Notice of Public Comment Process
Medicaid Section 1115 Demonstration Extension

Public Comment Period Begins: September 10, 2024, at 8:00 am MT

Public Comment Period Ends: October 10, 2024, at 5:00 pm MT

Public notice is hereby given that the State of Colorado's Department of Health Care Policy & Financing (HCPF) is seeking public comments on an extension and amendment to the Expanding the Substance Use Disorder (SUD) Continuum of Care Section 1115 Demonstration (Demonstration). As part of this extension request, Colorado is requesting that the Demonstration be converted to a comprehensive 1115 and that the Demonstration be renamed, "Comprehensive Care for Colorado." Approval of this request would extend the demonstration through December 31, 2030.

HCPF is seeking an extension and an amendment to the Demonstration. Colorado is proposing no change to the SUD waiver authority granted by the federal government effective January 1, 2021, through December 31, 2025. Colorado is submitting information with this extension request to add an additional program to the 1115 authority for Presumptive Eligibility (PE). In addition, Colorado is requesting that the following programs in pending 1115 amendments be incorporated into the Demonstration:

1. Re-entry services for adults and youth transitioning from correctional facilities — submitted April 1, 2024
2. Reimbursement for acute inpatient and residential stays in institutions for mental disease (IMDs) for individuals diagnosed with a serious mental illness or serious emotional disturbance — submitted April 1, 2024
3. Continuous eligibility for children 0-3 years and 12 months of continuous coverage for individuals leaving incarceration — submitted April 1, 2024
4. Health-related social needs (HRSN), housing and nutrition supports — submitted August 12, 2024

A summary of the pending 1115 amendments, current SUD waiver authority, and PE amendment are included in this notice. Budget Neutrality projections for all six programs (SUD, PE, Re-entry services, SMI/SED services, HRSN, and Continuous Eligibility) are included in this extension request.

Program Description of the Extension Application

SUD Authority Extension Requested

Through the substance use disorder (SUD)/opioid use disorder (OUD) demonstration, the State has maintained and expanded critical access to OUD and other SUD services and continues to make delivery system improvements for these services to provide more coordinated and comprehensive SUD/OUD treatment for Medicaid beneficiaries. This Demonstration component will continue to

provide the State with authority to provide high quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as an Institution for Mental Disease (IMD). The Demonstration will also build on the State's existing efforts to improve models of care focused on supporting individuals in the community and home, outside of institutions, and strengthen offering the full continuum of all levels of care through SUD services based on the American Society of Addiction Medicine (ASAM) Criteria and its nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.

Re-Entry Services Authority (Extension) Requested

In alignment with House Bill 24-1045 and Senate Bill 22-196, this extension request would authorize (or extend authorization if the amendment is approved prior to the renewal) Medicaid-funded re-entry services to incarcerated individuals across several settings, including State prisons and youth in correctional facilities. The 90-day re-entry services would include:

- Case management (care coordination) services that include physical health (PH) and behavioral health (BH) clinical screenings and consultation services.
- A 30-day supply of prescription medications and medication administration upon release.
- Medication assisted treatment (MAT) for all US Food and Drug Administration (FDA)-approved medications (including counseling and long-acting injectables).

HCPF is seeking to implement prerelease services for individuals transitioning from State-run facilities operated by the Colorado Department of Corrections (DOC) and Division of Youth Services (DYS) facilities by July 1, 2025.

SMI/SED IMD (Extension) Authority Requested

Currently, Colorado utilizes "in lieu of" authority under its managed care 1915(b) Waiver to pay for care in an IMD. This allows managed care entities (MCE) to provide IMD reimbursement for stays of up to 15 days in a calendar month. This authority provides sufficient coverage for most acute psychiatric inpatient stays. However, there remain IMD stays that exceed the 15-day limit due to issues such as patient acuity and additional time needed to ensure a safe and appropriate transition to community-based services.

This amendment incorporates feedback from stakeholders that requests HCPF seek authority to reimburse for stays up to 60 days while maintaining an average length of stay (ALOS) of 30 days. This will permit the State to modify its current practice through which a prorated capitation payment is made to the MCE for the days within the month that the enrollee was not in an IMD and the MCE's subsequent payment recoupment from the IMD for the entire stay.

HCPF is requesting an effective date of July 1, 2025, for the IMD component of this amendment.

Continuous Eligibility Authority (Extension) Requested

Colorado House Bill 23-1300 (HB23-1300) authorizes HCPF to seek federal authority to provide continuous Medicaid and Child Health Plan Plus (CHP+) coverage for children up to age three and for 12 months for adults who have been released from a Colorado DOC facility, regardless of any change in income during the applicable continuous coverage period. Through this Demonstration amendment, Colorado aims to improve the health and well-being of enrollees through consistent access to health care coverage during critical periods in life. Providing continuous coverage can decrease gaps in insurance coverage and enhance the continuity of care and delivery of PH and BH services during early childhood and when adults experience the difficult transition of leaving the criminal justice system.

HCPF is seeking to implement the continuous eligibility component of this amendment by January 1, 2026.

HRSN Authority (Extension) Requested

HRSN authority will permit the State to cover targeted HRSN services for certain Medicaid enrollees.

The proposed HRSN services are housing and nutrition supports. The State intends to help address unmet needs related to a lack of adequate housing and nutrition support in three target populations. The lack of adequate housing and nutrition support contributes to poor health for individuals that are: 1) homeless or at risk of homelessness, 2) transitioning from residing in nursing facilities, or 3) transitioning out of foster care.

Presumptive Eligibility Authority Requested

Presumptive eligibility permits states to designate certain entities to enroll members in benefit programs who are likely to be ultimately eligible for the program. During the PE period, the member's full eligibility for Medicaid is processed while the member receives Medicaid services and, in this case, some HCBS benefits for which they are applying.

Presumptive eligibility in Colorado is allowable for children (42 CFR § 435.1102), pregnant women, those with diagnoses of breast or cervical cancer, and those eligible for limited family planning benefits (42 CFR § 435.1103). In addition, the current Colorado Medicaid State Plan allows for Federal Financial Participation for PE as stated in 42 CFR § 435.1001 and 1002 pursuant to subpart L.

Program Objectives and Goals

SUD

The State will continue to test whether the SUD Section 1115 Demonstration amendment described in these Special Terms and Conditions (STCs) is likely to assist in promoting the objectives of Medicaid by achieving the following results:

- Increased rates of identification, initiation, and engagement in treatment.

- Increased adherence to and retention in treatment.
- Reductions in overdose deaths, particularly those due to opioids.
- Reduced utilization of emergency department (ED) and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate considering the opportunity for improved access to other continuum of care services.
- Fewer readmissions to the same or higher level of care (LOC) where the readmission is preventable or medically inappropriate.
- Improved access to care for PH conditions among beneficiaries.

Re-Entry Initiative

This Demonstration amendment will allow for the continuity of medical assistance services for individuals leaving the DOC and DYS facilities. Consistent with the Centers for Medicare & Medicaid Services (CMS) goals as outlined in the April 17, 2023, State Medicaid Director (SMD) letter, the State's specific goals for the Re-entry Initiative are to:

- **Increase coverage, continuity of coverage, and appropriate service uptake** through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release.
- **Improve access to services** prior to release and improve transitions and continuity of care into the community upon release and during re-entry.
- **Improve coordination and communication** between correctional systems, Medicaid systems, administrative services organizations, and community-based providers.
- **Increase additional investments in health care and related services**, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful re-entry post-release.
- **Improve connections between carceral settings and community services** upon release to address PH, BH, and HRSN.
- **Reduce all-cause deaths** in the near-term post-release.
- **Reduce the number of ED visits and inpatient hospitalizations** among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine PH and BH care.

