.4.2. Children and Youth Programs.

2.4.2.1. Colorado Home Interventions Program (CHIP).

2.4.2.2. Early Periodic Screening Diagnostic and Treatment (EPSDT).

2.4.2.3. Children's Health Survey (CHS).

2.4.2.4. Women, Infants and Children (WIC).

2.4.3. Oral Health Unit (OHU).

2.4.4. Primary Care Office Program (PCO).

2.4.5. Tobacco and Chronic Disease.

2.5. Health Facilities and Emergency Medical Services: Survey and Certification.

3. GENERAL RESPONSIBILITIES

3.1. HCPF as the state Medicaid administration agency, and DPHE as the state Public Health programs and Survey and Certification agency, agree to work collaboratively on the Medicaid funded health programs, services, health information systems, health facilities Survey and Certification, and any other provider certifications, licensing, or agency operations required.

3.2. DPHE and HCPF (agencies) agree to provide the necessary reports, data and information described within this agreement timely and in accordance with the frequency, scope and duration specified.

3.2.1. The agencies agree to communicate any delays, reason for delay and resolve the delay in reporting during the term of this agreement.

3.3. Program Integrity and Fraud Coordination

3.3.1. The agencies agree to work collaboratively in the prevention of provider and recipient fraud, waste, abuse and neglect. Each agency shall report to the other the suspicion of fraud, waste or abuse related to the program or state authority administered by that agency.

3.3.1.1. DPHE shall report suspected provider and recipient abuse or fraud to the HCPF Program Integrity section using the designated HCPF email address.

3.3.1.2. HCPF shall report suspected provider or recipient abuse, neglect or fraud to the DPHE Health Facilities and Emergency Medical Services (HFEMS) complaint unit.

3.3.2. The parties agree that prior to any potential DPHE action against a Medicaid provider for violation of DPHE rules promulgated by the state Board of Health requiring notice, registration or licensing of a provider for operating outside of its area of business, DPHE shall provide advance notice of such potential action to HCPF's Program Integrity section. At HCPF's discretion and prior to DPHE directing a notice of action to the provider, HCPF may conduct a preliminary investigation of whether the circumstances justify a determination that there is a credible allegation of fraud under HCPF's rules. DPHE may proceed to take the action it deems to be required under federal and state law one week after notifying HCPF of its potential action, or sooner if emergency circumstances so warrant.

3.4. HIPAA

3.4.1. DPHE is not a business associate (BA) of HCPF for purposes of the following: BCCP, Children and Youth Programs, VFC, CIIS, human immunodeficiency virus (HIV), Immunization Programs, Oral Health, primary care office (PCO), PRAMS, CCCR, and Maternal and Child Health Programs as described in this statement of work. HCPF is providing data under these programs pursuant to section 25-1-122, C.R.S. and section 6 C.C.R. 1009-7.

3.4.2. DPHE is not a BA for purpose of provider and health facilities survey and certification. DPHE is providing provider/facility survey data pursuant to federal CMS – State Operation Manual requirements and CMS approved 1915(c): Qualified Provider requirements.

3.5. Emergency Preparedness

3.5.1. DPHE and HCPF agree to collaborate to ensure that Medicaid and Medicare clients receive services in the event of an emergency or disaster. DPHE and HCPF will work together to guarantee that clients continue to receive necessary and appropriate care during and following emergencies.

3.5.1.1. DPHE, as the survey agency contracted by CMS, shall be the lead on emergency action and is responsible for health and safety oversight in the facilities surveyed. To improve outcomes for clients and facilities in emergencies, DPHE will report to HCPF on a frequency agreed upon by both agencies at the time of the emergency. These reports will include client locations and general status. DPHE and HCPF will collaborate on an ongoing manner for planning purposes.

3.5.1.2. HCPF will notify DPHE of known Medicaid clients to help with tracking in the event of an emergency. HCPF will work with DPHE to provide a seamless transition for Medicaid clients.

3.6. Data Sharing

3.6.1. The Parties may share all data necessary for either Party to perform its obligations under this contract or to undertake the programs performed by each respective Party, regardless of whether that specific data sharing is described in this Agreement or not.

3.6.2. This data sharing may include, but is not limited to, the following specific data sharing:

3.6.2.1. DPHE providing institution-specific and aggregate data to HCPF pertaining to Child and Adult Care Food Program (CACFP) claims and payment information for adult day care institutions, as well as providing institution application, budget, management plan, and compliance monitoring information as needed.

3.7. Compliance

3.7.1. As the State Medicaid Agency, HCPF is required to evaluate and monitor DPHE's compliance with statutes, regulations, and the terms of this Agreement and to take prompt action when items of noncompliance are identified.

3.7.2. In the event that HCPF determines work is not completed in accordance with the requirements of this Agreement, HCPF may pursue remedies outlined below.

3.7.2.1. Remediation Plan

3.7.2.1.1. Within ten (10) Business Days of HCPF's notification to DPHE of noncompliance, DPHE shall deliver a remediation plan to HCPF. The Remediation Plan shall include:

3.7.2.1.1.1. A description of the noncompliance.

3.7.2.1.1.2. The actions DPHE will take to correct the noncompliance.

3.7.2.1.1.3. The completion date, by which DPHE will be back in compliance.

3.7.2.1.2. The Remediation Plan shall not be longer than ninety (90) days unless approved by HCPF.

3.7.2.2. Dispute Resolution

3.7.2.2.1. In the event the Remediation Plan does not resolve the noncompliance, HCPF and DPHE executive leadership may meet to attempt to resolve the item(s) of noncompliance.

3.7.2.2.2. In the event HCPF and DPHE executive leadership are unable to resolve the item(s) of noncompliance, the matter may be submitted to the State Controller whose decision shall be final.

3.7.2.3. Withhold Payment

3.7.2.3.1. As allowable, HCPF may withhold payment to DPHE until DPHE is back in compliance with the requirements of this Agreement.

3.7.2.4. Deny Payment

3.7.2.4.1. As allowable, HCPF may deny payment for work not performed under this Agreement.

4. PROGRAM ADMINISTRATION OF VARIOUS HEALTH PROGRAMS, HEALTH SYSTEMS AND HEALTH CARE SERVICES

4.1. CENTER FOR HEALTH AND ENVIRONMENTAL DATA

4.1.1. Pregnancy Risk Assessment Monitoring System (PRAMS)

4.1.1.1. The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing population-based survey of new mothers designed to monitor maternal experiences and behaviors before, during and after pregnancy.

4.1.1.2. PRAMS: DPHE responsibilities:

4.1.1.2.1. DPHE shall ensure that, each month, approximately 150 Colorado residents who have given birth in the previous two to four (2-4) months in Colorado are randomly selected from registered birth certificates to participate in PRAMS surveys.

4.1.1.2.2. DPHE shall ensure the survey be given in English and Spanish.

4.1.1.2.3. DPHE shall ensure survey responses be kept confidential.

4.1.1.2.3.1. Survey answers and personal information shall be kept confidential and answers to the questionnaire are grouped together.

4.1.1.2.4. DPHE shall ensure a minimum of eighty (80) survey items of topics that include:

4.1.1.2.4.1. Unintended pregnancy.

4.1.1.2.4.2. contraceptive use.

4.1.1.2.4.3. prenatal care.

4.1.1.2.4.4. breastfeeding.

4.1.1.2.4.5. tobacco use (smoking).

4.1.1.2.4.6. drinking.

4.1.1.2.4.7. domestic violence.

4.1.1.2.4.8. maternal and infant health.

4.1.1.2.5. DPHE shall take steps to maintain a 60% response rate on all surveys.

4.1.1.2.6. DPHE shall provide HCPF with a comparison of weighted Colorado PRAMS survey responses.

4.1.1.2.7. Comparison of weighted Colorado PRAMS survey responses shall be reported in aggregate by:

4.1.1.2.7.1. Individual questions.

4.1.1.2.7.2. All respondents.

4.1.1.2.7.3. Medicaid covered respondents

4.1.1.2.7.4. Non-Medicaid covered respondents.

4.1.1.2.8. Comparison PRAMS survey responses are due to HCPF within ninety (90) calendar days of the receipt of weighted data from the federal Centers for Disease Control (CDC).

4.1.1.3. PRAMS: HCPF Responsibilities

4.1.1.3.1. HCPF shall provide DPHE with data necessary to maintain a 60% survey response rate by providing a monthly record level match of selected mothers to obtain updated contact information such as address and phone numbers.

4.1.1.3.1.1. Record level match due to DPHE from HCPF by the last business of each month.

4.1.2. Colorado Central Cancer Registry

4.1.2.1. In accordance with Section 25-1.5-101(1)(q)(i), C.R.S., DPHE maintains a statewide cancer registry that provides for compilation and analysis of appropriate information regarding incidence, diagnosis, treatment through end results, and other data designed to provide more effective cancer control for the citizens of Colorado. The Central Cancer Registry includes Medicaid claims data to help the state identify cancer cases in Colorado for residents that have not been previously reported by another source and obtain treatment information on cases that have been previously reported.

4.1.2.2. Central Cancer Registry Data

4.1.2.2.1. HCPF shall provide reports to DPHE each designated state fiscal quarter, claims data for the Colorado Central Cancer Registry.

4.1.2.2.1.1. Data shall, at minimum, include:

4.1.2.2.1.2. Client name.

4.1.2.2.1.3. date of birth.

4.1.2.2.1.4. social security number.

4.1.2.2.1.5. gender.

4.1.2.2.1.6. race/ethnicity.

4.1.2.2.1.7. diagnosis.

4.1.2.2.1.8. procedure code(s).

4.1.2.2.1.9. date of service.

4.1.2.2.1.10. and all other data that DPHE may need to comply with statute.

4.1.3. Maternal Health Outcomes Data Initiative (MHODI)

4.1.3.1. The Maternal Health Outcomes Data Initiative is a collaboration between HCPF and DPHE to maximize the effective use of claims data and birth certificate data from both state agencies to measure and track maternal health outcomes.

4.1.3.2. HCPF shall by the 15th Business Day of the last month of each designated state fiscal quarter, submit to DPHE a list of public health insurance clients for whom a delivery claim has been received within a defined period of time. This list is referred to as the MHODI list. Client (mother) identifiers shall include Medicaid ID, full name, date of birth, social security number, and delivery facility billing provider name (and/or doing-business-as name, if applicable).

4.1.3.3. DPHE shall, within 30 days of receipt of this MHODI, match mothers with infants using the identifiers in 4.1.4.1.2. DPHE shall add to the MHODI list birth certificate data related to infants and mothers, including infant identifiers such as Medicaid ID (when present), full name, date of birth and social security number.

4.1.3.4. HCPF shall provide DPHE with a list of beneficiaries enrolled in the Prenatal Plus Program during the past year by April 15th. Client (mother) identifiers shall include Medicaid ID, full name, date of birth, and social security number, Prenatal Plus provider site, and Prenatal Plus package type.

4.1.3.5. DPHE shall, upon receipt of this Prenatal Plus list, submit to HCPF by July 1st a report of the demographic characteristics and birth outcomes in aggregate for the Prenatal Plus clients. Demographic characteristics and birth outcomes in aggregate for all births, all Medicaid births, and births to mothers on Medicaid but not on Prenatal Plus shall be included in the report for comparison purposes.

4.1.3.6. HCPF shall provide DPHE with depression screening and treatment data for pregnant and postpartum women to include total number of screenings, detail of screenings by provider and month, screenings completed during a well child check, and number of encounters at a behavioral health organization on a quarterly basis.

