



House Bill 23-1300 Feasibility Study: Health-Related Social Needs Event 3

August 26, 2025

About the Event

The Department of Health Care Policy and Financing (HCPF) held two bilingual stakeholder meetings on August 26, 2025, at 11:00 a.m. to 12:30 p.m. and 6:00 to 7:30 p.m., to provide updates and findings 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 (HRSN) for certain populations. In this meeting, stakeholders were provided with research findings that were collected on four high-impact services: housing, nutrition, extreme weather preparation and mitigation, and social and community supports. In addition, the findings highlighted the identified priority populations for these services and potential barriers to implementing these services.

HCPF hosted this meeting in partnership with the Colorado Health Institute (CHI). Between the two sessions, 88 people registered and 35 attended. Participants had the option to provide feedback through oral comments, Zoom chat, or through Mentimeter, an interactive polling tool.

Attendees included health care providers, home health providers, social service providers, advocates, local and state government staff, and other interested people.

Meeting Materials

Materials from the meeting, including a recording in English, a recording in Spanish, and presentation slides, are available on [HCPF's HRSN webpage](#).

Introduction and Background

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

- 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.
- CHI highlighted services related to housing, extreme weather, nutrition, interpersonal violence, and social and community support. In addition, they discussed eligibility and how the services can be expanded to certain populations.
- HCPF will publish the study publicly in January 2026. This study may inform future implementation of some of these services.

Discussion of Initial Research Findings:

CHI walked through research findings gathered from the two previous public meetings on HRSN and additional conversations with stakeholders. These findings were informed by conversations with:

- Health First Colorado members
- Health First Colorado providers
- Peer-state Medicaid agencies
- Partner state agencies, including the Department of Human Services, Department of Local Affairs Division of Housing, and the Department of Public Health and Environment
- Advocates
- Subject-matter experts in violence prevention, housing, nutrition, and climate
- HCPF subject matter experts

Attendees were encouraged to share their feedback through Zoom chat, oral comments or questions, or through Mentimeter. Twelve attendees participated using Mentimeter, though not all 12 responded to each question.

Attendees were asked to consider the following questions throughout the discussion:

- What would you add to the findings shared today?
- What are barriers to implementing these services?
- How can HCPF collaborate with local partners to address these barriers?

Discussion Session 1: Housing Services

CHI presenters discussed how housing services span a range of types and intensities – including supportive services, transitional housing, permanent housing, and housing-quality improvements – and are often combined (e.g. permanent supportive housing) to meet diverse needs.

CHI staff also explained how different populations may require different levels of support: people with chronic conditions may need long-term, wraparound services, while others may benefit from targeted, short-term help like one-time moving assistance or pre-tenancy support.

CHI also noted that stakeholders have discussed the importance of respite care services and hospice and end-of-life housing for unhoused people.

Feedback:

Attendees highlighted possible implementation barriers for housing services, including:

- **Outreach and Engagement Gaps.** Attendees brought up a lack of effective outreach to unhoused people. They noted that many programs cannot afford to fund street outreach, and Medicaid does not reimburse for outreach activities. This may create a critical disconnect – without outreach, people aren't getting connected to available services. Other attendees said



that language barriers between service providers and people experiencing homelessness limit access to needed services.

- **Disrupting Social Support Networks.** Attendees pointed out that housing options may not consider the importance of social ties. Placing someone in housing far from their community, family, or support networks can create isolation and undermine long-term stability.
- **Administrative and Financial Challenges.** One attendee discussed challenges in transitioning from the Statewide Supportive Housing Expansion (SWSHE) Pilot to program implementation via the 1115 waiver. The attendee noted differences in the administrative systems and infrastructure between housing services and state Medicaid. This included implementing HIPAA-compliant software and managing mismatched billing codes for nonclinical providers.
- **Sustainability.** Attendees mentioned ongoing costs associated with keeping someone housed in permanent supportive housing (PSH), such as storage, cleaning fees, and other related expenses.

Discussion Session 2: Nutrition Services

CHI discussed nutrition services and how this can include providing people with nutritious food and education and support related to nutrition.