The State intends to implement the Demonstration statewide on or after July 1, 2025. The State requests to operate the Demonstration through the end of the current SUD Demonstration approval period (if approved before the extension) and continue the Demonstration through the extension period. This amendment request provides a detailed overview of coverage and service provisions, as well as re-entry initiative objectives, financing, implementation, and monitoring/evaluation.

Severe Mental Illness Initiative

The State's goals for reimbursement of short-term stays in IMDs are aligned with those of CMS for this Demonstration opportunity, including:

- Reduced utilization and lengths of stay in EDs among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment in specialized settings.
- Reduced preventable readmissions to acute care hospitals and residential settings.
- Improved availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the State.
- Improved access to community-based services to address the chronic mental health care needs of beneficiaries with SMI or SED including through increased integration of primary and BH care.
- Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.

Continuous Eligibility Initiative

This Demonstration will end coverage disruptions among Medicaid and CHP+ enrolled children through age three, enabling families and providers to better address their primary and preventive health care needs. This request seeks to:

- Ensure continuous Medicaid and CHP+ coverage for young children.
- Promote longer-term access to and continuity of PH care, BH care, dental care, and preventive services.
- Combat racial inequities.
- Improve health outcomes and well-being for low-income young children.

This request will also ensure that coverage disruptions do not prevent adults leaving incarceration in Colorado DOC facilities from receiving ongoing treatment for PH or BH needs during a critical time. This is anticipated to improve SUD and mental health treatment, reduce recidivism rates, and reduce costly hospitalizations and unnecessary ED visits. This request seeks to:

- Ensure 12 months of continuous Medicaid coverage for adults leaving a DOC facility.
- Promote longer-term access to and continuity of PH and BH care and care coordination.
- Combat racial inequities.

- Improve short- and long-term PH and BH outcomes and reduce recidivism for adults leaving a Colorado DOC facility.

HRSN Initiative

Consistent with the CMS policies as outlined in the November 16, 2023, CMS Information Bulletin, and in the CMS All States presentation on December 12, 2022, Colorado's specific goals for the HRSN Demonstration are to:

1. Improve the health-status of Medicaid beneficiaries by removing social barriers to health.
    A. Addressing unmet HRSN within the Medicaid-eligible population will improve health outcomes.
    B. Addressing unmet HRSN within the Medicaid-eligible population will reduce the cost of care.
    C. HRSN services will result in a reduction of readmissions within 30 days, to EDs and hospitals.
2. Improve connections between Medicaid beneficiaries and community services to address PH, BH, and HRSN.
    A. HRSN services (improvements in housing stability and nutrition) will result in an increase in recommended and/or preventive care.

HCPF is seeking to provide HRSN services beginning July 1, 2025.

Presumptive Eligibility Initiative

Receipt of authority for LTSS PE will help close a barrier to services currently experienced by Colorado Medicaid members in crisis situations. The goals of this program support HCPF objectives including:

- **Improving health care access.** Reducing the time that members in crisis situations must wait before receiving needed services and supports will improve access to care, allowing members a greater chance of residing in their environment of choice. This program will allow members to receive services and benefits while their Long Term Care Medicaid application is being processed.
- **Improving health care outcomes.** Reducing the barrier of long enrollment timelines for eligible members who need care right away will improve health outcomes. Allowing members to self-declare eligibility and start receiving services right away will help avoid or delay more intensive and/or costly levels of care and improve life quality and expectancy.
- **Saving Coloradans money on health care.** HCPF believes that both members and the State will benefit through LTSS PE. Members will be able to access needed supports right away, in some cases discharging from more costly settings like hospitals or NFs, using the LTSS PE expedited time

frame. This program will also serve to allow members a choice of living environment while ensuring their service needs are met.

Health Care Delivery

Health First Colorado is a Medicaid insurance program that provides access to PH and BH care, hospitalization, nursing facility care, prescription drugs, dental care, and other benefits for qualifying adults and children. PH services are paid for through the traditional fee-for-service (FFS) structure through HCPF. While BH and care coordination services are capitated and provided by Regional Accountable Entities (RAEs) through contracts with HCPF. The RAEs have data sharing agreements with the DOC to better support members as they transition to the community.

Since 2011, the Accountable Care Collaborative (ACC) has served as the core vehicle for delivering and managing member care for Health First Colorado. All full-benefit Health First Colorado members are enrolled in the ACC except for members enrolled in the Program for All Inclusive Care for the Elderly. The ACC integrates managed FFS PH care and managed care for BH. The ACC's regional model allows it to be responsive to unique community needs. Key components of the ACC include care coordination and member support.

The health care delivery system is not anticipated to change under this Demonstration amendment.

Eligibility

SUD Initiative

The SUD initiative has been implemented primarily by the RAEs as noted above with PH being delivered through the ACC. Individuals requiring medically necessary SUD services who are eligible under the current Medicaid program are eligible under the Demonstration to receive the SUD IMD services.

Re-Entry Initiative

Suspension of Coverage. As noted above, in the prison system, there is a manual process for moving eligibility from a full Medicaid benefit package to a limited inpatient benefit package. However, in the youth detention facilities, there is no formal process. The State is interested in automating the "suspend" functionality for Medicaid members in DOC. In addition, DOC staff will need to increase their timeframe for review of documents to ensure all eligible members are actively enrolled in Medicaid to access 90-day prerelease benefits. DYS staff will need to implement practices to identify Medicaid-eligible youth to ensure access to 90-day prerelease services status with the additional component of notifying the individual of status.

As is required for Justice Involved (JI) 1115 Demonstrations, HCPF will work to maintain and enhance eligibility processes to ensure individuals who were enrolled in Medicaid at the time they entered the correctional system can have their coverage quickly and easily reinstated as part of prerelease

planning, and ensure that for those who were not enrolled in Medicaid when entering the correctional system, the State will improve its eligibility process for Medicaid coverage applicable to all individuals leaving a prison or jail setting, ensuring that individuals receive assistance with completing and submitting an application for Medicaid, unless the individual declines such assistance or wants to decline enrollment.

If an individual who is incarcerated would be eligible for Children's Health Insurance Program (CHIP) if not for their incarceration status, and qualify to receive prerelease services, then prerelease services will be covered under this Demonstration amendment.

Re-entry Demonstration Initiative populations are defined as persons who are enrolled in Medicaid or who would be eligible for CHIP except for their incarceration status, or who are incarcerated in a State prison or juvenile facility who meet the eligibility criteria below. Like the state of Washington, no specific health condition is required for demonstration eligibility. To receive services under the Re-entry Demonstration, a beneficiary will meet the following qualifying criteria:

- Meet the definition of an inmate of a public institution, as specified in 42 CFR 435.1010, and be incarcerated in a State prison or juvenile facility.
- Be enrolled in Medicaid or otherwise eligible for CHIP if not for their incarceration status.
- Identify as expected to be released in the next 90 days and identify for participation in the Demonstration.

Severe Mental Illness Initiative

All enrollees eligible for a mandatory or optional eligibility group approved for full Medicaid coverage would be eligible for stays in an IMD under the Demonstration. Only the eligibility groups outlined in Table 1 below will not be eligible for stays in an IMD as they receive limited Medicaid benefits only.

