COLORADO
Department of Health Care Policy & Financing

House Bill 23-1300 Feasibility Study: Health-Related Social Needs Event 2

July 22, 2025

About the Event

The Department of Health Care Policy and Financing (HCPF) held a stakeholder meeting on July 22, 2025, to provide updates on House Bill 23-1300 (HB23-1300). The bill directs HCPF to assess the feasibility of expanding continuous eligibility and services that address health-related social needs (HRSNs) for certain populations. In this meeting, the second in a series of two, stakeholders provided input on high-impact services to address nutrition and social needs related to HRSNs, identified priority populations for these services, and shared potential barriers to implementing these services. HCPF hosted this meeting, in partnership with the Colorado Health Institute (CHI), with 194 people registered and 90 attending. Seventy-six attendees responded during the meeting using Mentimeter, an online polling tool, to share their background or experience. Materials from this meeting, and the previous meeting held June 24, 2025, can be found on the HCPF HRSN webpage.

What is the background or experience that you bring to today's discussion? (N = 76)

- Health First Colorado member: 4 respondents
- Health care provider: 12 respondents
- Social service provider: 16 respondents
- Advocate: 12 respondents
- Local or state government staff: 17 respondents
- Subject matter expert: 3 respondents
- Other: 15 respondents

Meeting Materials

- Recording in English (with closed captioning)
- Recording in Spanish
- Recording with American Sign Language
- Presentation slides

Introduction and Background

CHI staff opened the meeting by welcoming attendees and reviewing meeting logistics. HCPF staff then shared background information regarding HCPF's role in addressing HRSNs.

- **Defining Health-Related Social Needs:** HCPF staff defined HRSNs as non-medical factors that influence a person's health and well-being. These factors include things such as affordable and safe housing, nutritious and available food, consistent utilities, and services that address or prevent violence and discrimination, and improve health care availability.

- **HCPF's Role in Addressing HRSNs:** HCPF staff shared that state Medicaid programs have addressed HRSNs by paying for services, providing case management, and investing in infrastructure. HCPF has initiatives across multiple domains to address the HRSNs of Colorado's Medicaid program members. This includes the following efforts:
    - HCPF has existing services for qualifying Health First Colorado members. For members who qualify for a Home and Community-Based Service (HCBS) waiver, there are services available to address housing and nutrition needs as well as services specific to transitions. Some members also qualify for housing support services and peer services through the behavioral health benefit.
    - Colorado is also in the process of implementing HRSN services approved through an 1115 Waiver Amendment. These services include housing-related services such as case management, pre-tenancy navigation, transition and moving costs, rental assistance, nutrition counseling and education, medically tailored meals, and pantry stocking or home-delivered meals. These services are available to people eligible for certain housing vouchers, and will be phased in beginning July 1, 2025, starting with housing services.
- **House Bill 23-1300 Feasibility Study:** CHI staff explained that HB23-1300 directs HCPF to study the feasibility of expanding continuous eligibility of specific populations and HRSN service expansions or additions.
    - HCPF will publish the study publicly in January 2026. This study may inform implementation of some of these services at a later date.
    - CHI is reviewing services related to housing, extreme weather, nutrition, interpersonal violence, and social and community support. This second meeting focused on nutrition and social and community supports. Information from the first meeting can be found in the HRSN webpage.

Discussion Summary

Seventy-six attendees participated in Mentimeter polling to share their feedback and input on HRSN services related to nutrition and social supports, though not all respondents responded to each question. Attendees were also encouraged to share their feedback through Zoom chat and oral comments or questions.

Discussion Session 1: Nutrition Services

First, attendees provided feedback on nutrition services. They were encouraged to focus on services that support members' health and well-being by ensuring they have access to nutritious food.

Q1: Which of these nutrition services have the highest impact?

Attendees selected the two services they believed to be highest impact. Votes represent the total number of selections made, not the number of individual voters.

- Home-delivered meals: 30
- Pantry stocking: 21
- Coordination with other state agencies and services: 20
- Medically tailored meals/prescription boxes: 14
- Nutrition counseling and/or meal prep guidance: 11

Additional Feedback

- One attendee recommended that the Medicaid process for paying for nutrition services should clearly define nutrition counseling, nutrition education, and medical nutrition therapy. They said this is important for billing purposes and for noting the different needs for staffing.
- One attendee commented that home-delivered meals cannot adequately serve people experiencing homelessness and asked how medically tailored meals can be provided to this population. They noted that this is important to consider as people experiencing homelessness are often sicker and less able to obtain nutritious food than people in housing.

Q2: What additional nutrition services should be considered?