4.1.3.7. The Maternal Mortality Review Committee is a group of healthcare providers and public health professionals that reviews causes of maternal deaths in Colorado. The group includes people from obstetrics/gynecology, maternal-fetal medicine, midwifery, nursing, anesthesiology, forensic pathology, psychology, psychiatry, mental and behavioral healthcare, substance misuse, and public health. The Maternal Mortality Prevention Program collects and reviews health records from each death and creates a case summary without any identifying information. These summaries are reviewed by the committee in order to: Determine the annual number of maternal deaths in Colorado; determine whether the death was related to the pregnancy; discuss whether the death could have been prevented and if so, how it could have been prevented; identify trends and factors that might contribute to maternal deaths; and develop and put into practice strategies that reduce and stop future deaths.

4.1.3.8. Per C.R.S. Section 25-1-122, the Maternal Mortality Review Committee may obtain reports and records necessary for epidemiological investigation. The Maternal Mortality Prevention Program at DPHE requests data for the purpose of obtaining records relevant to the investigation of maternal deaths in Colorado.

4.1.3.9. Currently, DPHE conducts quarterly linkages of Medicaid client records to vital records for the purpose of quality assurance and Medicaid operations. This includes linkages to Colorado death certificates. Upon completion of each linkage, information about deaths identified among Medicaid clients meeting the case criteria for "pregnancy-associated death" will be shared with the Maternal Mortality Prevention Program, including client ID, death certificate numbers, name, date of birth, fact, date and cause of death.

4.1.3.10. HCPF shall then provide to the DPHE data concerning providers that delivered care to these identified decedents. Data shall include procedure codes, diagnosis codes, dates of service, claim types, provider full name, practice address, telephone number, National Provider Identifier (NPI) number, Medicaid provider number, taxonomy and county of all providers that submitted claims for the client during the prenatal (two years prior to birth, ending of the pregnancy, or maternal mortality) and postpartum periods if applicable (one year postpartum) Colorado Responds to Children with Special Needs (CRCSN).

4.1.4. Colorado Responds to Children with Special Needs (CRCSN)

4.1.4.1. Colorado Responds to Children with Special Needs (CRCSN) is the state birth defects registry consisting of a group of public health reporting programs, conducting surveillance, data collection and intervention. These programs include Autism, Muscular Dystrophy, Fetal Alcohol Syndrome, and other congenital anomalies defined by DPHE. HCPF provides data necessary to help DPHE assess prevalence of children in the CRCSN health reporting groups.

4.1.4.2. HCPF shall provide annually, CRCSN data to DPHE in June of each year.

4.1.4.2.1. HCPF's CRCSN data report shall include the following client and client claim level elements:

4.1.4.2.1.1. Client's Medicaid ID, Client's full name, Client's birth date, Client's address (address lines 1 and 2, city, state, zip code), Client's phone number(s), Client's gender, Client's diagnosis codes, Provider contract information.

4.1.4.2.1.2. The quarterly claim data shall be limited to clients within the following age limits: Fetal alcohol syndrome up to age ten (10), Autism up to age ten (10)m Muscular dystrophy (no age limit), all other diagnosis codes up to the age of three (3).

4.1.5. Death Outcomes Data Initiative (DODI)

4.1.5.1. The Death Outcomes Data Initiative is a collaboration between HCPF and DPHE to maximize the effective use of claims data and death certificate data from both state agencies to identify and explore mortality outcomes among Medicaid clients, as well as to identify and provide HCPF deaths among its active Medicaid client database in its administration of the Medicaid program.

4.1.5.2. HCPF shall by the 15th Business Day of each month, submit to DPHE a list of public health insurance clients not known to be deceased, known to be deceased but whose date and cause of death are unknown to HCPF, or whose vital status is uncertain. This list is referred to as the DODI list. Client identifiers shall include client's Medicaid ID, full name, date of birth and social security number.

4.1.5.3. DPHE shall, within 21 days of receipt of this DODI list, match clients using the identifiers in (the preceding paragraph). DPHE shall add to the DODI list death certificate data related to clients found to be deceased, including date of death, manner of death, underlying contributing causes of death, location where death occurred and available demographic and geographic variable concerning location of residence.

4.2. DISEASE CONTROL AND ENVIRONMENTAL EPIDEMIOLOGY

4.2.1. Immunization

4.2.1.1. For all Medicaid funded immunization programs covered under this agreement, DPHE shall ensure that any associated providers are compliant with all state and federal laws, regulation or policies set forth by both DPHE and HCPF.

4.2.1.1.1. VFC program is a federally funded and state-operated vaccine supply program for eligible children through age 18.

4.2.1.1.2. Vaccines for Children: DPHE Responsibilities

4.2.1.1.2.1. DPHE will coordinate with HCPF on the development of informational materials affecting Medicaid populations.

4.2.1.1.2.2. DPHE shall maintain and annually update protocols, guidelines, procedures and forms for use in the VFC program.

4.2.1.1.2.3. DPHE shall notify HCPF immediately upon notification by the Centers for Disease Control and Prevention (CDC) of any known or suspected VFC vaccine shortages or lack of timely VFC shipments which may fiscally impact HCPF or place HCPF at risk of reimbursing for privately purchased vaccine.

4.2.1.1.2.3.1. Vaccines for Children: HCPF Responsibilities

4.2.1.1.2.4. HCPF shall provide DPHE with the program data necessary to comply with all federal and state reporting requirements necessary to administer the program.

4.2.1.1.2.5. HCPF shall provide DPHE a quarterly list of Medicaid enrolled providers by the fifteenth (15) Business Day of the last month in each state designated fiscal quarter.

4.2.1.1.2.5.1. Provider data shall include provider name, clinic/facility name, location address, telephone and fax number.

4.2.1.1.2.5.1.1. HCPF shall provide three files (Patients, Services and Providers) to DPHE as requested not more than twice annually). These files are nearly identical to the files shared with DPHE on a weekly basis in sections "4.2.1.1.3.1.", 4.2.1.1.3.2.2." and the VFC provider list in "4.2.1.1.3.2.1." with only two additional variables in the patients file, and 14 additional variables in the provider file to assist with matching HCPF and CIIS providers (these are not PII). These files will have expanded inclusion criteria to include immunization claims occurring over a 12-month period and will include additional patients who are pregnant and in need of prenatal immunizations.

4.2.1.1.2.6. By April 1st of each calendar year, HCPF shall provide DPHE with a table showing all Colorado Medicaid children having at least one day of eligibility for the previous calendar year.

4.2.1.1.2.6.1. In accordance with VFC federal guidelines, annual data is sent to CDC to estimate Colorado's VFC eligible population.

4.2.1.1.2.6.2. Excluding Native Americans, the Children's Medicaid data will include all children aged 0 to 18.

4.2.1.2. Colorado Immunization Information System (CIIS)

4.2.1.2.1. CIIS is the state's immunization registry managed at DPHE. It is a confidential, population-based computer system that collects and distributes consolidated immunization information for Coloradoans of all ages in accordance with the Colorado Immunization Registry Act, codified at Section 25-4-2403, C.R.S.

4.2.1.2.1.1. DPHE shall work in collaboration with HCPF and/or HCPF's vendor to provide data to calculate immunization rates for annual reporting and on an ad hoc basis.

4.2.1.2.1.2. DPHE shall provide data in a manner consistent with HCPF's measure protocol such as the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) protocol for state immunization registries.

4.2.1.2.1.2.1. HCPF or its fiscal agent shall provide CIIS a dataset of all eligible clients enrolled in Medicaid as of the date the data are extracted from the Medicaid Management Information System (MMIS) by Wednesday of each week, per CIIS's latest flat file specifications document.

4.2.1.2.1.2.2. HCPF shall provide CIIS a dataset of immunization-related claims for all Medicaid and Child Health Plan Plus (CHP+) at the date of service, by Wednesday of each week.

4.2.1.2.1.2.2.1. Dataset shall include claims paid during the prior week and shall be limited to claims with procedure codes identified by CIIS per CIIS's latest flat file specifications document.

4.2.1.2.1.2.3. HCPF and CIIS program staff shall meet quarterly to analyze data and rectify discrepancies.

4.2.1.2.1.2.4. HCPF and DPHE shall share relevant data with the Regional Accountable Entities to improve immunization rates and VFC providers participation. HCPF and DPHE shall collaborate to set HEDIS, Child CORE and AMP payments and measure models.

4.2.1.2.1.2.5. HCPF and DPHE staff will work together to meet the CDPHE SMART goals. 4.2.1.2.1.2.6. HCPF shall educate Medicaid providers to inform Medicaid clients of their right to opt-out of providing information to CIIS.

4.2.1.2.1.2.5.1. DPHE shall work in collaboration with HCPF and/or HCPF's vendor to provide client-level, date and code-specific immunization data on a monthly basis for Medicaid clients with eligibility during the previous month.

4.2.1.2.1.2.6. DPHE shall work in collaboration with HCPF and/or HCPF's vendor to provide client-level, date and, to the extent available, code-specific immunization opt- out data on a monthly basis for Medicaid clients with eligibility during the previous month.

4.2.1.2.1.2.7. DPHE shall work in collaboration with HCPF and/or HCPF's vendor to provide client-level, date and, to the extent available, code-specific immunization opt- out data on a monthly basis for Medicaid clients with eligibility during the previous month.

4.2.1.2.1.2.8. DPHE shall work in collaboration with HCPF and/or HCPF's vendor to provide a one-time data pull of immunization and immunization opt-out data for Medicaid clients eligible at any time between January 1, 2018 and when the first monthly data exchange is prepared for go-live.

4.2.1.2.1.2.9. HCPF shall capture and maintain the one-time data pull and the subsequent monthly immunization and immunization opt-out data in the Business Intelligence Data Management (BIDM) system.

4.2.1.3. Colorado immunization program-reimbursement for immunization services

4.2.1.3.1. This program was designed to evaluate and implement a Medicaid reimbursement for immunization services received at Local Public Health Agencies (LPHAs) in Colorado providing immunization services to all residents who come into their clinics.

4.2.1.3.1.1. DPHE shall collaborate with HCPF to address the federal subsidy for the Medicaid administration fee reimbursement as set forth in the affordable care act. Together, HCPF and DPHE will pursue any necessary policy and statute changes to include LPHAs in this subsidized increase.

4.2.2. Sexually Transmitted Infections (STI)/HIV/Viral Hepatitis Branch Background

4.3 The DPHE Viral Hepatitis Program, in accordance with Sections 25-1.5-105 and 25-1-122, C.R.S., maintains a system for detecting and monitoring communicable and chronic diseases. The statutes enable DPHE to review, inspect, and obtain information from patient records that are pertinent, relevant, or necessary to a public health investigation. Patient consent is not required. The viral hepatitis program compiles and analyzes data related to hepatitis B and C for

the purposes of describing incidence, level of care, care outcomes, and other data designed to provide for more effective disease control for the citizens of Colorado. The Viral Hepatitis Program includes Medicaid claims data to help the state identify hepatitis B and hepatitis C cases in Colorado for residents that have not been previously reported by another source and obtain treatment information on cases that have been previously reported.

4.4 The Integrated STI/HIV/VH Care and Prevention Program, as described in Section 25-4- 1411, C.R.S. exists to assure access to medical and preventative care for low income Coloradans living with STI/HIV/VH. DPHE uses Medicaid data in accordance with Section 25-4-1402, C.R.S. for the prevention, treatment, control and investigation of HIV infection under Section 25-4- 1404 (b), C.R.S. This includes case management for Medicaid-eligible clients to ensure timely enrollment in Medicaid, ongoing engagement in medical care (including adherence to prescribed medications) and transition to an alternative plan if Medicaid eligibility terminates.