Table 1: Eligibility Groups Excluded from the Demonstration

Eligibility Group	Social Security Act and CFR Citations
Limited Services Available to Certain Aliens	42 CFR §435.139
Qualified Medicare Beneficiaries	1902(a)(10)(E)(i) 1905(p)
Specified Low Income Medicare Beneficiaries	1902(a)(10)(E)(iii)
Qualified Individual Program	1902(a)(10)(E)(iv)
Qualified Disabled Working Individual Program	1902(a)(10)(E)(ii) 1905(s)

Eligibility Group	Social Security Act and CFR Citations
Presumptively Eligible Pregnant Women	1920 42 CFR §435.1103

Continuous Eligibility

The proposed continuous eligibility policy will apply to Medicaid-enrolled children with incomes up to 215% of the federal poverty level (FPL), CHP+ children with incomes up to 260% FPL, and children who would be eligible for medical assistance coverage but are not because of their immigration status. Once enrolled in Medicaid or CHP+, these children will remain continuously enrolled during their first three years of life without regard to family income. Additionally, Medicaid-eligible adults leaving a Colorado DOC facility will remain continuously eligible for Medicaid without regard to income for a period of 12 months beginning on the date of release.

HCPF will continue disenrollment of individuals who move out of state, request voluntary disenrollment, had initial eligibility erroneously determined, or die. The Demonstration will have no enrollment limits and no other eligibility modifications as proposed under this Demonstration amendment.

HRSN Eligibility

The HRSN authority does not alter Medicaid eligibility.

To qualify for HRSN services under this Waiver amendment, a beneficiary must meet the requirements for one of the following three categories for some or all of the expected HRSN services:

- Individuals eligible for Permanent Supportive Housing (PSH) vouchers experiencing a BH need and/or chronic health condition.
- Individuals eligible for Colorado Fostering Success (CFS) vouchers.
- Individuals eligible for Community Access Team (CAT) vouchers.

Individuals Eligible for PSH Vouchers

An individual must:

- Be 18 years of age or older
- Have a disabling condition
- Have a history of homelessness or be at risk of homelessness
- Must be at or below 30% of the area median income

For purposes of this Demonstration, the PSH population is further divided into three distinct eligibility groups based on the individual's status vis-à-vis a PSH voucher:

- Individuals matched to a PSH voucher within the past 12 months (PSHa population)
- Individuals eligible for PSH but not yet matched to a voucher (PSHb population)
- Individuals residing in PSH for more than one year (PSHc population)

HCPF anticipates 10,800 individuals eligible for services under this category in the first year of operation.

Individuals eligible for CFS Vouchers

Young adults ages 18 through 26 who left foster care on or after their eighteenth birthday, transitioning out of the foster care system:

- Be at least 18 years of age or older but less than 26 years of age.
- Have prior foster care or kinship care involvement in at least one of the following ways:
  - Have been in foster care on or after the youth's fourteenth birthday.
  - Have been in non-certified kinship care on or after the youth's fourteenth birthday and have been adjudicated dependent and neglected.
  - Have turned 18 years of age when the youth was a named child or youth in a dependency and neglect case.
- Reside in Colorado.
- Have an income level at or below 50% of the area median income based on the county where the young adult resides.

HCPF proposes to cap the number of individuals eligible for this category to 100 annually.

Individuals Eligible for CAT Vouchers

An individual must:

- Be 18 years of age or older.
- Be at or below 30% of the area median income.
- Meet the Housing and Urban Development definition of a disability.
- Receive HCBS Medicaid services or State Plan services or are eligible for such services.

The goal of CAT voucher is to move persons with disabilities out of nursing homes and other long-term care and into the community, and to prevent people with disabilities from being placed in an institution due to a lack of housing they can afford.

HCPF anticipates that 500 individuals in this category will be eligible for services in the first year of operation.

Benefits

SUD

HCPF provides SUD treatment in an IMD to any Medicaid member under the Demonstration for whom there is medical necessity.

Re-Entry Initiative

HCPF will provide the following services to incarcerated individuals during the 90 days prior to their release date:

- Case management (care coordination) services that include PH and BH clinical screenings and consultation services.
- A 30-day supply of prescription medications and medication administration post release.
- MAT for all FDA-approved medications (including counseling and long-acting injectables).

Severe Mental Illness Initiative

Additionally, HCPF will reimburse for stays up to 60 days while maintaining an ALOS of 30 days.

Continuous Eligibility

The continuous eligibility provisions will not affect benefits under the Demonstration.

HRSN Benefits

Housing Services

HCPF proposes to provide the following housing supports through this Waiver amendment:

- Rent/temporary housing for up to six months.
- Utility costs including activation expenses and back payments to secure utilities for individuals receiving rent/temporary housing, as described above.

- Pre-tenancy and tenancy sustaining services, including tenant rights education and eviction prevention.
- Housing transition navigation services.
- One-time transition and moving costs (e.g., security deposit, first month's rent, utility activation fees, movers, relocation expenses, pest eradication, pantry stocking, and the purchase of household goods and furniture).
- Housing deposits to secure housing, including application and inspection fees and fees to secure needed identification.

Nutrition Services

Through this amendment, HCPF proposes to provide the following nutrition services:

- Nutrition counseling and instruction, tailored to health risk, nutrition-sensitive health conditions, and/or demonstrated outcome improvement.
- Medically tailored meals to high-risk expectant individuals at risk of or diagnosed with diabetes up to three meals a day delivered in the home or private residence, for up to six months.
- Home delivered meals or pantry stocking.

Not all target populations will qualify for all of the services available under this Demonstration. HCPF is proposing to limit service availability based on the individual characteristics of each target population. Please see the two tables below for details of the populations eligible for each service.

Please see the Tables below for a complete list of Housing and Nutrition services by eligibility group.

Table 2. Proposed Eligibility by Housing Service

Housing Service	Population
Rent/temporary housing for up to six months including utility costs that are a part of the housing.	PSHa, CFS, and CAT
Pre-tenancy and housing transition navigation services.	PSHa, PSHb, and CFS
One-time transition and moving costs (e.g., security deposit, first month's rent, utility activation fees, movers, relocation expenses, pest eradication, pantry stocking, and the purchase of household goods and furniture). This also includes housing deposits to secure housing,	PSHa and CFS

Housing Service	Population
including application and inspection fees and fees to secure needed identification.	
Tenancy sustaining services, including tenant rights education and eviction prevention.	PSHc and CAT

Table 3. Proposed Populations by Nutrition Service

Nutrition Service	Population
Nutrition counseling and instruction, tailored to health risk, nutrition-sensitive health conditions, and/or demonstrated outcome improvement, including, for example, guidance on selecting healthy food and meal preparation for up to six months.	PSHa, PSHc, CFS, and CAT
Medically tailored meals to high-risk expectant individuals at risk of or diagnosed with diabetes up to three meals a day delivered in the home or private residence, for up to six months.	PSHa, PSHc, and CFS
Home delivered meals or pantry stocking.	PSHa, CFS, and CAT

Presumptive Eligibility Initiative

The LTSS Presumptive Eligibility program will offer individuals in crisis situations critical Medicaid and home and community based services. These services will represent a benefit package intended to support individuals in crisis as they plan for long-term care. The benefit package will consist of targeted services from Colorado's 1915(c) waiver and 1915(k) state plan programs and may include services like: personal care, personal emergency response system, respite, transition supports, and home-delivered meals. Through their presumed eligibility for the 1115 program, individuals will also be eligible for Health First Colorado State Plan benefits.