In previous meetings, stakeholders prioritized home-delivered meals (especially for elderly, disabled, and homebound people) and pantry stocking. They placed additional emphasis on communal meals, child/family programs, and access to local, fresh produce and proteins.

Feedback:

Attendees identified implementation barriers and needs related to nutrition services:

- **Expanding Eligibility for Nutrition Services.** Attendees said that while they were encouraged by efforts to expand Medicaid coverage of nutrition services, current services are limited to a very niche population. They expressed interest in broadening eligibility to include not only those who are unhoused, but also those with temporary or ongoing medical needs.
- **Preventive Nutrition Services.** Stakeholders said that many existing programs require a diagnosed medical condition for eligibility and recommended considering nutrition support not just for people who have experienced a specific medical condition, but also to prevent these medical conditions from occurring. Stakeholders said that local public health agencies who employ registered dietitians can be important partners to connect people with skilled professionals who can provide tailored education and nutritional support.
- **Practical Nutrition Services for Unhoused People.** A few attendees said that some nutrition supports, like pantry stocking or home-delivered meals, are not practical for people who are unhoused or do not have kitchen access. They recommended extending nutrition support, such as food vouchers, to restaurants, particularly those with healthier meal options, as well as options for meal delivery to communal settings, like day shelters.
- **Practical Meal Preparation Utilities.** Attendees identified key material needs to support nutrition, especially for people transitioning into housing. Items like refrigerators, can

openers, Ziploc bags, and other basic kitchen tools can significantly improve access to and storage of healthy food.

Discussion Session 3: Extreme Weather

CHI staff explained how extreme weather services mitigate heat, cold, and natural disaster impacts (e.g., power outages) and often intersect with housing-quality improvements like transitional housing and mold remediation.

CHI discussed safe heating for unhoused individuals, HVAC-related utility costs, medication storage during extreme temperatures, and prioritizing backup power during outages for people who depend on medical equipment.

Feedback:

- Attendees appreciated that this topic was included in the study, given that these types of services are not typically covered by grants.
- One attendee emphasized the need for extreme weather shelter for the unhoused community.

Discussion Session 4: Social and Community Supports

CHI shared that caregiver support, transportation, and improved referrals to education, housing, legal aid, home visiting, and translation services emerged as the most impactful community supports.

Feedback:

- Stakeholders emphasized that connection to social and community supports is essential and said that it will be important to track and monitor the types of services and supports people are accessing to improve overall care quality and navigation.
- Participants highlighted the importance of reimbursing services provided by community health workers to strengthen support systems.
- Stakeholders raised the value of youth-focused activities in addition to those focused on older adults and parents.

Other Key Findings:

CHI concluded the public meeting by providing these final findings:

- Stakeholders prioritized services for families with young children and those experiencing interpersonal violence, with a focus on household-level support rather than individual needs.
- Participants suggested that services should be implemented through a phased approach that accounts for capacity, builds infrastructure over time, leverages regional pilots, and prioritizes trust-building between partners.

- Participants expressed that while many strong local programs exist, connecting people to the right services remains challenging, highlighting the need for ongoing stakeholder and community engagement to bridge gaps between individuals, programs, and providers.

Question and Answers

Stakeholders asked questions throughout the webinar. A summary of questions and responses from HCPF follows.

- **Question:** What housing resources are available for single mothers? How can we connect them to these services?
- **HCPF Response:** Through the Medicaid program, we are just starting to embark into the world of housing services, and programs are very limited on who they can serve. The Department of Local Affairs (DOLA) runs a variety of programs that provide other housing support to a broader set of people.
- **Question:** Which housing vouchers are currently eligible for the waiver?
- **HCPF Response:** Current vouchers, managed by DOLA, include Permanent Supportive Housing vouchers, Community Access Team vouchers, and Colorado Fostering Success vouchers. The study is not limited to this scope, however. More information on current HRSN services is available on [HCPF's HRSN webpage](#).

Next Steps

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

- Attending future meetings; HCPF will hold additional meetings in early 2026, following publication of the feasibility study.
- Subscribing to HCPF's [HRSN newsletter](#) to stay aware of future engagement and feedback opportunities, as well as project updates.
- If additional information is needed on HRSN, please visit the [HCPF HRSN webpage](#).

For More Information

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