4.5 In accordance with Section 25-4-401, C.R.S., the reporting of sexually transmitted infections to DPHE is essential to enable a better understanding of the scope of exposure and the impact of the exposure on the community and to optimize means of sexually transmitted infection control. The use of Medicaid data provides insight into the screening and treatment practices for STIs (Chlamydia (CT), Gonorrhea (GC) and all stages of Syphilis, including instances of congenital syphilis) among Medicaid eligible clients. This unique data set will help DPHE estimate population level screening and treatment practices for STIs in Colorado to better design prevention initiatives to respond to increases in STIs and improve the health of Coloradans affected by STIs.

4.6 Medicaid STI/HIV/VH report

4.6.2. HCPF shall provide a monthly STI/HIV/VH data report to the DPHE staff designee. Agencies will agree on a list of NDC codes that comprise diagnosis, treatment, or prevention of STIs, HIV, or viral hepatitis for purposes of this report.

4.6.3. HCPF will provide the following client-level elements, as needed: Client SSN, first name, last name, Medicaid ID, eligibility begin date, eligibility end date, date of birth, client addresses (address line 1&2, city, state, zip code, residing county), gender, race, ethnicity.

4.6.4. HCPF will provide the following claims, provider, and billing elements: Client ID, claim type code and description, ICD code and description, procedure code and description, DRG code and description, dates of service, reimbursed units, drug therapeutic class code, drug name, drug NDC codes, charges, co-pays, provider name, provider ID, provider address, provider business names, prescriber information, pharmacy information, and all other data DPHE may need to comply with statute.

4.7 Tuberculosis

4.7.2. In accordance with Sections 25-1-122 and 25-4-501, C.R.S., DPHE maintains a system to track and document communicable disease including active tuberculosis (TB) disease. Latent (noninfectious) TB infection, however, is not a reportable condition, which severely limits DPHE efforts in designing and implementing TB elimination plans. Since most active TB disease in Colorado results from activation of latent infection, it is increasingly important for DPHE to be able to monitor latent TB screening, screening results, and treatment. The requested Medicaid claims data is essential for routine public health surveillance and to accurately track screening and treatment completion and the provision of subsequent follow up care.

4.7.2.1. HCPF will provide reports on an as-needed basis to DPHE, of claims data for all individuals tested for TB infection, regardless of testing results, filtered using corresponding ICD and DRG codes.

4.7.2.1.1. HCPF will provide data covering de-identified client level information, inpatient claims, outpatient claims, and pharmacy claims to the DPHE Tuberculosis Program:

4.7.2.1.1.1. Date of birth.

4.7.2.1.1.2. County of residence and/or first three digits of postal zip code.

4.7.2.1.1.3. Gender.

4.7.2.1.1.4. claim type code and description (signifies inpatient hospital, outpatient hospital, practitioner. etc.).

4.7.2.1.1.5. ICD code and description.

4.7.2.1.1.6. Procedure code and description.

4.7.2.1.1.7. DRG code and description.

4.7.2.1.1.8. dates of service for testing, prescription/treatment, and follow-up.

4.7.2.1.1.9. facility/provider name and location.

4.7.2.1.1.10. pharmacy name and location.

4.7.2.1.1.11. drug therapeutic class code (pharmacy claims only).

4.7.2.1.1.12. drug name (pharmacy claims only).

4.7.2.1.1.13. drug NDC code (pharmacy claims only).

4.7.2.2. Data will be analyzed for positive and negative tuberculin skin testing (TST) results; positive and negative interferon gamma release assay (IGRA) results including borderline, indeterminate, and unsatisfactory results; co-factors for TB risk including but not limited to HIV infection, diabetes mellitus (DM), and immunosuppressive disease or immunosuppressive treatment for comorbidities; and prescription of TB drugs/regimens for active disease as well as latent infection. Relevant pharmaceuticals include Isoniazid; Rifampin; Ethambutol; Pyrazinamide; Streptomycin; Capreomycin; Kanamycin; Amikacin; Ethionamide; Para-aminosalicylic acid (PAS); Cycloserine; Ciprofloxacin; Ofloxacin; Levofloxacin; and Clofazimine.

4.7.2.3. In addition, because DM is increasingly noted as a risk factor for transition of latent infection to active TB disease, HCPF will provide a separate report to DPHE on an as needed basis, of claims data for all individuals with a DM or pre-DM diagnosis, filtered using corresponding ICD and DRG codes.

4.7.2.3.1. HCPF will provide data covering de-identified client level information including date of birth and gender, inpatient claims, outpatient claims, and pharmacy claims to the DPHE Tuberculosis Program:

4.7.2.3.2. Number of DM/pre-DM clients

4.7.2.3.3. county of residence and/or first three digits of postal zip code.

4.7.2.3.4. Specific to monitoring the number of clients who received TB testing: Claim type code and description; ICD code and description; Procedure code and description; DRG code and description; Dates of service for testing, prescription / treatment, and follow-up; Facility/ provider name and location.

4.7.2.4. DPHE will provide both annual surveillance reports incorporating HCPF-supplied data and updates on progress toward TB elimination in Colorado.

4.7.2.5. Ad hoc data will be requested through HCPF's data request review board.

4.7.3. Environmental Epidemiology Program

4.7.3.1. In accordance with C.R.S. 25-5-1104 and 6 C.C.R. 1009-7, the reporting of environmental diseases to DPHE is essential to enable a better understanding of the scope and impact of environmental exposure. DPHE has the power and duty to promote, protect, and maintain the public's health by preventing, delaying, or detecting the onset of environmental exposures and associated diseases dangerous to public health, and to investigate and determine the epidemiology of those diseases, syndromes or conditions that contribute to preventable or premature sickness, death and disability. The following data related to Medicaid/CHP+ on a semi-annual basis, utilizing a table shell structure provided by DPHE.

4.7.3.1.1. HCPF will provide DPHE with a list of all children under the age of 6 eligible for Medicaid or CHP+ for at least 1 day during the calendar year.

4.7.3.1.2. The data will include a field counting the total number of consecutive months a client is listed as eligible, client's Medicaid or CHP+ ID, first name, middle name, last name, date of birth, sex, race/ethnicity type, federal poverty line (FPL) percentage, full address and calendar year of eligibility determination.

4.7.3.1.3. The following data shall be provided on a quarterly basis, utilizing table shell structures provided by DPHE.

4.7.3.1.3.1. A list of all paid claims and any available laboratory results for blood lead screening tests.

4.7.3.1.3.2. The blood lead screening claims data will include the client's Medicaid or CHP+ ID, first date of service, billing provider Medicaid or CHP+ ID, service provider Medicaid or CHP+ ID, and age at first date of service.

4.7.3.1.3.3. A list of all billing and service providers associated with paid claims for well child visits.

4.7.3.1.3.4. Provider data will include the provider's Medicaid or CHP+ ID, National Provider Identifier (NPI), phone number, name and full address including city, state and 5-digit zip code.

4.7.3.2. The following data shall be provided on a quarterly basis, utilizing table shell structures provided by DPHE, filtered using corresponding ICD, DRG and/or NDC codes.

4.7.3.2.1. A list of paid claims or encounters for outpatient visits where the patient's reason for a visit is acute myocardial infarction, asthma, cardiac arrhythmias, chronic obstructive pulmonary disease (COPD), hypertension, hyperlipidemia, ischemic heart disease, venous thromboembolism, atrial fibrillation, ischemic stroke, transient ischemic attacks (TIA), carbon monoxide poisoning, heat stress, or cold related to injury.

4.7.3.2.2. A list of paid pharmacy claims for medications that treat asthma and high cholesterol.

4.7.3.2.3. The outpatient claims data will include client's Medicaid or CHP+ ID, age, sex, race/ethnicity, full address, date of service, indicator of whether visit was to the emergency department, indicator of whether visit was scheduled, and reason for visit diagnosis code.

4.7.3.2.4. The pharmacy claims data will include client's Medicaid or CHP+ ID, age, sex, race/ethnicity, full address, fill date, NDC code, NDC code description, days supply, quantity dispensed, refill indicator.

4.7.4. Refugee Health Surveillance Program

4.7.4.1. DPHE will provide HCPF with a listing of all refugees arriving in Colorado on an ad hoc basis. This list will include Alien Number and other matching information to facilitate refugee identification.

4.7.4.2. HCPF shall provide ad hoc reports to DPHE with claims data for all individuals known to be refugees. Refugees are currently marked with an eligibility type code of '016' on the header claim table or are identified as Alien number provided in the Medicaid application.

4.7.4.3. HCPF shall provide four separate files covering client level information, inpatient claims, outpatient claims, and pharmacy claims to the Refugee Health Surveillance Program.

4.7.4.4. HCPF will provide the following client-level elements:

4.7.4.4.1. client first name.

4.7.4.4.2. client last name.

4.7.4.4.3. medicaid TO

4.7.4.4.4. eligibility begin date.

4.7.4.4.5. eligibility end date.

4.7.4.4.6. date of birth.

4.7.4.4.7. client addresses (address line 1&2, city, state, zip code).

4.7.4.4.8. client gender.

4.7.4.5. HCPF will provide the following claims and billing elements:

4.7.4.5.1. client ID.

4.7.4.5.2. claim type code and description (signifies inpatient hospital, outpatient hospital, practitioner, etc.).

4.7.4.5.3. ICD code and description (for all but pharmacy claims).

4.7.4.5.4. procedure code and description (for professional level claims).

4.7.4.5.5. DRG code and description (for inpatient hospital claims).

4.7.4.5.6. first date of service.

4.7.4.5.7. last date of service.

4.7.4.5.8. reimbursed units (for professional level claims).

4.7.4.5.9. drug therapeutic class code (pharmacy claims only).

4.7.4.5.10. drug name (pharmacy claims only).

4.7.4.5.11. Drug NDC code (pharmacy claims only).

4.7.5. Healthcare-Associated Infections Facility Transfer Analysis

4.7.5.1. Healthcare facilities may be managed as discrete, independent units, but in practice the majority are linked to other such facilities through shared patients. Patient sharing represents a mechanism by which pathogens can spread among facilities within these healthcare networks, including antibiotic-resistant pathogens, which are emerging public health threats of significant concern. The Healthcare-Associated Infections & Antimicrobial Resistance Program will assess patient sharing among healthcare facilities in Colorado.

4.7.5.2. Using the data provided, we will complete an analysis of facility connectedness, called a social network analysis, to describe the patterns of patient transfers between healthcare facilities in the state of Colorado.

4.7.5.3. This analysis will contribute to CDPHE's understanding of the strength of connection (quantified by the number of patients transferred) between different facility types. Network maps can have several applications that will assist public health in the prevention of transmission of disease among healthcare facilities:

4.7.5.3.1. Application of surveillance data already collected by CDPHE can allow CDPHE to understand how certain healthcare-associated infections might spread among healthcare facilities.

4.7.5.3.2. Understanding networks of facilities can allow CDPHE to assist facility networks with infection prevention efforts.

4.7.5.3.3. Multi-facility outbreaks can be detected or prevented using information about facility networks.

4.7.5.4. HCPF shall provide a calendar year's admission and discharge data on an ad hoc basis.

4.7.5.5. HCPF's data will include the following elements:

4.7.5.5.1. Admission Date.

4.7.5.5.2. discharge Date.

4.7.5.5.3. facility name.

4.7.5.5.4. patient unique identification number.

4.7.5.5.5. source of data, date of the data pull.

4.7.5.5.5.1. CDPHE will aggregate the data to calculate summary measures of patient transfers between facilities and interconnectedness over defined time periods (e.g. discharge from facility A and admission to another facility within thirty (30) days).