Cost Sharing

There are no proposed changes to cost sharing under this Demonstration amendment.

Delivery System

No changes to Colorado's delivery system are proposed under this extension. Benefits will continue to be managed by the State's MCEs.

The State will deliver HRSN benefits through a mix of FFS and managed care systems to align with the population mix outlined. Although PH claims are paid for through HCPF's Medicaid Management Information Systems (MMIS), the MCEs coordinate member care and pay for BH services. HCPF anticipates that MCEs will be key partners in identifying members potentially eligible for HRSN services and organizing necessary screenings to make such determinations.

Demonstration Hypotheses and Measures

SUD Initiative

The following evaluation hypotheses were designed to describe how the State intends to achieve the Demonstration's goals, in the approved evaluation design.

Primary Driver and Goal 1 Hypotheses: Increased Rates of Identification, Initiation, and Engagement in Treatment

Hypothesis 1: The Demonstration will expand access to critical LOCs for OUD and other SUDs, resulting in increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs.

Hypothesis 2: The Demonstration will promote widespread use of evidence-based SUD-specific patient placement criteria resulting in increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs.

Hypothesis 3: The Demonstration will promote sufficient provider capacity at each LOC, including MAT, for SUD/OUD, resulting in increased rates of identification, initiation, and engagement in treatment for OUD and other SUDs.

Primary Driver and Goal 2 Hypotheses: Improved access to care for PH conditions among members with OUD or other SUDs

Hypothesis 4: The Demonstration will improve care coordination for physical care, resulting in improved access to care for PH conditions among members with OUD or other SUDs.

Primary Driver and Goal 3 Hypotheses: Increased adherence to and retention in treatment for OUD and other SUDs

Hypothesis 5: The 1115 SUD Demonstration will implement use of nationally recognized, evidence-based SUD program standards to set residential treatment provider qualifications resulting in increased adherence to and retention in treatment for OUD and other SUDs.

Hypothesis 6: The 1115 SUD Demonstration will improve care coordination and transitions between LOCs qualifications resulting in increased adherence to and retention in treatment for OUD and other SUDs.

Primary Driver and Goal 4 Hypotheses: Reduction in overdose deaths, particularly those due to opioids

Hypothesis 7: The Demonstration will implement comprehensive treatment and prevention strategies to address opioid abuse and OUD, as well as recruit and train more providers to provide MAT, resulting in a reduction in overdose deaths.

Primary Driver and Goal 5 Hypotheses: Reduced readmissions to the same or higher LOC where readmission is preventable or medically inappropriate for OUD and other SUDs

Hypothesis 8: The Demonstration will lead to widespread use of evidence-based SUD specific patient placement criteria resulting in reduced readmissions to the same or higher LOC where readmission is preventable or medically inappropriate for OUD and other SUDs.

Primary Driver and Goal 6 Hypotheses: Reduced utilization of EDs and inpatient hospital settings for OUD and other SUDs treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services

Hypothesis 9: The Demonstration will lead to widespread use of evidence-based SUD specific patient placement criteria resulting in reduced utilization of EDs and inpatient hospital settings for OUD and other SUDs treatment where the utilization is preventable or medically inappropriate.

Hypothesis 10: The Demonstration will improve outcomes for members using SUD services with similar or lower service costs.

Re-entry Initiative

With the help of the independent evaluator, the State will amend the approved SUD evaluation plan for evaluating the hypotheses indicated below. The State will calculate and report all performance measures under the Demonstration. The State will submit the updated SUD evaluation plan to CMS for approval.

The State will conduct ongoing monitoring of this Demonstration related to the five re-entry milestones as required in CMS guidance and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

By providing Medicaid coverage prior to an individual's release from incarceration, the State will be able to bridge relationships between community-based Medicaid providers and JI populations prior to release, thereby improving the likelihood that individuals with a history of BH conditions and/or chronic diseases will receive stable and continuous care. The following hypotheses and goals will be tested during the approval period:

Hypotheses: The full 90-day timeline will enable the State to support prerelease identification, stabilization, and management of certain serious PH and BH conditions that may respond to ambulatory care and treatment (e.g., diabetes, heart failure, hypertension, schizophrenia, and SUDs) which could reduce post-release acute care utilization.

By allowing early interventions to occur in the full 90-day period immediately prior to expected release, such as for certain BH conditions and including stabilizing medications like long-acting

injectable antipsychotics and medications for addiction treatment for SUDs, the State expects that it will be able to reduce decompensation, suicide-related deaths, overdoses, and overdose-related deaths in the near-term post-release.

Questions: The State will test, and comprehensively evaluate through robust hypothesis testing, the effectiveness of the extended full 90-day coverage period before the beneficiary's expected date of release on achieving the articulated goals of the initiative:

- Increase coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release.
- Improve access to services prior to release and improve transitions and continuity of care into the community upon release and during re-entry.
- Improve coordination and communication between correctional systems, Medicaid systems, administrative services organizations, and community-based providers.
- Increase additional investments in health care and related services, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful re-entry post-release.
- Improve connections between carceral settings and community services upon release to address PH, BH, and HRSN.
- Reduce all-cause deaths in the near-term post-release.
- Reduce the number of ED visits and inpatient hospitalizations among recently released Medicaid beneficiaries through increased receipt of preventive and routine PH and BH care.

Data Source: Claims/encounter data.

Evaluation Design: Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons and interrupted time series analysis.

Severe Mental Illness Initiative

The State's Independent Evaluator will work with CMS to amend the Demonstration evaluation design. Below are proposed hypotheses for this initiative. The specific evaluation methodology will be submitted with the updated evaluation design upon approval of the Demonstration amendment.

Table 4: SMI Initiative Evaluation Design Summary

Hypothesis	Evaluation Questions	Evaluation Parameters/Methodology
Goal 1: Reduced utilization and lengths of stay in EDs among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment in specialized settings.		

Hypothesis	Evaluation Questions	Evaluation Parameters/Methodology
The Demonstration will result in reductions in utilization and length of stays in EDs among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment.	• Does the Demonstration result in reductions in utilization and lengths of stay in EDs among Medicaid beneficiaries with SMI or SED while awaiting mental health treatment in specialized settings? • How does the demonstration effect utilization reduction and lengths of stay in EDs among Medicaid beneficiaries with SMI/SED by geographic area or beneficiary characteristics? • How do Demonstration activities contribute to reductions in utilization and lengths of stays in EDs among Medicaid beneficiaries with SMI/SED while awaiting mental health treatment in specialized settings?	Data Sources: • Claims data • Medical or administrative records • Interviews or focus groups Analytic Approach: • Difference-in-differences model • Subgroup analyses • Qualitative analysis
Goal 2: Reduced preventable readmissions to acute care hospitals and residential settings.		
The Demonstration will result in reductions in preventable readmissions to acute care hospitals and residential settings.	• Does the Demonstration result in reductions in preventable readmissions to acute care hospitals and residential settings (including short-term inpatient and residential admissions to both IMDs and non-IMD acute care	Data Sources: • Claims data • Interviews or focus groups • Medical records • Beneficiary survey Analytic Approach: • Difference-in-differences models • Qualitative analysis • Descriptive quantitative analysis