All additional services that do not fall into the categories previously shared are listed in this section. Those mentioned multiple times are followed by the number of mentions: (N = 27 respondents)

- Farmers market stipends/vouchers and produce box prescriptions and/or delivery: 7
- Congregate meal sites, especially for people experiencing homelessness: 6
- Child and family nutrition services: 6 (e.g. high school weekend food programs, maintaining current children's initiatives)
- Medical nutrition therapy and clinical support: 5 (e.g. nutrition screenings, assessments)
- Nutrition education and skill-building: 5 (e.g. budgeting, meal planning)
- Retail food vouchers and subsidies for grocery stores and restaurants: 4
- Additional support and coordination for SNAP, including funding for culturally specific foods or use at restaurants: 2
- Medically tailored meals delivered to people residing in shelters
- Community nutrition services
- Collaboration with schools, libraries, and restaurants
- Grocery delivery for people with transportation challenges
- Meal preparation box deliveries

Additional Feedback

- Attendees agreed that home-delivered meal portions should be made available to the full household or family, not just the one person eligible to receive the service, so that families can eat meals together.
- Attendees observed that nutrition education/food skills education was mentioned multiple times, but SNAP-Ed elimination in the budget reconciliation bill will leave a huge gap in these services.
    - One other attendee agreed and said that this is a huge concern for people with disabilities, especially for people transitioning out of institutional care. They noted that accessible nutrition education is already a gap, but the new budget changes will widen it.

Q3: What populations need these types of nutrition services the most?

Respondents discussed which populations should be considered for access to nutrition-related services:

- Children and families (e.g. whole-family services, families with children/members with disabilities)
- Older adults and seniors
- Unhoused and housing-insecure people (e.g. people also in subsidized housing or reentering stable housing)
- People with chronic or complex medical conditions (e.g. health-related nutrition needs or diseases)
- People with disabilities
- Justice-involved and reentry populations
- Pregnant and postpartum people
- People with substance use and behavioral health needs
- Low-income and underemployed households
- Rural populations
- Newly arrived immigrants
- Homebound individuals

Additional Feedback

- One attendee said that people with disabilities and older adults heavily rely on these services and any changes to food and nutrition supports always have a significant impact on this population.
- Another attendee emphasized that people with disabilities who are experiencing homelessness are an important population to focus on, especially those who are turned away from shelters due to disability status.
- One attendee asked if “home-delivered” meals can also include people in shelters. They elaborated on how people in shelters sometimes have specific allergies that cannot be accommodated by the shelter.

- One attendee mentioned how nutrition counseling and education are also important for physically impaired/disabled individuals and caretakers.
- Another attendee suggested that the requirement for a medical diagnosis creates a barrier to benefits and Medicaid members may not trust doctors or behavioral health providers enough to share that they are experiencing food insecurity.
- One attendee recommended that HCPF consider clear designations of scope of work between a community health worker (CHW) and a registered dietitian (RD), rather than use their roles interchangeably. They noted that eligibility screening can be done by a CHW or RD, but if the patient screens positive to receive services, then only the RD would be qualified to conduct the nutrition assessment and provide medical nutrition therapy (MNT) and prescribe a medically tailored meal. They indicated a need for additional or improved clarity on which billing codes could be used by these providers and for those services.They also asked which billing codes would be used if the RD is providing education and a medically tailored meal or if HCPF would consider using new codes for medically tailored meals and similar services.

Discussion Session 2: Social and Community Supports

Next, attendees discussed services related to social and community supports, which may refer to broadband access, transportation, caregiver supports, home visiting, and medical-legal partnerships. Attendees were asked to think about services that strengthen a member's connection to support systems that contribute to their physical, emotional, and mental well-being.

Additional Feedback

- One attendee asked for more information on the definition and examples of medical-legal partnerships (MLPs).
- One person said that MLPs can help prevent evictions and address other housing quality issues as well as resolve warrants and other items that keep people homeless or from accessing higher levels of care. CHI shared an example of how other states are providing legal support and partnership services on issues such as child services.

Q4: Which of these social and community support services have the highest impact?

Attendees selected the two services they believed to be highest impact. Votes represent the total number of selections made, not the number of individual voters.

- Caregiver supports: 30
- Transportation to community activities: 23
- Broadband access:16
- Home visiting: 15
- Medical-legal partnerships: 8

Additional Feedback

- Attendees shared examples of caregiver supports such as individual therapy, relationship education, parenting workshops, respite support, more reimbursements/payments for being a primary care provider, and more in-house support.
- One person mentioned how transportation can be vital to people navigating legal issues.
- One attendee highlighted the importance of connection to services, help with basic needs, and social connection if those individuals are isolated.

Q5: What additional social and community support services should be considered?