4.7.5.5.5.2. CDPHE will use a unique identification number to connect a patient between two facilities within varying time frames, then data will be aggregated for facility transfer analysis.

4.8. PREVENTION SERVICES

4.8.1. Women's Wellness Connection (WWC); Breast and Cervical Cancer Program (BCCP)

4.8.1.1. The BCCP, implemented July 1, 2002, was established by the Breast and Cervical Treatment Act of 2000, allowing Presumptive Eligibility (PE) and full Medicaid benefits to women for treatment of breast and cervical cancer (or precancerous condition) who have been screened through Colorado's National Breast and Cervical Cancer Early Detection Program, the Women's Wellness Connection (WWC), or by a provider whose screening activities are recognized by WWC.

4.8.1.2. BCCP: DPHE Responsibilities

4.8.1.2.1. Maintain and annually update service definitions, protocols, guidelines, procedures and forms for use in the WWC program.

4.8.1.2.2. Provide public education and outreach on BCCP to WWC Qualified Entities.

4.8.1.2.3. Review applications of potential Qualified Entities.

4.8.1.2.4. Monitor and assess WWC QEs pursuant to federal requirements and federal timelines and are compliant with required licensure, certification, insurance and any other permits as necessary to perform services as required by rules established by the Medical Services Board.

4.8.1.2.5. DPHE shall submit a letter of notification to HCPF for additional Qualified Entities that become qualified throughout the year.

4.8.1.2.6. DPHE shall provide notification to the HCPF designated state authority of New Qualified Entities within fifteen (15) business days from the date the entity becomes qualified.

4.8.1.2.7. No later than September 01 of each fiscal year DPHE shall provide to the HCPF designated state authority(s) a report containing a listing of all current and appended Qualified Entities.

4.8.1.2.8. Ensure WWC Qualified Entities:

4.8.1.2.8.1. Provide cancer screening services including clinical breast examinations, pelvic examinations, Human Papillomavirus (HPV) and Papanicolaou tests, as well as other breast and cervical cancer screening services, such as mammograms.

4.8.1.2.8.2. Provide access to diagnostic services including surgical consultations and biopsies to women with abnormal screening results.

4.8.1.2.8.3. Perform Presumptive Eligibility (PE) determinations for clients with a confirmed diagnosis of breast or cervical cancer (or precancerous conditions).

4.8.1.2.8.4. Obtain a PE identification number.

4.8.1.2.8.5. Inform PE clients of the benefits available to them under Medicaid.

4.8.1.2.8.6. Assist the client in completing the application for Health Coverage and Help Paying Costs. (Medicaid/CHP+ application). Submit the original application to the client's local county social/human services department within five (5) business days.

4.8.1.2.9. Provide verification to HCPF's BCCP coordinator that a woman has been screened or diagnosed under the WWC program and has a BCCP-eligible diagnosis.

4.8.1.2.10. Verification shall include, at a minimum, all of the following:

4.8.1.2.10.1.1. Client-signed “WWC consent” form.

4.8.1.2.10.1.2. Verification of Lawful Presence if required after enactment of SB21-99 July 1, 2022.

4.8.1.2.10.1.3. Copy of pathology report which includes date of diagnosis and medical interpretation confirming diagnosis.

4.8.1.2.10.1.4. Copy of completed PE Form.

4.8.1.2.10.1.5. Copy of the signature page of the Application for Heal.

4.8.1.2.10.1.6. Coverage and Help Paying Cost.

4.8.1.2.11. Provide an annual BCCP report to HCPF by October 31st of each year.

4.8.1.2.11.1. The report shall describe progress in meeting screening goals for the early detection of cancer in WWC qualified entities.

4.8.1.2.11.1.1. Within fifteen (15) business days of request by HCPF, DPHE shall provide monitoring and assessment information on WWC qualified entities.

4.8.1.2.12. Reconcile monthly client data reports against their list of referred applicants.

4.8.1.2.13. DPHE shall verify through e-mail with authorized HCPF program designee that clients reported as eligible were approved by DPHE for the BCCP to ensure a 100% match.

4.8.1.2.14. Discrepancies shall be resolved with HCPF in three (3) business days.

4.8.1.3. BCCP: HCPF Responsibilities

4.8.1.3.1. HCPF shall provide DPHE with the data necessary to comply with all federal and state reporting requirements necessary to administer the program.

4.8.1.3.1.1. Data will be provided in an agreed upon format and submitted to DPHE electronically.

4.8.1.3.1.2. HCPF program staff and DPHE program staff shall collaborate to analyze data and rectify discrepancies.

4.8.1.3.1.3. Agencies will agree on a list of diagnosis codes that comprise breast or cervical cancer and on a list of NDC codes that comprise pharmaceutical treatment of breast or cervical cancer for purposes of this report.

4.8.1.3.1.4. HCPF will provide data to DPHE in a monthly report containing the following client level elements:

4.8.1.3.1.4.1. client first name.

4.8.1.3.1.4.2. client last name.

4.8.1.3.1.4.3. Medicaid ID.

4.8.1.3.1.4.4. eligibility begin date.

4.8.1.3.1.4.5. eligibility end date.

4.8.1.3.1.4.6. date of birth.

4.8.1.3.1.4.7. Client data will be pulled for clients with an open eligibility span (at least one day) in the month for which the report covers. Claims level reporting will be pulled based on payment of a claim in the reporting month.

4.8.1.3.1.5. HCPF will provide data to DPHE in a monthly report containing the following claims-level elements:

4.8.1.3.1.5.1. client ID.

4.8.1.3.1.5.2. claim type code with description (inpatient hospital, outpatient hospital, practitioner and/or provider.).

4.8.1.3.1.5.3. ICD diagnosis code and description (except pharmacy claims).

4.8.1.3.1.5.4. procedure code and description (for professional level claims).

4.8.1.3.1.5.5. diagnosis-related group (DRG) code and description (for inpatient hospital claims).

4.8.1.3.1.5.5.1. First date of service.

4.8.1.3.1.5.5.2. Last date of service.

4.8.1.3.1.5.5.3. payment date.

4.8.1.3.1.5.5.4. payment amount (for institutional level claims).

4.8.1.3.1.5.5.5. reimbursed units (for professional level claims).

4.8.1.3.1.5.5.6. drug therapeutic class code (pharmacy claims only).

4.8.1.3.1.5.5.7. drug therapeutic class description (pharmacy claims only).

4.8.1.3.1.5.5.8. drug name (pharmacy claims only).

4.8.1.3.1.5.5.9. Drug Code (NDC) code (pharmacy claims only).

4.8.2. Children and Youth Programs

4.8.2.1. HCPF shall share the aggregate data with the WIC Program to support their performance management efforts in measuring reach to the WIC eligible population. WIC will share the minimum necessary information (see below) with HCPF to ensure that WIC can carry out their mission of providing public health nutrition services to vulnerable children and families by reaching additional clients who are not currently aware of, or enrolled in, the WIC program. Pregnant women and children 0-5 enrolled in Medicaid are automatically eligible to enroll in WIC[1], and the information shared will be used to ensure that information for pregnant women and children 0-5 who are enrolled in Medicaid are also aware of WIC and how to enroll[2].

4.8.2.2. Section 246.7(d)(2)(vi) of the Federal WIC Regulations provides for adjunct income eligibility on the basis of an applicant's or certain family members' current eligibility to receive benefits under Supplemental Nutrition Assistance Program (SNAP), Medicaid, or Temporary Assistance for Needy Families (TANF). The structure and safeguards for direct outreach will be specified in a Standard Operating Procedure (SOP), which will be drafted and officially authorized by both departments; DPHE (Nutrition Services Branch Chief) and HCPF (Chief Medical Officer and Medicaid Director) before outreach can occur.

4.8.2.3. Pregnant women, post-partum women, up to six (6) months after childbirth, and children from birth to their fifth birthday who are enrolled in Medicaid are eligible for WIC. Furthermore, WIC income requirements that a family is at or below 185% FPL, if not on Medicaid, increase the likelihood that WIC participants are also eligible for Medicaid.

4.8.2.4. Because WIC and Medicaid serve overlapping populations, the programs shall share and match minimum-necessary administrative data to advance mutually beneficial strategies which include:

4.8.2.4.1. Understanding and establishing eligibility between programs to better describe Medicaid and WIC participation and populations.

4.8.2.4.2. Enhancing outreach efforts to ensure all eligible Coloradoans are aware of the programs they can access.

4.8.2.4.3. Monitoring program success to enhance overall health, education, or well-being for Medicaid and WIC participants.

4.8.2.4.4. Reducing administrative burdens by streamlining Medicaid and WIC administrative processes.

4.8.2.4.5. Bettering assessment or evaluation of the state health system success, gaps, or barriers in order to improve participant experience and outcomes.

4.8.2.5. The data elements needed for these strategies will be described in separate data sharing agreements (use cases) executed under this agreement.

4.8.3. Early and Periodic Screening, Diagnostic and Treatment

4.8.3.1. Program Data sharing.

4.8.3.1.1. DPHE shall supply HCPF with child health survey data after each annual survey.

4.8.3.1.2. HCPF shall provide DPHE with developmental screening data collected to include: total number of screenings, detail of screenings by provider and month, and screenings completed during a well child check on a quarterly basis.

4.8.3.1.3. HCPF shall provide DPHE with the program data necessary to comply with all federal and state reporting requirements necessary to administer the program including:

4.8.3.1.3.1. Aggregate number of children age 20 and under, who were enrolled in Medicaid and CHP+ each SFY, by county and by age.

4.8.3.1.3.2. Aggregate number of children age 20 and under, who were enrolled in Medicaid and who have a disability, by county.

4.8.3.1.3.3. Aggregate number of children age 20 and under on SSI, by county.

4.8.3.1.3.4. Number of children age 20 and under who were enrolled in Medicaid by eligibility type.

4.8.3.1.4. CMS EPSDT 416 data shall be provided by the EPSDT Program Administrator by May 1 of each year and will be sent to the generic epidemiology email box.

4.8.3.1.4.1. HCPF shall submit all SFY required data by January 1st of each year.

4.8.4. HEALTH ACCESS: Oral Health Unit (OHU)

4.8.4.1. The Oral Health Program is a state operated program that works to improve the oral health of all Coloradans, with a specific focus on underserved populations. The unit works to improve access to high quality preventive oral health care services and educational programs for vulnerable populations.

4.8.4.2. DPHE shall:

4.8.4.2.1. Maintain and annually update service definitions, protocols, guidelines, procedures and forms for use in the program.

4.8.4.2.2. Coordinate with HCPF on development of any oral health informational materials affecting Medicaid populations.

4.8.4.2.3. Report suspected provider fraud and abuse to HCPF’s program integrity section.

4.8.4.3. HCPF shall provide DPHE with the program data necessary to comply with all federal and state reporting requirements necessary to administer the program. Program data shall not include data protected under the Health Insurance Portability and Accountability Act (HIPAA). Ad hoc data will be requested through HCPF’s data request review board process.

4.8.4.4. HCPF shall provide to DPHE the Colorado annual EPSDT participation report (CMS 416) by May 1each state fiscal year, for the previous state fiscal year.

4.8.4.5. HCPF shall provide to DPHE by December 31st each year, an annual report for the health resources and services administration (HRSA) and Centers for Disease Control and Prevention (CDC).

4.8.4.5.1. This report will provide data by state fiscal year and will include the number of children ages 20 years or younger, and adults 21 years and older as of June 30 of each year, who have been seen by hygienists, and/or medical providers, and number of these same children who have been seen by a dentist who provided restorative care.