Hypothesis	Evaluation Questions	Evaluation Parameters/Methodology
	hospitals, critical access hospitals, and residential settings)? • How does the Demonstration effect preventable readmissions to acute care hospitals and residential settings by geographic area or beneficiary characteristics? • How do Demonstration activities contribute to reductions in preventable readmissions to acute care hospitals and residential settings? • Does the Demonstration result in increased screening and intervention for comorbid SUD and PH conditions during acute care psychiatric hospital and residential setting stays and increased treatment for such conditions after discharge?	
Goal 3: Improved availability of crisis stabilization services, including services made available through call centers and mobile crisis units; intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the State.		
The Demonstration will result in improved availability of	• To what extent does the Demonstration result in improved availability of crisis outreach and response	Data Sources: • Annual assessments of availability of mental health services • Area Health Resources File (AHRF) data

Hypothesis	Evaluation Questions	Evaluation Parameters/Methodology
crisis stabilization services throughout the State.	services (including crisis call centers, mobile crisis units, crisis observation/assessment centers, and coordinated community crisis response teams) throughout the State? • To what extent does the Demonstration result in improved availability of intensive outpatient services and partial hospitalization? • To what extent does the Demonstration improve the availability of crisis stabilization services provided during acute short-term stays in each of the following: public and private psychiatric hospitals, residential treatment facilities, general hospital psychiatric units, and community-based settings?	• National Mental Health Services Survey (NMHSS) • Administrative data • Provider survey Analytic Approach: • Descriptive quantitative analysis
Goal 4: Improved access to community-based services to address the chronic mental health care needs of beneficiaries with SMI or SED including through increased integration of primary and BH care.		
Access of beneficiaries with SMI/SED to community-based services to address their chronic mental	• Does the Demonstration result in improved access of beneficiaries with SMI/SED to community-based services to address	Data Sources: • Claims data • Annual assessments of availability of mental health services • AHRF • NMHSS

Hypothesis	Evaluation Questions	Evaluation Parameters/Methodology
health care needs will improve under the Demonstration, including through increased integration of primary and BH care.	their chronic mental health needs? • To what extent does the Demonstration result in improved availability of specific types of community-based services needed to comprehensively address the chronic needs of beneficiaries with SMI/SED? • To what extent does the Demonstration result in improved access of SMI/SED beneficiaries to specific types of community-based services that they need? • How does the Demonstration effect access to community-based services by geographic area or beneficiary characteristics? • Does the integration of primary and BH care to address the chronic mental health care needs of beneficiaries with SMI/SED increase under the Demonstration?	• Administrative data • Uniform Reporting system • Child and Adult Core set • Medical records Analytic Approach: • Descriptive quantitative analysis • Chi-squared analysis • Difference-in- differences model
Goal 5: Improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.		

Hypothesis	Evaluation Questions	Evaluation Parameters/Methodology
The Demonstration will result in improved care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.	• Does the Demonstration result in improved care coordination for beneficiaries with SMI/SED? • Does the Demonstration result in improved continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities? • Does the Demonstration result in improved discharge planning and outcomes regarding housing for beneficiaries who are transitioning out of acute psychiatric care in hospitals and residential treatment facilities? • How do Demonstration activities contribute to improved continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities?	Data Sources: • Claims data • Child and Adult Core set • Inpatient Psychiatric Facility Quality Reporting program • Medical records • Interviews or focus groups • Facility records Analytic Approach: • Difference-in-differences model • Descriptive quantitative analysis • Qualitative analysis

In addition to the independent evaluation, HCPF will provide quarterly and annual reporting specific to this Demonstration amendment and in accordance with a CMS-approved Monitoring Protocol to be submitted following approval.

Continuous Eligibility Initiative

The State's Independent Evaluator will work with CMS to amend the Demonstration evaluation design. Below are proposed hypotheses for this initiative. The specific evaluation methodology will be submitted with the updated evaluation design upon approval of the amendment.

Table 5: Continuous Eligibility Initiative Evaluation Design Summary

Population: Children zero to age three continuously enrolled in Medicaid and CHP+

Hypothesis	Evaluation Questions	Evaluation Parameters/Methodology
Goal 1: Ensure continuous Medicaid and CHP+ coverage for young children.		
Continuous coverage will reduce churn and gaps in coverage for young children enrolled in Medicaid.	Does continuous enrollment reduce gaps in coverage?	Examine Medicaid and CHP+ enrollment data by age to determine changes in insured rates and gaps in coverage over time.
Goal 2: Promote longer-term access to and continuity of PH, BH, dental care, and preventive services.		
Continuous coverage will increase preventive care utilization, primary care utilization, and dental care visits.	Does continuous coverage improve utilization of preventive care and well-child visits?	Analyze administrative claims data to determine changes in preventive care, well-child visits, and primary care visits.
Goal 3: Combat racial inequities.		
Continuous coverage will reduce churn and gaps in coverage for young children enrolled in Medicaid,	Does continuous enrollment reduce gaps in coverage for all	Examine Medicaid and CHP+ enrollment data by race and ethnicity to determine gaps in coverage over time.

Hypothesis	Evaluation Questions	Evaluation Parameters/Methodology
including for racial and ethnic groups that experience disproportionately high rates of churn.	racial and ethnic groups?	
Goal 4: Improve health outcomes and well-being for low-income young children.		
Coverage with fewer gaps in coverage for young children will result in improved health outcomes and well-being.	Does continuous coverage improve health outcomes and well-being?	Measures will be selected from the list of measures that HCPF is calculating as part of the development of the quality metrics program.

Table 6: Continuous Eligibility Initiative Evaluation Design Summary

Population: Children zero to age three continuously enrolled in Medicaid and CHP+

Population: Medicaid enrolled adults leaving a correctional facility

Hypothesis	Evaluation Questions	Evaluation Parameters/Methodology
Goal 1: Ensure 12 months of continuous Medicaid coverage for adults leaving a DOC facility.		
Continuous coverage will reduce gaps in coverage for adults leaving a correctional facility.	Does 12 months of continuous enrollment reduce gaps in coverage?	Examine Medicaid enrollment data by age to determine changes in insured rates and gaps in coverage over time.
Goal 2: Promote longer-term access to and continuity of PH and BH care and care coordination.		
Continuous coverage will increase preventive, primary care, and BH engagement.	Does continuous coverage increase primary care and preventive service utilization and BH service utilization?	Measures will be selected from the list of measures that HCPF is calculating as part of the development of a Providers of Distinction quality metrics program.

Hypothesis	Evaluation Questions	Evaluation Parameters/Methodology
Goal 3: Combat racial inequities.		
Continuous coverage will reduce churn and gaps in coverage for adults leaving correctional facilities and enrolled in Medicaid, including for racial and ethnic groups.	Does continuous coverage reduce gaps in coverage for all racial and ethnic groups?	Examine Medicaid enrollment data by race and ethnicity to determine gaps in coverage over time.
Goal 4: Improve short- and long-term PH and BH outcomes and reduce recidivism for adults leaving a State DOC facility.		
Continuous coverage will reduce ED visits, hospitalizations, and crisis services.	Does continuous coverage reduce ED visits, hospitalizations, and crisis services?	Analyze administrative claims data to determine changes in preventive care, ED utilization, hospitalizations, and crisis service utilization.