Additional services that do not fall into the categories previously shared are:

- Case management and outreach (e.g. care coordination and navigation, resource education, outreach funding)
- Education and vocational support (e.g. parent education for families)
- Pet/service animal care
- Translation and interpretation access
- Housing and legal support (e.g. support with legal or eviction issues)
- Social activities
- Child care (beyond current availability)

Additional Feedback

- One attendee highlighted the importance of medical-legal supports for those experiencing interpersonal violence and immigration needs.
- Some attendees commented that they would like to see recuperative care as a benefit for members experiencing homelessness. They expressed that it would improve outcomes and reduce costs for these members.
- One person said that providers/organizations that are providing support services need adequate compensation to provide these services through HCPF.

Q6: What populations need these types of social and community support services the most?

Respondents discussed which populations should be considered for access to social and community support services. Those mentioned multiple times are followed by their total.

- Seniors and older adults: 6
- People with disabilities and chronic illness, including those with mobility constraints: 6
- Unhoused and housing-insecure populations: 5
- Justice-involved and community-transitioning populations: 3
- Families and young children (e.g. large family households or young parents): 3
- Rural populations (e.g. broadband access and transportation barriers, with consideration to utilize mobile van services): 3
- Non-English speakers and immigrants: 2
- People with behavioral health needs

- Survivors of interpersonal violence
- People unable to access services during standard business hours (need evenings/weekends)
- People who do not qualify for standard county programs (peer or community-based support)

Q7: What are barriers to accessing these services?

CHI closed the discussion by asking about barriers to accessing these services. Responses included:

- Transportation and mobility (e.g. hours to the service, lack of mobility options)
- Technology and broadband access
- Navigation and awareness of complex systems
- Scheduling and hours of availability
- Language and cultural barriers
- Staffing and outreach capacity (e.g. limited staff and outreach workers)
- Eligibility requirements and documentation
- Social, emotional, and stigma-related barriers
- Environment or safety
- Immigration status and fear
- Experiencing domestic violence

Additional Feedback

- One attendee also mentioned that victims of domestic violence are usually without resources such as internet, phone, or financial resources.
- Other attendees cited the importance of safe housing, childcare and resources, clothing, assistance with housing, and available medical care.
- Other attendees highlighted transportation barriers, limited plain language materials, lack of access to shelter/community space, and isolation (especially in rural areas) as just some of the many barriers that individuals with disabilities face to accessing these services.

Question and Answer

Attendees asked questions on various topics throughout the meeting. Those questions and responses are provided in this section. Answers are based on the information that was current and available as of July 22, 2025, when the meeting was held. Some language has been adjusted for clarity.

- Question: How will midwives be included as licensed providers eligible for HRSNs?
    - HCPF response: For services provided through the 1115 current HRSN amendment, at this time HCPF is limited to providers enrolled to offer housing services as outlined in the waiver and the legislation. But HCPF is interested in ideas on how to include other providers like midwives as part of this study on potential future HRSNs.
- Question: How will the recent Medicaid cuts affect HRSN programming?
    - HCPF response: HCPF is closely watching the federal landscape and how it may impact state programs. Please stay informed by tracking HCPF's regularly updated Understanding Federal Impacts webpage.

- Question: Is there any movement toward improving access to end-of-life care for unhoused people, who have few choices that are often not tailored to their needs?
    - HCPF response: This is not a topic HCPF is exploring in this study as outlined in HB23-1300, and they appreciate the suggestion.
- Question: If a member is in a shelter that provides food, could payments be made to the shelter to support their food preparation?
    - HCPF response: There are limitations to the eligible providers outlined in the waiver and legislation. But HCPF is interested in ideas on how to include other providers as part of this study. That is a question HCPF is still working through and will provide guidance in the future.
- Question: Are nutrition supports solely about access to food or does this include access to nutrition education, care, and counseling?
    - HCPF response: The waiver is in effect with a variety of covered services including nutrition counseling. Attendees can review the inclusions in slides from a past webinar. This study may include topics beyond approved services, including those suggested. Please see opportunities to learn more regarding nutrition in the 1115 waiver in the events section of the HRSN webpage.
- Question: Are vendor-provided medically tailored meals an option?
    - HCPF response: There are limitations to the reimbursement opportunities outlined in the waiver and legislation. Share ideas and learn more by attending stakeholder meetings regarding nutrition in the 1115 waiver in the events section of the HRSN webpage.

Next Steps

CHI ended the meeting and invited participants to stay engaged by:

- Subscribing to HCPF's newsletter to stay aware of future engagement and feedback opportunities, as well as project updates.

- Attending the next stakeholder meetings to provide feedback on the HB 23-1300 Feasibility Study, which will be held on August 26, 2025, at 1 p.m. and 6 p.m.

For more information contact:

hcpf_hrsn@state.co.us or Suman Mathur, CHI, at mathurs@coloradohealthinstitute.org