4.8.4.5.1.1. HRSA annual report shall include the following:

4.8.4.5.1.1.1. Number of dentists actively enrolled as billing providers with at least one paid claim.

4.8.4.5.1.1.2. Number of dentists actively enrolled as rendering providers with at least one paid claim.

4.8.4.5.1.1.3. Number of active, Medicaid-enrolled rendering dentists who saw 100 or more beneficiaries age 20 and under and adults 21 years and older.

4.8.4.5.1.1.4. List of counties in Colorado without an actively enrolled dental provider.

4.8.4.5.1.1.5. List of counties without an enrolled billing dentist who saw 50 or more beneficiaries age 20 and under.

4.8.4.5.1.1.6. Number of Medicaid and CHP+ children by age and county receiving fluoride varnish, by either a qualified medical provider or dental provider if applicable, by clinic and by provider.

4.8.4.5.1.1.7. Number of qualified medical providers by county billing for fluoride varnish, if applicable.

4.8.4.5.1.1.8. Number of dentist and unsupervised hygienists by county billing for fluoride varnish, if applicable.

4.8.4.5.1.1.9. Number of all clinics by type billing for fluoride varnish, if applicable.

4.8.4.5.1.1.10. For the purposes of the annual HRSA oral health report the term dentist is defined as any provider with a provider type of dentist or unsupervised hygienists or dental clinic.

4.8.4.5.1.1.11. Number of children enrolled in Title XIX Medicaid for at least 90 days.

4.8.4.5.1.1.12. Number of active, Medicaid-enrolled dentists with paid claims greater than $10,000.00.

4.8.4.5.1.2. For the purposes of the annual HRSA oral health report the term dentist is defined as any provider with a provider type of dentist or unsupervised hygienists or dental clinic.

4.8.4.5.2. Data for each item on this report will be broken out by the following categories where applicable:

4.8.4.5.2.1. Dental provider.

4.8.4.5.2.2. dentists (includes hygienists).

4.8.4.5.2.3. dentists (excluding hygienists).

4.8.4.5.2.4. Hygienists.

4.8.4.5.2.5. FQHC/RHC.

4.8.4.5.2.6. Local Public Health Agencies, Women Infant and Children Clinics, Head start/Early Head Start clinics.

4.8.4.5.2.7. Medical personnel qualified to administer dental preventive services (D1206, D0190, D0145), stratified by provider type, including RNs.

4.8.4.5.2.8. Age of clients

4.8.4.6. Oral health unit performance report

4.8.4.6.1. The following data will be provided to monitor program performance:

4.8.4.6.1.1. Ratio of children receiving well child visits that also receive cavity-free at three services (denominator: kids that receive well child visits; numerator: kids that receive CF3 services by age group) in each quarter.

4.8.4.6.1.1.1. By age group, CF3 services include the following codes: D0145, D1206, D0190. Age will be stratified as follows: 0-11.99 months, 12-23.99 months, 24-35.99 months, 36-47.99 months, 48-59.99 months, 60-71.99 months.

4.8.4.6.1.2. Number of Medicaid and CHP+ children receiving CF3 services by qualified medical provider and by billing and rendering provider in each quarter.

4.8.4.6.1.3. Change in the number of clients served over time by billing provider by quarter.

4.8.4.6.1.4. Ratio of clients receiving CF3 services by a qualified medical provider that have a dental follow-up within six months by age group and quarter (denominator: kids that receive CF3 services –D0999, D0190, D0145, D1206, - by a qualified medical provider numerator: kids that receive any HPCPS “D” service by a dentist within six months of their CF3 service by a qualified medical provider.).

4.8.4.6.1.4.1. The same ratio sorted by the CF3 provider and age group.

4.8.4.6.1.4.1.1. Age will by stratified as follows: 0-11.99 months, 12-23.99 months, 24-35.99 months, 36-47.99 months, 48-59.99 months, 60-71.99 months.

4.8.4.6.1.5. Quarterly benefit management report for Medicaid dental services-utilization and

expenditure patterns for the dental benefit.

4.8.4.6.1.6. Operating room, emergency room or ambulatory surgical facility dental services report.

4.8.4.6.1.7. Number of children receiving dental services by service site type by age group. Age will be stratified as follows: 0-11.99 months, 12-23.99 months, 24-35.99 months, 36-47.99 months, 48-59.99 months, 60-71.99 months.

4.8.4.6.1.8. All dental service codes limited to restorative, endodontic and surgical related to caries.

4.8.4.6.1.8.1. D2140 through D2934.

4.8.4.6.1.8.2. D3110 through D3950.

4.8.4.6.1.8.3. D7111 through D7311.

4.8.4.6.1.9. All teledentistry, medical and pharmacy codes related to above dental services. (include synchronous and asynchronous teledentistry encounters, opioid prescriptions, hospital fees, anesthesiologist, hospitalizations, etc.)

4.8.4.6.1.10. Average cost by site type, stratified by ages in "Number of children receiving dental services by service site type by age group.

4.8.5. HEALTH EQUITY ACCESS: Primary Care Office (PCO)

4.8.5.1. DPHE helps ensure that Colorado counties are assessed for "low-income" and "Medicaid eligible" health professional shortage area designations annually.

4.8.5.2. The PCO function under DPHE makes application to HRSA for health professional shortage area designations.

4.8.5.3. Medicaid provider and enrollment data are essential to qualifying an application for submission.

4.8.5.4. HCPF provides DPHE with data necessary to perform assessment of "low income" and "Medicaid eligible" health professional shortage areas twice a year on February 15th and August 15th of each calendar year. The data shall be provided in CSV or Excel format and shall include:

4.8.5.4.1. HCPF: PCO Reports, which shall include, at a minimum:

4.8.5.4.1.1. A list of the full name, practice address, telephone number, National Provider Identifier (NPI) number, Medicaid provider number, provider specialty and county and county of all currently contracted Medicaid providers in Colorado.

4.8.5.4.1.2. A list of the full name, practice address, telephone number, National Provider Identifier (NPI) number, Medicaid provider number, provider specialty and county of all physicians who have billed Medicaid at least once in the most recent twelve-month period where data is available:

4.8.5.4.1.2.1. The total number of billed claims for each provider who has billed Medicaid at least once in the most recent twelve (12) month period where data is available.

4.8.5.4.1.2.2. The date of the most recent billed Medicaid claim.

4.8.5.4.1.2.3. This data does not include data protected under the health insurance portability and accountability act (HIPAA).

4.8.5.4.1.3. Ad hoc data will be requested through HCPF's data request review board process.

4.8.5.4.1.4. Payment for Medicaid funded programs not included in the appropriated long bill.

4.8.5.4.1.5. Invoices for payment shall be submitted directly to the HCPF designee overseeing management of this Interagency Agreement.

4.8.5.5. BCCP payment

4.8.5.5.1. Payment from the prevention, early detection and treatment funds created in Section 24-22-117(2)(d)(i), C.R.S. to HCPF for the BCCP established in Section 25.5-5-308, C.R.S.

4.8.5.5.2. The amount of the BCCP payment from DPHE to HCPF shall be the lesser of actual costs for the BCCP or the maximum amount of $1,215,340.00.

4.8.5.6. Maternal Health Outcomes payment

4.8.5.6.1. HCPF will pay DPHE for services performed, from available state funds in an amount not to exceed $10,000 beginning in FY 2017-18.

4.8.5.6.1.1. DPHE shall bill HCPF annually for maternal health outcomes services performed.

4.8.6. Diabetes and Cardiovascular Disease Program

4.8.6.1. Data collected about diabetes mellitus (DM) and cardiovascular disease (CVD) in Colorado will inform the development and evaluation of public health programs that will improve access to disease prevention and management. DPHE will adhere to measures endorsed by the National Quality Forum (NQF) related to DM and CVD control. Key measures endorsed include national technical specifications developed and distributed by the National Committee for Quality Assurance (NCQA) Health Effectiveness Data and Information Set (HEDIS) including NQF #0018 (Controlled hypertension) and NQF #0059 (Uncontrolled diabetes).

4.8.6.1.1. HCPF will provide quarterly reports to DPHE, by the 15th Business Day of the following month, of claims data concerning the utilization of DM and CVD procedures and pharmacotherapy.

4.8.6.1.2. HCPF will provide de-identified summary data covering utilization rates and units of service of Diabetes Self-Management Education provided to Medicaid Members. Data will include provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, age group, gender, and race/ethnicity.

4.8.6.1.3. HCPF will provide de-identified summary data covering rates of statins filled by Medicaid Members. Data will include provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, age group, gender, and race/ethnicity.

4.8.6.1.4. HCPF will provide de-identified summary data covering rates of home blood pressure monitors obtained by Medicaid Members. Data will include provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, age, gender, and race/ethnicity.

4.8.6.1.5. HCPF will provide annual reports to DPHE, by the 15th Business Day of the month, of claims data concerning the prevalence and cost of DM and CVD.

4.8.6.1.5.1. HCPF will provide de-identified summary data covering prevalence of DM, separated by type 1, type 2, and gestational diabetes. Data will include diagnosing provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, age group, gender, and race/ethnicity.

4.8.6.1.5.2. HCPF will provide de-identified summary data covering prevalence of cardiovascular disease, hypertension, hypercholesterolemia, heart attack and stroke. Data will include diagnosing provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, age, gender, and race/ethnicity.

4.8.6.1.5.3. HCPF will provide de-identified summary data covering the number of Medicaid Members with pharmacy benefit claims exceeding $3,919 per member per year per CMS recommendation. (This information is missing).

4.8.7. Tobacco Cessation Program

4.8.7.1. Data collected about tobacco dependence and cessation will inform program design efforts, monitoring, and evaluation of cessation programming to ensure program- and cost-effectiveness.

4.8.7.1.1. HCPF will provide quarterly reports to DPHE, by the 15th Business Day of the following month, of claims data concerning the utilization of tobacco cessation procedures and pharmacotherapy.

4.8.7.1.1.1. HCPF will provide de-identified summary data covering utilization rates and units of service of tobacco cessation counseling provided to Medicaid Members. Data will include provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, age group, gender, and race/ethnicity.

4.8.7.1.1.2. HCPF will provide de-identified summary data covering utilization rates and units of service of tobacco cessation counseling provided to pregnant Medicaid Members. Data will include provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, age group, gender, and race/ethnicity.

4.8.7.1.1.3. HCPF will provide de-identified summary data covering rates of tobacco cessation pharmacotherapy and nicotine replacement therapy prescriptions filled by Medicaid Members. Data will include provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, age group, gender, and race/ethnicity.

4.8.7.1.2. HCPF will provide annual reports to DPHE, by the 15th Business Day of the following month, of claims data concerning the prevalence of tobacco dependence.

4.8.7.1.2.1. HCPF will provide de-identified summary data covering prevalence of tobacco dependence. Data will include diagnosing provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, age group, gender, and race/ethnicity.

4.8.7.2. Cancer Program

4.8.7.3. Data collected about cancer in Colorado will inform the development and evaluation of public health programs that will improve access to disease prevention and management. Measures will include those endorsed by the National Quality Forum (NQF) and United States Preventive Services Task Force (USPSTF) related to screening recommendations.

4.8.7.3.1. HCPF will provide annual reports to DPHE, by the 15th Business Day of the following month, of claims data concerning the utilization of screening for breast, cervical, colorectal, and lung cancer screening among patient populations recommended for screening.