HRSN Initiative

The following goals and associated hypotheses will be tested during the approval period:

1. **Improve the health-status of Medicaid beneficiaries by removing social barriers to health.**
    A. Addressing unmet HRSN within the Medicaid-eligible population will improve health outcomes.
    B. Addressing unmet HRSN within the Medicaid-eligible population will reduce the cost of care.
    C. HRSN services will result in a reduction in a reduction of readmissions within 3 days, to Eds and hospitals.
2. **Improve connections between Medicaid beneficiaries and community services to address PH, BH, and HRSN.**
    A. HRSN services (improvements in housing stability and nutrition) will result in an increase in recommended and/or preventive care.

Table 7: HRSN Initiative Evaluation Design Summary

Goal	Research Hypothesis	Plan to Test Hypothesis	Data Sources	Evaluation Design
Improve the health status of Medicaid beneficiaries by removing social barriers to health Objective a. Addressing unmet HRSN within the Medicaid-eligible population will improve health outcomes	1. Addressing unmet HRSN within the Medicaid-eligible population will improve health outcomes.	Measure changes in the rates of relevant health outcomes	Measure: Premature Death including Suicide or Overdose Deaths for individuals receiving Medicaid Data Source(s): Medicaid claims /encounter data; State Vital Statistics Data; Centers for Disease Control and Prevention Wonder data (suicide and overdose deaths)	Evaluation Design: Independent evaluator will develop quantitative and qualitative measures to include in a quasi-experimental design, including an interrupted time series analysis.
Improve the health status of Medicaid beneficiaries by removing social barriers to health Objective b. Addressing unmet HRSN within the Medicaid-eligible population will reduce the cost of care.	2. Addressing unmet HRSN within the Medicaid-eligible population will reduce the cost of care.	Measure changes in the total cost of care	Measures: Total Medicaid cost associated with members receiving HRSN; Per Capita costs associated with Members receiving HRSN Data Source: Medicaid claims/ encounter data.	Evaluation Design: Independent evaluator will develop quantitative and qualitative measures to include in a quasi-experimental design, including an interrupted time series analysis.
Improve the health status of Medicaid beneficiaries by removing social barriers to health	3. HRSN services will result in a reduction of readmissions within 30 days, to EDs and hospitals.	Measure changes in the rates of readmissions within 30 days, to EDs and hospitals.	Measures: Inpatient and ED utilization per 1,000	Evaluation Design: Independent evaluator will develop quantitative and qualitative measures to include in a quasi-

Goal	Research Hypothesis	Plan to Test Hypothesis	Data Sources	Evaluation Design
Objective c. HRSN services will result in a reduction of readmissions within 30 days, to EDs and hospitals.			Data Source: Medicaid claims/ encounter data.	experimental design, including an interrupted time series analysis.
Improve connections between Medicaid beneficiaries and community services to address physical health, behavioral health, and HRSN. Objective d. HRSN services (improvements in housing stability and nutrition) will result in an increase in recommended and/or preventive care.	4. HRSN services (improvements in housing stability and nutrition) will result in an increase in recommended and/or preventive care.	Measure changes in the utilization rates of recommended and/or preventive care among enrollees receiving housing and nutrition supports.	Measure: Access to Preventive/ Ambulatory Health Services for Medicaid beneficiaries Data Source: Medicaid claims/ encounter data.	Evaluation Design: Independent evaluator will develop quantitative and qualitative measures to include in a quasi-experimental design, including an interrupted time series analysis.

In addition to the independent evaluation, HCPF will provide quarterly and annual reporting specific to this extension and in accordance with a CMS-approved Monitoring Protocol to be submitted following approval.

Presumptive Eligibility Initiative

The goals of this program support HCPF objectives including:

- Improve health care access.
  - Reducing the time that members in identified crisis situations must wait before receiving needed services and supports will improve access to care.

- Improve health care outcomes.
  - Reducing the barrier of long enrollment timelines for eligible members who need care right away will improve health outcomes.
  - Allowing members to self-declare eligibility and start receiving services right away will provide members a greater chance of residing in their environment of choice, improving life quality and expectancy.
- Save Coloradans money on health care.
  - The LTSS PE program will allow eligible members the option of safely discharging from more costly settings like hospitals or nursing facilities by providing immediate services and supports.

Table 8: Presumptive Eligibility Initiative Evaluation Design Summary

Goal	Research Hypothesis	Plan to Test Hypothesis	Data Sources	Evaluation Design
By providing PE to LTSS, the State will improve health care access.	Reducing the time that at-risk, high-need members must wait before receiving needed services and supports will improve access to care.	Measure changes in the time individuals wait to obtain services.	Data Source: HCBS file review of time to obtain services from initial contact	Evaluation Design: Independent evaluator will design qualitative and quantitative measures to include quasi-experimental comparisons and interrupted time series analysis.
By providing PE to LTSS members, the State will improve health care outcomes.	Reducing enrollment waiting times for eligible members that currently represent a barrier for members who need care right away will improve health outcomes.	Measure changes in the rates of relevant health outcomes.	Measure: Number of Hospitalizations and ED Visits for HCBS Members Data Source: Claims/encounter data	Evaluation Design: Independent evaluator will design qualitative and quantitative measures to include quasi-experimental comparisons and interrupted time series analysis.

Goal	Research Hypothesis	Plan to Test Hypothesis	Data Sources	Evaluation Design
By providing PE to LTSS members, the State will improve health care outcomes.	Allowing members to self-declare eligibility and start receiving services right away will improve life quality and expectancy, allowing members a greater chance of residing in their environment of choice.	Measure satisfaction in the quality of life of the member.	Data Source: Quality of Life or Satisfaction survey of members receiving PE	Evaluation Design: Independent evaluator will design qualitative and quantitative measures to include quasi-experimental comparisons and interrupted time series analysis.
By providing PE to LTSS members, the State will save Coloradans money on health care.	Allowing members to be able to discharge from more costly settings like hospitals or nursing facilities to the community using the LTSS PE.	Number of days admitted to a hospital or nursing facility after referral and prior to HCBS enrollment.	Data Source: Claims/encounter data	Evaluation Design: Independent evaluator will design qualitative and quantitative measures to include quasi-experimental comparisons and interrupted time series analysis.

List and Programmatic Description of Waiver and Expenditure Authorities

SUD Expenditure Authority

The State requests a renewal of the expenditure authority granted in the original Demonstration.

Residential and Inpatient Treatment Services for Individuals with SUD. Expenditures for otherwise covered services furnished to otherwise eligible individuals enrolled who are primarily receiving

treatment and withdrawal management services for SUD who are short-term residents in facilities that meet the definition of an IMD.

Re-entry Initiative

The State seeks the following waiver authority as necessary under the Demonstration to receive a federal match on costs not otherwise matchable for services rendered to individuals who are incarcerated 90 days prior to their release. The State also requests the following proposed waivers authority to operate the Demonstration.