4.8.7.3.2. HCPF will provide de-identified summary data covering rates of mammograms in a two-year period among Medicaid Members who are women ages 50-64. Data will include only Members who were continuously eligible during the preceding two years and had no third-party liability. Data will include provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, RCCO, PCMP, age group, gender, and race/ethnicity.

4.8.7.3.3. HCPF will provide de-identified summary data covering cervical cancer screening among Medicaid Members who are women ages 21-64. Data will include the number of Medicaid Members who are ages 21-23 in the measurement year and who have a Pap test in the measurement year. Data will also include Members aged 30-64 who received a Pap test, an HPV test, or a Pap and HPV co-test, each assessed separately, in the measurement year. Data will include provider/facility name and location and de- identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, RCCO, PCMP, age group, gender, and race/ethnicity.

4.8.7.3.4. HCPF will provide de-identified summary data covering colorectal cancer screening among Medicaid Members who are 50 years old and above. Data will include the number of Medicaid Members who are ages 50-53 in the measurement year and who have a colorectal cancer test in the measurement year. Data will include the type of test used (colonoscopy, gFOBT, FIT, or sDNA). Data will also include, by provider, the number of eligible empaneled Members ages 50-64 who received FIT or gFOBT. Data will include provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, RCCO, PCMP, age group, gender, and race/ethnicity.

4.8.7.4. HCPF will provide de-identified summary data covering lung cancer screening among Medicaid Members following a prior authorization request. Data will include provider/facility name and location and de-identified client-level information, aggregated as necessary to comply with patient privacy regulations, including Member county, RCCO, PCMP, age, gender, and race/ethnicity.

5. HEALTH FACILITIES EMERGENCY MEDICAL SERVICES: SURVEY AND CERTIFICATION

5.1. Medicaid provider Surveys and Certifications covered in this Interagency Agreement include the following services as defined in Medicaid regulations:

5.1.1. Alternative Care Facilities (ACFs).

5.1.2. Psychiatric Residential Treatment Facilities.

5.1.3. Nursing Care Facilities.

5.1.4. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IIDs).

5.1.5. Home Health Agencies (HHA).

5.1.6. Private Duty Nursing (PDN).

5.1.7. Hospice Agencies.

5.1.8. Transition Services.

5.1.9. Other Services as shown in the following table for which HCPF is the lead agency:

WAIVER	SERVICE
Home and Community Based Services (HCBS) Brain Injury (BI)	• Brain Injury Supported Living Program • Transitional Living • Day Treatment • Adult Day Services • Home Care Agency (HCA) - Personal Care, Homemaker, In-Home Respite, Independent Living Skills Training (ILST) • Transition-based Services – Home Delivered Meals, Peer Mentorship and Transition Setup
Children’s HCBS	• Home Care Agency HCA – In-Home Services and Supports (IHSS)
Community Mental Health Supports (CMHS)	• Adult Day Services • Alternative Care Facilities • Home Care Agency (HCA) – Personal Care, Homemaker Services • Transition-based Services – Home Delivered Meals, Peer Mentorship, Transition Setup and Life Skills Training
Children’s Residential Habilitation Program (CHRP)	• Community Connector Service • Respite Services (non-facility based) • Intensive Support Services • Transition Support Services • Professional Services – Hippotherapy • Professional Services – Massage Therapy • Professional Services – Movement Therapy • Habilitation Service-Host Home, age 18-20

Children with Life Limiting Illness (CLLI)	● Respite Services ● Expressive Therapy ● Massage Therapy ● Palliative and Supportive Care ● Therapeutic and Life Limiting Illness Support ● Bereavement Counseling
Elderly, Blind & Disabled (EBD)	● Adult Day Services ● Alternative Care Facilities ● Home Care Agency (HCA) – In-Home Services and Supports (IHSS) ● HCA – Personal Care, Homemaker Services, In-Home Respite ● Transition-based Services – Home Delivered Meals, Peer Mentorship, Transition Setup and Life Skills Training
Spinal Cord Injury (SCI)	● Adult Day ● HCA – IHSS ● HCA – Personal Care, In-Home Respite,

WAIVER	SERVICE
	Homemaker Services ● Alternative Therapies Transition-based Services – Home Delivered Meals, Peer Mentorship, Transition Setup and Life Skills Training
Colorado Choice Transitions *(This is not a waiver program; it is a "Money Follows the Person (MFP) Initiative)*	● Community Transition Services
HCBS – Children's Extensive Services (CES) *Note: Behavioral Services and Personal Care will be removed from CES effective 8/22/18.	● Community Connector ● Homemaker Services ● Professional Services – Hippotherapy ● Professional Services – Massage Therapy ● Professional Services – Movement Services ● Respite Services ● Youth Day Service
HCBS – Persons with Developmental Disabilities (DD)	● Behavioral Supports ● Behavioral Services ● Individual Residential Services and Supports (IRSS) ● Group Residential Services and Supports (GRSS) ● Prevocational Services ● Specialized Habilitation ● Supported Community Connections ● Supported Employment ● Transition-based Services – Home Delivered Meals, Peer Mentorship

HCBS – Supported Living Services (SLS)	- Behavioral Services - Behavioral Supports - Homemaker Services (Basic & Enhanced) - Mentorship - Personal Care - Prevocational Services - Professional Services – Hippotherapy - Professional Services – Massage Therapy - Professional Services – Movement Services - Respite Services - Specialized Habilitation - Supported Community Connections - Supported Employment - Transition-based Services – Home Delivered Meals, Peer Mentorship, Transition Setup and Life Skills Training

4.2. Electronic Visit Verification

4.2.1. HCPF shall implement and administer the EVV program.
4.2.2. HCPF shall develop a live-in caregiver attestation form for provider use.
4.2.3. HCPF shall provide to DPHE a monthly report of providers billing for live-in caregivers. This report shall include the provider service name, provider service address, provider Medicaid ID and NPI names of the providers that are listed in the CDPHE licensing system.
4.2.4. DPHE shall review provider files to ensure appropriate live-in caregiver documentation is present when claims indicating live-in statute are billed.
4.2.4.1. DPHE shall review a representative sample of member files, including differing roles and responsibilities, where live-in documentation should be present.
4.2.4.2. If documentation is incorrect or not present, DPHE will cite the provider and refer to HCPF.
4.2.4.2.1. DPHE shall perform live-in caregiver documentation review at time of certification or site visit. Providers not scheduled for site visit shall be reviewed at least a minimum of every three years.
4.2.4.3. Provider types and services requiring live-in caregiver document review include:
4.2.4.3.1. Behavioral Services.
4.2.4.3.2. Home Health.
4.2.4.3.3. Homemaker.
4.2.4.3.4. Hospice (non-hospital settings).
4.2.4.3.5. Independent Living Skills Training.
4.2.4.3.6. In-Home Services and Supports.
4.2.4.3.7. Life Skills Training.
4.2.4.3.8. Pediatric Behavioral Health.
4.2.4.3.9. Pediatric Personal Care.
4.2.4.3.10. Personal Care.
4.2.4.3.11. Private Duty Nursing.
4.2.4.3.12. Respite.
4.2.4.3.13. Youth Day.

4.3. General Provisions

4.3.1. Priorities and Workload

4.3.1.1. Changes to the number and frequency of surveys and/or the number and types of programs to be surveyed that could result in changes in costs shall not be made without the express written approval of both departments. Additional resource needs due to workload increases significantly greater than the workload existing on the date this agreement is executed shall be resolved prior to implementation.

4.3.1.2. HCPF shall provide DPHE with a copy of the relevant Health Care Policy and Financing Legislative Implementation Plan upon approval. The relevant fiscal officers from HCPF and DPHE shall notify each other within two (2) business days of receipt of a fiscal note request for a bill that affects any DPHE program covered under the terms of this Agreement.

4.3.1.3. HCPF shall provide DPHE with the Legislative Proposals and Supplemental Budget Request information.

4.3.1.4. DPHE shall participate in scheduled meetings with HCPF to review/monitor activities, problems, procedures, and priorities.

4.3.1.5. DPHE shall incorporate educational programs into DPHE activities, to the extent of available appropriations, and resources, in accordance with state guidelines and, if applicable, federal guidelines. The purpose of these programs shall be to provide information and guidance to facility, provider, and ombudsman personnel related to regulatory activities.

4.3.1.6. DPHE shall notify HCPF of updates of the interpretive guidelines, including the state operations manual for nursing facility Surveys, for all applicable Medicaid programs and of CMS conference calls concerning updates and changes in the Survey processes. HCPF and DPHE may jointly issue guidance regarding the survey and certification process that relates to the certification of Medicaid programs listed in Section 5.1.9. of the Interagency agreement.

4.3.1.7. DPHE shall make available to HCPF upon request any mission letters or other directives, laws or guidelines provided by CMS Survey and Certification that impact the survey priorities, timelines, or scope of the Medicaid providers surveyed herein.

4.3.1.8. HCPF shall inform DPHE of any updates, additions or changes in statute, waiver, regulation or guidance for all applicable Medicaid programs before implementation and include DPHE on applicable public notices. Where relevant, DPHE shall inform HCPF of such updates, additions or changes. Both Departments shall solicit input from each other about proposed regulations initiated within their respective agencies that affect Medicaid programs before the regulations are posted for public comment. DPHE will not promulgate rules, regulations, policies, and/or procedure that have a material effect on the provision of waiver services, processes, or the implementation of the waiver without notification to and collaboration with HCPF.

4.3.1.9. HCPF shall provide DPHE with a list of clients served at each PASA or HCBS facility. This report aids in determining the size of the facility and time required for on-site survey and selection of samples. This list should be updated quarterly or upon request by DPHE for facility specific information in preparation for a survey.

4.3.1.10. HCPF shall provide DPHE a comprehensive list of service agencies approved to provide HCBS-CHRP waiver services on a monthly basis.

4.3.2. Certification

4.3.2.1. DPHE Responsibilities

4.3.2.2. DPHE shall provide the Department the templates used for the certification and recertification surveys of HCBS DD, HCBS SLS, and HCBS CES providers annually at the time of renewal of the IA and prior to implementing changes to the templates that change regulatory content.

4.3.2.2.1. Intent to Change Ownership. DPHE shall send a copy of the provider's letter of intent or otherwise notify HCPF in writing of any proposed changes in the ownership of a provider covered by this interagency agreement on a monthly basis.

4.3.2.2.2. Intent to Terminate Medicaid Participation. DPHE shall notify HCPF on a monthly basis if any provider of Medicaid services plans to end Medicaid participation.

4.3.2.2.3. Change of Address, Ownership, and Medicaid Participation. DPHE shall notify HCPF in writing within ten (10) business days of learning that any provider of Medicaid

services has terminated its Medicaid provider enrollment or has changed address or ownership.

4.3.2.2.4. Recommendation to Certify. DPHE shall notify HCPF as well as the designated representative of each agency of its recommendation to certify a Medicaid provider in writing within ten (10) business days of making the recommendation.

4.3.2.2.5. Adverse Actions/Recommendations to Terminate. DPHE shall notify HCPF, as well as the designated representative of each agency in coordination with HCPF, using the designated HCPF and agency representative email address, in advance if possible or no later than ten (10) business days after:

4.3.2.2.5.1. A denial, revocation or of an imposition of conditions on a license.

4.3.2.2.5.2. Recommending to CMS the immediate imposition of an enforcement action against a provider.

4.3.2.2.5.3. Notification from CMS of a denial or termination of Medicare Certification.

5.3.2.2.6.4. A decision to recommend termination of Medicaid Certification.

5.3.2.2.6.5. Notification should be submitted to: HCPF provide a specific contact (preferably a program email address that is not tied to an individual employee) that would be helpful.

4.3.2.2.6. Medicare Survey Information. DPHE shall provide information as requested by HCPF confirming Medicare notice of enrollment, statements of Deficiencies, plans of correction, and revisit information.

4.3.2.3. HCPF Responsibilities

4.3.2.3.1. Certification Decision. HCPF and its Fiscal Agent at the direction of HCPF, shall make the decision regarding Medicaid Certification of new providers, termination of existing providers, and Change of Ownership.

4.3.2.3.2. Decision to Certify. HCPF shall notify DPHE in writing on a monthly basis of the status of its decision to implement the DPHE recommendation of new Certifications. Continuing Certification will be assumed in the absence of termination of Certification notice.

4.3.2.3.3. Change of Address, Ownership, and Medicaid Participation. HCPF shall notify DPHE in writing on a monthly basis of learning that any provider of Medicaid services has terminated its Medicaid provider enrollment or has changed address or ownership.

4.3.2.3.4. Intent to Terminate Medicaid Participation. HCPF shall notify DPHE on a monthly basis of learning that any provider of Medicaid services plans to end Medicaid participation.

4.3.2.3.5. Adverse Actions and Decisions to Terminate. HCPF shall notify DPHE in advance if possible, or no later than two (2) business days after taking an adverse certification action against a Medicaid provider under this agreement that could affect the resources or way in which a provider has the ability to maintain appropriate care and services to its clients such as termination, significant denial or withholding of payments.

4.3.2.3.6. Provisional Certifications. In advance if possible, or no later than two (2) business days after issuing the provisional certification, HCPF shall notify DPHE of provisional certifications for new providers. To ensure that the provider lists between the two agencies are reconciled, HCPF shall provide a list of new providers for whom it has granted provisional certifications within the last fiscal year to DPHE by August 15th annually.

4.3.2.3.7. Changes to provider provisions. HCPF shall notify DPHE of any new or anticipated provisions or regulations that have implications for the survey and certification responsibilities for new and existing providers.

4.3.2.3.8. Intent to Change Ownership. The Department shall send a copy of the provider's letter of intent or otherwise notify CDPHE in writing of any proposed changes in the ownership of a provider covered by this interagency agreement on a monthly basis.

4.3.2.4. Joint Responsibilities

4.3.2.4.1. DPHE and HCPF shall work collaboratively with the appeals process on adverse determinations for Medicaid providers covered by the terms of this agreement.

4.3.2.4.2. DPHE and HCPF shall work collaboratively on the Branch Pilot Project for licensed non-medical HCBS providers in underserved and rural areas through July 2022. The project will use the definitions and requirements of branches outlined in 6 CCR 1011-1 Chapter 26. The project shall be limited in scope to no more than five (5) HCBS providers. HCPF will develop the parameters, oversee this project, and report findings to DPHE on a monthly basis.

4.3.3. Recertification

4.3.3.1. DPHE shall conduct continuing certification of providers enrolled in Medicaid.

4.3.4. Onsite and Post Survey Responsibilities

4.3.4.1. Conducting Surveys. DPHE shall conduct a Certification Survey for HCBS Medicaid providers in accordance with applicable federal and state statutes, regulations, the approved HCBS waiver, and/or any other governing policies and procedures. DPHE shall conduct surveys of sufficient scope, duration, and frequency to determine that HCBS Medicaid providers specified in this agreement have met necessary federal and state regulatory requirements, and the approved waiver requirements.

4.3.4.2. Survey Interval. For provider types subject to Medicaid waiver or Medicare certification, the Survey interval shall be based on Medicaid waiver and Medicare requirements. For provider types not subject to Medicare certification, the survey interval shall be as approved in the Medicaid State Plan or Waiver Agreement, but no greater than 36.9 months. DPHE shall prioritize scheduling of continuing Certification Surveys based on its review of complaints and previous Surveys.

4.3.4.3. Deficiency list. Upon completion of each Medicaid Provider Survey, DPHE shall prepare a written statement of Deficiencies identifying any standards the provider failed to meet. The written statement of Deficiencies shall be entered into the CMS Automated Survey

Processing Environment (ASPEN) system and sent to HCPF to the designated email address. Provider plans of correction shall be made available to HCPF via the DPHE website and upon HCPF request.

4.3.4.4. Referrals to other agencies/licensing boards. When required or deemed appropriate, DPHE shall refer findings made during Survey activities to other agencies and licensing boards, including, but not limited to, the Colorado Medicaid Fraud Control Unit. DPHE shall report to the Program Integrity section referrals of suspicions of fraud made to the Colorado Medicaid Fraud Control Unit which involve programs administered by HCPF.

4.3.4.5. Informal Dispute Resolution. DPHE shall conduct an Informal Dispute Resolution (IDR) review consistent with its policies, procedures and federal guidelines, when requested timely by the provider following a survey.

4.3.4.5.1. DPHE shall provide HCPF with a copy of the letter outlining the IDR findings that is sent to a facility or program provider.

4.3.4.6. Recommending Enforcement Actions. DPHE shall recommend enforcement actions against HCBS providers who are found to be in violation of federal Certification standards, including the standards set forth in the approved HCBS waiver, pursuant to federal and state statutes and applicable regulations.

4.3.4.6.1. DPHE's recommendation of enforcement actions under this section shall be submitted to the designated HCPF email address.

5.3.5. Complaints

5.3.5.1. Complaint investigations shall be conducted in the following manner:

5.3.5.2. DPHE shall provide a method to receive complaints regarding Medicaid providers specified in this agreement.

5.3.5.3. DPHE shall maintain information on its website as to how complaints may be filed.

5.3.5.4. Complaint investigations shall be conducted in the following manner:

5.3.5.4.1. Upon receipt of an oral or written complaint regarding a certified HCBS Medicaid provider, DPHE shall follow applicable state and federal requirements including, but not limited to, the approved HCBS wavier, and time frames with respect to investigating the complaint. Where no state or federal requirements are applicable, DPHE shall prioritize the complaint based on professional judgement, and DPHE policy, and procedure developed in conjunction with the Department. DPHE shall notify the Department in writing within one business day of becoming aware of an alleged Immediate Jeopardy.

5.3.5.4.2. When a complainant submits multiple allegations, a single record may be established to document the complaint. However, each individual allegation shall be identified and resolved separately within that record. For all complaints, DPHE shall contact as appropriate, based on professional judgment, and DPHE policy and procedure, the client and/or the complainant, provider staff, and any other parties who were involved or who may have information regarding the complaint.

5.3.5.4.3. Complaint investigation results will be maintained according to all state and federal requirements and submitted to HCPF within the monthly complaint log. Any serious findings will be sent to HCPF within 24 hours to the designated HCPF email address.

5.4. Nursing Care Facilities

5.4.1. Survey. DPHE shall conduct a Certification Survey for Medicaid providers.

5.4.2. DPHE shall collect and monitor MDS Section Q reporting data for HCPF

5.4.2.1. PASRR Review. During the survey process DPHE shall determine whether residents in the phase one sample, or phase two sample, if applicable had the following:

5.4.2.2. A comprehensive PASRR Level I and Level II assessment, an appropriate care plan, and

5.4.2.2.1. Specialized services, if required based on the PASRR review.

5.4.3. Hospital Backup Level of Care Program

5.4.3.1. To provide Hospital Backup Level of Care, the nursing facility shall be determined by DPHE to be in substantial compliance with federal regulations regarding direct patient care and HCPF regulations for HBU conditions of participation. DPHE shall provide the following information: Certification information from the most recent Standard Survey report, information from the complaint's history, and a recommendation to HCPF stating whether or not a particular nursing facility may be used to place patients being considered for the Hospital Backup Level of Care Program.

5.5. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

5.5.1. DPHE shall conduct a Certification survey for all Medicaid providers.

5.5.1.1. Individual Program Plan Review.

5.5.2. During the survey process DPHE shall determine whether residents had the following:

5.5.2.1. A comprehensive Individual Program Plan established and periodically reviewed and evaluated by a physician. The need for and provision of continuous active treatment.

5.5.2.2. DPHE will notify HCPF in writing of instances when it is determined that a resident did not meet active treatment requirements.

5.5.2.3. DPHE will provide HCPF the completed Plan of Correction and resident sample for the initial survey and the re-visit for active treatment citations for HCPF to identify over payment.

5.6. Hospices

5.6.1. Survey

5.6.1.1. DPHE shall conduct a Certification Survey for all Medicaid providers following Medicare survey procedures.

5.7. Home Health Agencies (HHAs)

5.7.1. Survey

5.7.1.1. DPHE shall conduct a Certification Survey for all Medicaid providers.

5.7.2. Provider Meeting Site

5.7.2.1. DPHE shall provide a meeting site for Medicaid providers, through the quarterly Home Health Information Exchange meetings, for the exchange of information regarding the survey and Certification and related regulatory processes and for proposed changes to these processes.

5.8. Private Duty Nursing (PDN)

5.8.1. Survey

5.8.1.1. DPHE shall ensure the specific inclusion of such special program clients in the initial or Re-Certification Survey sample for home visits and/or record reviews during the survey for all agencies providing Medicaid Home Health Services to clients enrolled in the PDN program.

5.8.2. Record Reviews and Home Visits

5.8.2.1. DPHE shall conduct record reviews and home visits to Medicaid clients as requested by HCPF in accordance with Medicare COP regulations. DPHE shall monitor specific Medicaid clients'/patients' PDN cases within the course of a Survey or complaint investigation.

5.8.3. Participation Recommendations

5.8.3.1. DPHE shall make recommendations to HCPF regarding the participation of PDN service providers.

5.9. Alternative Care Facilities (ACFs)

5.9.1. Survey

5.9.1.1. DPHE shall conduct a Certification Survey for all Medicaid providers according to established survey protocols. Current C&Ts must be issued as needed, to designated agency contacts to ensure the provider can maintain enrollment in Colorado Medicaid and ensure ongoing provider payment.

5.9.2. Provider Forum

5.9.2.1. DPHE shall provide a forum for Medicaid providers, through regular advisory committee meetings for the exchange of information regarding the Survey, Certification, related regulatory processes, and proposed changes to these processes.

5.10. Psychiatric Residential Treatment Facilities

5.10.1. Survey

5.10.1.1. DPHE shall conduct a certification survey in accordance with Medicare requirements.

DPHE, in collaboration with HCPF, shall review Provider Transition Plans (PTPs) and supplemental documentation for HCBS Medicaid settings to assure full compliance with the CMS HCBS Settings Final Rule requirements by March 2021. For purposes of these reviews, and notwithstanding the definition in Section 1.12 above, HCBS settings include locations where people live or receive HCBS services, including Alternative Care Facilities and non-licensed and non-certified locations, as set forth in the Statewide Transition Plan (STP) and Systemic Assessment Crosswalk.

PTPs and evidence of compliance shall be reviewed every three months until the facility is determined compliant with rule. DPHE will conduct site visits as needed to assure provider compliance, including setting identified for heightened scrutiny, DPHE, in collaboration with HCPF, shall provide ongoing training and technical assistance to providers.

Moreover, DPHE will review and assure providers' remedial strategies to ensure full compliance by the March 2019 date. PTPs and evidence of compliance shall be reviewed every three months until the facility is determined compliant with rule.

5.11. REPORTINGS

5.11.1. DPHE shall load the data elements below into a reporting system (Tableau or equivalent) that allows HCPF to develop and pull reports independently.

5.11.2. DPHE shall maintain the reporting system and provide ongoing technical support to HCPF staff to meet reporting and oversight needs.