Table 9: Re-Entry Initiative Waiver Authority Requested

Waiver Authority	Reason and Use of Waiver Authority Will Enable the State to:
Statewide Section 1902(a)(1) 42 CFR 431.50	To enable the State to provide prerelease services, as authorized under this Demonstration, to qualifying beneficiaries on a geographically limited basis according to the statewide implementation phase-in plan, in accordance with the Re-entry Demonstration Initiative Implementation plan.
Amount, Duration, and Scope of Services and Comparability Section 1902(a)(10)(B) and 1902(a)(17)	To enable the State to provide only a limited set of prerelease services, as specified in these STCs, to qualifying beneficiaries that are different than the services available to all other beneficiaries outside of carceral settings in the same eligibility groups authorized under the State Plan or the Demonstration.
Freedom of Choice Section 1902(a)(23)(A) 42 CFR 431.51	To enable the State to require qualifying beneficiaries to receive prerelease services, as authorized under this Demonstration, through only certain providers.
Requirements for Providers under the Medicaid State Plan Section 1902(a)(27) and 1902(a)(78)	To enable the State to not require carceral providers to enroll in State Medicaid, in order to provide, order, refer, or prescribe prerelease services as authorized under this Demonstration.
Title XXI Requirements Not Applicable to the Title XXI Expenditure Authority Above Requirements for Providers Under the State Plan Section 2107(e)(1)(D)	To enable the State to not require carceral providers to enroll in State CHIP, in order to provide, order, refer, or prescribe prerelease services as authorized under this Demonstration.

Expenditure Authority

The State requests expenditure authority to provide Medicaid benefits to Demonstration eligible individuals.

Table 10: Re-Entry Initiative Title XIX Expenditure Authority Requested

Title XIX Expenditure Authority	Expenditures
Expenditures Related to Prerelease Services	Expenditures for prerelease services, as described in these STCs, are provided to qualifying Medicaid beneficiaries and beneficiaries who would be eligible for Medicaid if not for their incarceration status for up to 90 days immediately prior to the expected date of release from a participating State prison or juvenile facility.
Expenditures for Allowable Administrative Costs to Support the Implementation of Prerelease Services	Expenditures for allowable administrative costs to support the implementation of prerelease services as outlined in the April 17, 2023, SMD letter #23-003 relating to administrative information technology and transitional, non-service expenditures, including administrative costs under an approved cost allocation plan.

Table 11: Re-entry Initiative Title XXI Expenditure Authority Requested

Title XXI Expenditure Authority	Expenditures
Expenditures Related to Prerelease Services	Expenditures for prerelease services, as described in the STCs, are provided to qualifying Demonstration beneficiaries who would be eligible for CHIP if not for their incarceration status, for up to 90 days immediately prior to the expected date of release from a participating State prison or juvenile facility.

Severe Mental Illness Initiative

The State requests expenditure authority to provide Medicaid benefits to Demonstration eligible individuals.

Table 11: Title XIX SMI Initiative Expenditure Authority Requested

Title XIX Expenditure Authority	Expenditures
Expenditures Related to IMD services	Expenditures for otherwise covered Medicaid services furnished to otherwise eligible individuals, who are primarily receiving treatment for an SMI/SED who are short-term residents in facilities that meet the definition of an IMD

Continuous Eligibility Initiative

Table 12: Title XIX Continuous Eligibility Initiative Waiver Authority Requested

Waiver Authority	Reason and Use of Waiver Authority Will Enable the State to:
Section 1902(a) to the extent it incorporates 42 CFR 435.916 42 CFR 457.343 Waive redetermination of eligibility regardless of changes in circumstances for children aged zero until age three.	To enable the State to waive the annual redetermination requirements, including required procedures for reporting and acting on changes that would completely disenroll a children aged zero until age three from Medicaid and CHP+ (other than a change in residence to out of state, voluntary disenrollment, and erroneously granted enrollment). The State will act on annual reported family income changes to re-assign children between Medicaid and CHP+ appropriately. Continuous enrollment for children at the time of application through the end of the month their third birthday falls.
Section 1902(a) to the extent it incorporates 42 CFR 435.916 Waive redetermination of eligibility regardless of changes in circumstances for 12 months prior the release from correctional facilities for adults aged 19 and over.	To enable the State to waive the annual redetermination requirements, including required procedures for reporting and acting on changes that would completely disenroll an adult. Twelve month continuous eligibility for adults leaving incarceration age 19 and over.

Table 12: Title XIX Continuous Eligibility Initiative Expenditure Authority Requested

Title XIX Expenditure Authority	Expenditures
Continuous enrollment for children at the time of application through the end of the month their third birthday falls.	Expenditures for continuous enrollment for Medicaid children: authority to receive FFP for the continuous enrollment of Medicaid children, even if a child's family income exceeds eligibility limits. The State will act on annual reported family income changes to re-assign children between CHP+ and Medicaid appropriately.
Twelve month continuous enrollment for adults leaving incarceration age 19 and over.	Expenditures for 12 months of continuous enrollment for adults leaving incarceration aged 19 and over.

Table 13: Title XXI Continuous Eligibility Initiative Expenditure Authority Requested

Title XXI Expenditure Authority	Expenditures
Continuous enrollment for children at the time of application through the end of the month their third birthday falls.	Expenditures for continuous enrollment for CHIP children: authority to receive FFP for the continuous enrollment of CHIP children, even if a child's family income exceeds eligibility limits. The State will act on annual reported family income changes to re-assign children between CHP+ and Medicaid appropriately.

HRSN Authorities

The State seeks such waiver authority as necessary under the Demonstration to receive a federal match on costs not otherwise matchable for services rendered to HRSN services-eligible individuals. The State also requests the following proposed waivers and expenditure authority to operate the Demonstration.

Table 14: HRSN Initiative Waiver Authority Requested

Waiver Authority	Reason and Use of Waiver Authority Will Enable the State to:
Reasonable Promptness Section 1902(a)(8)	To allow the State to create service caps and the potential use of waiting lists for Housing, Food, and Nutrition services.
Amount, Duration, and Scope of Services and Comparability Section 1902(a)(10)(B) and 1902(a)(17)	To enable the State to provide a varying amount, duration, and scope of HRSN services to a subset of beneficiaries depending on need, which are not otherwise available to all beneficiaries in the same eligibility group. To the extent necessary to enable the State to limit housing services and supports under the Demonstration to certain targeted groups of participants.

The State requests expenditure authority to provide Medicaid benefits to Demonstration eligible individuals. Colorado requests FFP for evidence-based HRSN services subject to the restrictions described below. Expenditures for HRSN services will be limited to costs not otherwise covered under Title XIX but consistent with Medicaid Demonstration objectives that enable Colorado to continue to improve health outcomes and increase the efficiency and quality of care.

Table 15: Title XIX HRSN Initiative Expenditure Authority Requested

Title XIX Expenditure Authority	Expenditures
HRSN Services	Expenditures for approved, evidence-based HRSN services not otherwise eligible for Medicaid payment furnished to individuals who meet the qualifying HRSN criteria.
HRSN Services Infrastructure	Expenditures for allowable administrative costs and infrastructure not otherwise eligible for Medicaid payment, to the extent such activities are authorized as part of the approved HRSN infrastructure activities.

Presumptive Eligibility Initiative

Table 16: PE Initiative Waiver Authority Requested

Waiver Authority	Reason and Use of Waiver Authority Will Enable the State To:
Comparability of Eligibility Standards Section 1902(a)(17)	To permit the state to apply standards different from those specified in the Medicaid state plan for determining eligibility, including but not limited to, different income counting methods.
Section 1902(a)(23)(A) - Freedom of Choice	To the extent necessary to enable the state to restrict freedom of choice of provider for individuals receiving benefits through the State’s PE LTSS program.
Section 1902(a)(10)(B) - Amount, Duration, Scope	To permit the state to provide benefits for the PE LTSS program that are not available in the standard Medicaid benefit package.