5.11.3. DPHE, in collaboration with HCPF, shall review Provider Transition Plans (PTPs) and

Supplemental documentation for HCBS Medicaid settings to assure full compliance with the CMS HCBS Settings Final Rule requirements by March 2023. For purposes of these reviews, and notwithstanding the definition in Section 1.12 above, HCBS settings include locations where people live or receive HCBS services, including Alternative Care Facilities and non-licensed and non-certified locations, as set forth in the Statewide Transition Plan (STP) and Systemic Assessment Crosswalk.

PTPs and evidence of compliance shall be reviewed every three months until the facility is determined compliant with rule. DPHE will conduct site visits as needed to assure provider compliance, including setting identified for heightened scrutiny, DPHE, in collaboration with HCPF, shall provide ongoing training and technical assistance to providers.

Moreover, DPHE will review and assure providers' remedial strategies to ensure full compliance by the March 2019 date. PTPs and evidence of compliance shall be reviewed every three months until the facility is determined compliant with rule.

5.11.2. Nursing Care Facilities including Hospital Back Up

5.11.2.1. Census for nursing facilities including totals by Medicare, Medicaid and other categories and percentage of bed capacity.

5.11.2.2. Reconciled authorized Medicaid bed count of Medicare and certified Medicaid beds in nursing facilities.

5.11.2.3. Surveys completed, survey type and survey findings for providers.

5.11.2.4. Open Nursing facilities including name, address, phone number, fax number, administrator name and Medicare/Medicaid number.

5.11.2.5. Complaints for Medicaid facilities which includes the provider involved, source of referral, mode of complaint, date complaint received, date complaint assigned, dates investigation started and ended, date report completed, investigator, allegations, findings and deficiencies.

5.11.2.6. Licensed Medicaid facility Occurrences.

5.11.2.7. Minimum Data Set (MDS) resident assessment instrument data, as minimally necessary, to provide extract for case mix rate setting.

5.11.3. ICF/IDD

5.11.3.1. Surveys completed, survey type and survey findings for providers.

5.11.3.2. Licensed Medicaid facility occurrences.

5.11.3.3. Complaints for facilities which includes the number of complaints, allegation type, mode of complaint, date complaint received, date complaint assigned, dates investigation started and ended, result of investigation, provider involved, date report completed, investigator, allegations and findings, number of substantiated/unsubstantiated complaints and source of referral.

5.11.3.4. Open ICFs/IDDs, including name, address, phone number, fax number, administrator name and Medicaid number.

5.11.3.5. Reconciled authorized Medicaid bed count of certified Medicaid beds in ICF/IIDs.

5.11.4. Hospices

5.11.4.1. Licensed Medicaid facility occurrences.

5.11.4.2. Surveys completed, survey type and survey findings.

5.11.4.3. Complaints for Medicaid Hospices which includes the provider involved, source of referral, mode of complaint, date complaint received, date complaint assigned, dates investigation started and ended, date report completed, investigator, allegations, findings and deficiencies.

5.11.4.4. New Hospices listing initial Licensure surveys for Hospice.

5.11.4.4.1. Written notification to a provider on Immediate Jeopardy situations and Condition level Deficiencies for Hospice shall be sent to the Department on an ongoing basis.

5.11.5. HHAs

5.11.5.1. List of the surveys completed, survey type, and survey findings.

5.11.5.2. Complaints for Medicaid Home Health Agencies which includes the provider involved, source of referral, mode of complaint, type of complaint, date complaint received, date complaint assigned, dates investigation started and ended, if not investigated, reason, number of days to resolved complaint, date report completed, investigator, allegations, findings and deficiencies.

5.11.5.2.1. Condition level deficiencies for the Home Health Agency program will be sent to the Department on an ongoing and as processed basis.

5.11.6. ACFs

5.11.6.1. Licensed Medicaid facility Occurrences.

5.11.6.2. Surveys completed, Survey type and Survey findings.

5.11.6.3. Complaints for ACFs which includes the provider involved, source of referral, mode of complaint, date complaint received, date complaint assigned, dates investigation started and ended, date report completed, investigator, allegations, findings and deficiencies.

5.11.6.4. Licensed assisted living residences and certified ACFs by county.

5.11.6.5. The Department shall provide the following ACF information to DPHE:

5.11.6.5.1. The number of Medicaid paid days for each ACT for the prior fiscal year by February 15th of each year. DPHE shall use this information to determine "high" Medicaid utilization ACFs for the purpose of setting licensing fees.

5.11.7. Other Waiver Services listed under 5.1.9.

5.11.7.1. Surveys completed, survey type and survey findings.

5.11.7.2. Complaints which include the provider involved, source of the referral, mode of complaint, date complaint assigned, dates investigation started and ended, date report completed, investigator, allegations, findings and deficiencies.

5.11.7.3. Annual 372 Reports for services listed under section 5.1.9. and ACFs.

5.11.7.3.1. By November 1, DPHE shall provide data to the Department with the following information for the previous state fiscal year (July 1 – June 30).

5.11.7.3.1.1. The number of agencies out of the total number of surveyed that will be cited for deficiencies.

5.11.7.3.1.2. Type of deficiencies.

5.11.7.3.1.3. Description listed in the descending order of frequency.

5.11.7.3.2. By May 1, DPHE shall provide data to HCPF with the following information for the previous calendar year (January 1 – December 31).

5.11.7.3.2.1. Number of HCBS providers out of the total number surveyed who were cited for deficiencies.

5.11.7.3.2.2. The number of HCBS providers that were terminated for failure to correct deficiencies.

5. DATA EXCHANGE TASK ORDERS

5.2. DPHE and HCPF will use a Task Order to identify specific data requests not contained within the IA. DPHE AND HCPF will utilize the attached Task Order template to specify the scope of the data request. For a Task Order to be considered complete, it must include, at a minimum, all of the following:

5.2.1. The dates the Task Order will be effective.

5.2.2. Definition, purpose and use of the specific data requested.

5.2.3. A due date or timeline for the data requested in the Task Order.

5.2.4. The signature of a HCPF employee who has been designated to sign Task Orders.

5.2.4.1. Each Department will provide the name of the person it has designated to sign Task Orders on behalf of HCPF, who will be HCPF's primary designee. Each Department will also provide a list of backups who may sign a Task Order on behalf of HCPF if the primary designee is unavailable. HCPF may change any of its designees from time to time by providing notice in a Task Order.

---------- Forwarded message ---------
From: **Mendoza - CDPHE (She | Her | Hers), Angel** <angel.mendoza@state.co.us>
Date: Tue, Jun 20, 2023 at 10:21AM
Subject: Quick update on FY24 CDPHE/HCPF IA
To:
Cc: Kirk Bol - CDPHE <kirk.bol@state.co.us>, Chris Wells - CDPHE <chris.wells@state.co.us>, Ashley Juhl - CDPHE <ashley.juhl@state.co.us>, John Arend - CDPHE <john.arend@state.co.us>, Rickey Tolliver - CDPHE <rickey.tolliver@state.co.us>, Sarah Blackwell - CDPHE <sarah.blackwell@state.co.us>, Kristin McDermott - CDPHE <Kristin.McDermott@state.co.us>, Raymond Oliva - CDPHE <raymond.oliva@state.co.us>, <lynn.trefen@state.co.us>, Heather Roth - CDPHE <heather.roth@state.co.us>, Kevin Berg - CDPHE <kevin.berg@state.co.us>, Peter Dupree - CDPHE <peter.dupree@state.co.us>, Juli Bettridge - CDPHE <juli.bettridge@state.co.us>, Rachel Severson - CDPHE <rachel.severson@state.co.us>, Sarah Dehry - CDPHE <sarah.dehry@state.co.us>, Lori Kennedy - CDPHE <lori.kennedy@state.co.us>, Yuli Bomber - CDPHE <yuli.bomber@state.co.us>, Travis Howell - CDPHE <Travis.howell@state.co.us>, Jessie Vigil - CDPHE <jessie.vigil@state.co.us>, CDPHE HFEMSD Fiscal - CDPHE <cdphe_hfemsd_fiscal@state.co.us>, Christine McGroarty - CDPHE <christine.mcgroarty@state.co.us>, Keith Cooper - CDPHE <keith.cooper@state.co.us>, Natalya Verscheure - CDPHE (She | Her | Hers) <natalya.verscheure@state.co.us>, Tara Trujillo - CDPHE <tara.trujillo@state.co.us>, Hannah VogtSchaller - CDPHE <hannah.vogtschaller@state.co.us>, Lyz Sanders - CDPHE <Lyz.Sanders@state.co.us>, Ashleigh Kirk - CDPHE <ashleigh.kirk@state.co.us>, Stephen Holloway - CDPHE <steve.holloway@state.co.us>, Mandy Bakulski - CDPHE <mandy.bakulski@state.co.us>, Jennie Munthali - CDPHE <jennie.munthali@state.co.us>, Rachel Hutson - CDPHE <rachel.hutson@state.co.us>, Dana Logsden - CDPHE <dana.logsden@state.co.us>, Delgado - CDPHE, Luis <luis.delgado@state.co.us>, Megan Duffy - CDPHE (She | Her | Hers) <megan.duffy@state.co.us>, Tamara Davis - CDPHE <tamara.davis@state.co.us>, Emily Kinsella - CDPHE (She | Her | Hers) <emily.kinsella@state.co.us>, <morgan.mcclosky@state.co.us>, Shelly Reed - CDPHE <shelly.reed@state.co.us>, Hannah Peterson - CDPHE (She | Her | Hers) <hannah.peterson@state.co.us>, Dennis Wright - CDPHE (He | Him | His) <dennis.wright@state.co.us>

Hi all,

HCPF is still reviewing the requested updates CDPHE staff made to the current IA for FY24. They did ensure me the FY23 version is valid until the FY24 IA is executed. I've attached a copy of the current IA in case you need it for grant submissions, etc.

Thanks for your patience, and I will send the final FY24 version once it has been finalized.

Thank you,

Angel M. Mendoza
CHED Human Resources and Technology Liaison

COLORADO
Center for Health
& Environmental Data
Department of Public Health & Environment

4300 Cherry Creek Drive South, Denver, CO 80246

angel.mendoza@state.co.us | www.colorado.gov/cdphe

STATE OF COLORADO

Friedman - CDPHE, Risa <risa.friedman@state.co.us>

Fwd: Quick update on FY24 CDPHE/HCPF IA

Hutson - CDPHE, Rachel <rachel.hutson@state.co.us> Tue, Jun 20, 2023 at 10:48 AM
To: Risa Friedman - CDPHE <risa.friedman@state.co.us>, Lyz Sanders - CDPHE <lyz.sanders@state.co.us>

So if we don't have an updated version in time for when we submit, we'll go with the same one we submitted last year. And if needed, we could also attach a PDF of this email indicating that the IA is still in effect despite the fact that it says it expires 6/30/23?

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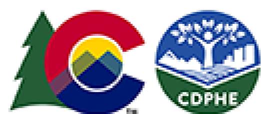

COLORADO
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4300 Cherry Creek Drive South, Denver, CO 80246
angel.mendoza@state.co.us | www.colorado.gov/cdphe

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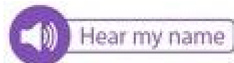
Rachel Hutson, MSN, RN, CPNP 

Branch Director
Children, Youth and Families Branch
Pronouns: She/Her/Hers
Please note: *My working hours may not be your working hours. Please do not feel obligated to reply outside of your normal work schedule.*

COLORADO
Prevention Services Division
Department of Public Health & Environment

P 303.692.2365 office/303.478.1998 cell
4300 Cherry Creek Drive South, Denver, CO 80246
rachel.hutson@state.co.us | www.colorado.gov/cdphe

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