Table 17: Title XIX PE Initiative Expenditure Authority Requested

Title XIX Expenditure Authority	Expenditures
Presumptive eligibility for the LTSS PE program	Expenditures for each individual presumptively determined to be eligible for the PE LTSS program, during the presumptive eligibility period described in the eligibility section. In the event the state implements a waitlist, the authority for presumptive eligibility terminates.

Estimated Impact of the Demonstration

The table below estimates the projected annual enrollment of beneficiaries (without and with the Waiver) for each Demonstration Year (DY).

Table 18: Estimated Projections of Annual Enrollment

Projected Services Member Months under the Amendment*		DY1	DY2	DY3	DY4	DY5	DY6	DY7	DY8	DY9	DY10
Total projected Member Months without the Extension		0	0	0	0	0	0	0	0	0	0
Total projected Member Months with the Extension	**TREND**	**DY1 Actual**	**DY2 Actual**	**DY3 Actual**	**DY4 Projected**	**DY5 Projected**	**DY6**	**DY7**	**DY8**	**DY9**	**DY10**
MEG 1 Legacy (SUD)	1.0%	114	111	82	1161	1579	1,611	1,643	1,676	1,710	1,744
MEG 2 Expansion (SUD)	1.0%	407	408	331	1572	2139	2,182	2,226	2,271	2,316	2,362
MEG 3 SMI Non-Expansion Adults											
Member Months	1.0%					4	8	8	8	8	
MEG 4 SMI Expansion Adults											
Member Months	1.0%					53	107	108	109	110	
MEG 5 JI Youth											
Member Months	1.0%					40	80	81	82	83	
MEG 6 JI non-Expansion Adults											
Member Months	1.0%					138	278	281	284	287	
MEG 7 JI Expansion Adults											
Member Months	1.0%					3,906	7,871	7,950	8,030	8,110	
MEG 8 CE for Children											
Member Months	1.0%					-	538,368	543,752	549,190	554,682	
MEG 9 CE for JI Youth											
Member Months	1.0%					-	304	441	445	450	
MEG 10 CE for JI Non-Expansion Adults											
Member Months	1.0%					-	766	1,059	1,070	1,080	
MEG 11 CE for JI Expansion Adults											
Member Months	1.0%					-	23,485	31,909	32,228	32,550	
MEG 12 HRSN Services											
Eligible Member Months	1.00%					69,256	139,550	140,946	142,355	143,779	

The table below estimates the projected annual expenditures (without and with the Waiver) for each DY.

Table 19. Estimated Projections of Annual Expenditures

Projected Services Costs under the Amendment*		DY1	DY2	DY3	DY4	DY5	DY6	DY7	DY8	DY9	DY10
Total projected costs without the Extension		0	0	0	0	0	0	0	0	0	0
Total projected costs with the Extension	**TREND**	**DY1 Actual**	**DY2 Actual**	**DY3 Actual**	**DY4 Projected**	**DY5 Projected**	**DY6**	**DY7**	**DY8**	**DY9**	**DY10**
MEG 1 Legacy (SUD)	4.90%	$275,947	$281,851	$218,417	$3,243,997	$4,628,128	$4,953,296	$5,299,218	$5,670,531	$6,069,058	$6,493,026
MEG 2 Expansion (SUD)	5.60%	$894,977	947,417	811,658	4,070,631	5,849,031	$6,300,744	$6,787,755	$7,312,772	$7,875,305	$8,481,500
MEG 3 SMI Non-Expansion Adults Expenditures	6.2%						$ 159	$ 331	$ 348	$ 365	$ 384
MEG 4 SMI Expansion Adults Expenditures	6.2%						$ 3,024	$ 6,337	$ 6,723	$ 7,131	$ 7,563
MEG 5 JI Youth Expenditures	6.2%						$ 35,864	$ 74,454	$ 79,229	$ 84,298	$ 89,678
MEG 6 JI Non-Expansion Adults Expenditures	6.2%						$ 122,339	$ 255,819	$ 271,767	$ 288,677	$ 306,604
MEG 7 JI Expansion Adults Expenditures	6.2%						$ 3,649,362	$ 7,633,375	$ 8,103,200	$ 8,602,163	$ 9,130,945
MEG 8 CE for Children Expenditures	6.2%						$ -	$ 170,801,550	$ 181,307,660	$ 192,460,062	$ 204,298,318
MEG 9 CE for JI Youth Expenditures	6.2%						$ -	$ 212,635	$ 323,746	$ 343,660	$ 364,798
MEG 10 CE for JI Non-Expansion Adults Expenditures	6.2%						$ -	$ 1,342,455	$ 1,950,607	$ 2,070,589	$ 2,197,951
MEG 11 CE for JI Expansion Adults Expenditures	6.2%						$ -	$ 4,295,480	$ 6,133,904	$ 6,511,201	$ 6,911,705
MEG 12 HRSN Services Expenditures							$ 19,984,218	$ 41,798,589	$ 44,369,778	$ 47,098,811	$ 49,996,015
MEG 13 JI Non-Services capped hypo							$ 870,000.00	$ 585,000.00	$579,000	$605,500	$663,500
MEG 14 Planning and Implementation (HRSN Infrastructure) Capped Hypo						$ 3,526,627	$ 7,376,222	$ 7,829,961	$ 8,311,555	$ 8,822,826	
MEG 15 LTSS PE						$ -	$ 11,590.81	$12,182	$12,803	$13,456	$14,142

Opportunity for Public Comment

The proposed Section 1115 Demonstration extension is available for public review and comment at:

Colorado Draft 1115 Extension Request

To request a copy of the extension, please contact HCPF by:

- Sending an email request to hcpf_1115waiver@state.co.us
- Sending a request by fax to +1 303 866 4411, Attn: 1115 SUD Demonstration Extension
- Obtaining in-person at the
  Colorado Department of Health Care Policy and Financing
  303 East 17th Avenue,
  Denver, CO 80203

During the public comment period, comments may be sent to hcpf_1115waiver@state.co.us. Public comments may also be submitted by post to:

Director, Health Programs Office
Colorado Department of Health Care Policy and Financing
303 East 17th Avenue
Denver, Colorado 80203
ATTN: Public Comment — 1115 SUD Demonstration Extension

Additional information will be posted on HCPF's E*xpanding the Substance Use Disorder Continuum of Care Waiver* webpage at: https://hcpf.colorado.gov/1115sudwaiver.

Public Hearings

HCPF invites the public to attend public hearings in-person or join by teleconference/webinar to learn more about Colorado's Demonstration amendment and provide comments.

	Public Hearing #1	Public Hearing #2
Date	September 25, 2024	October 3, 2024
Time	6:00 pm–7:30 pm	Noon–2 pm
Venue	Virtual (State Medical Assistance and Services Advisory Council Meeting [Night MAC])	Colorado Department of Health Care Policy and Financing 303 E 17th Ave, Denver, CO 80203 Conference room 11A

	Public Hearing #1	Public Hearing #2
Teleconference	+1-720-928-9299	+1-719-359-4580
Webinar	Register	Register

Reasonable accommodations will be provided upon request. Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify +1 303 866 3438 or the 504/ADA Coordinator at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

CMS/Medicaid Demonstration Website

Relevant webpages and additional information regarding the Medicaid Demonstration can be viewed on the CMS/Medicaid website at: https://www.medicaid.gov/medicaid/section-1115-demo/index.html

This notice is submitted pursuant to Title 42 Code of Federal Regulations, Part 431.408, Subpart G, which outlines public notice processes and transparency requirements for Section 1115 Demonstrations.