House Bill 23-1300 Feasibility Study

February 11, 2026

Department of Health Care Policy and Financing
and
The Colorado Health Institute

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Our Mission

Improving health care equity, access, and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

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What We Do

The Colorado Department of Health Care Policy and Financing (HCPF) administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.

Agenda

1. Introduction and level-setting
2. Steps to address Health Related Social Needs (HRSN)
3. Background of House Bill 23-1300
4. Key findings on HRSN
5. Key findings on continuous eligibility
6. Next steps
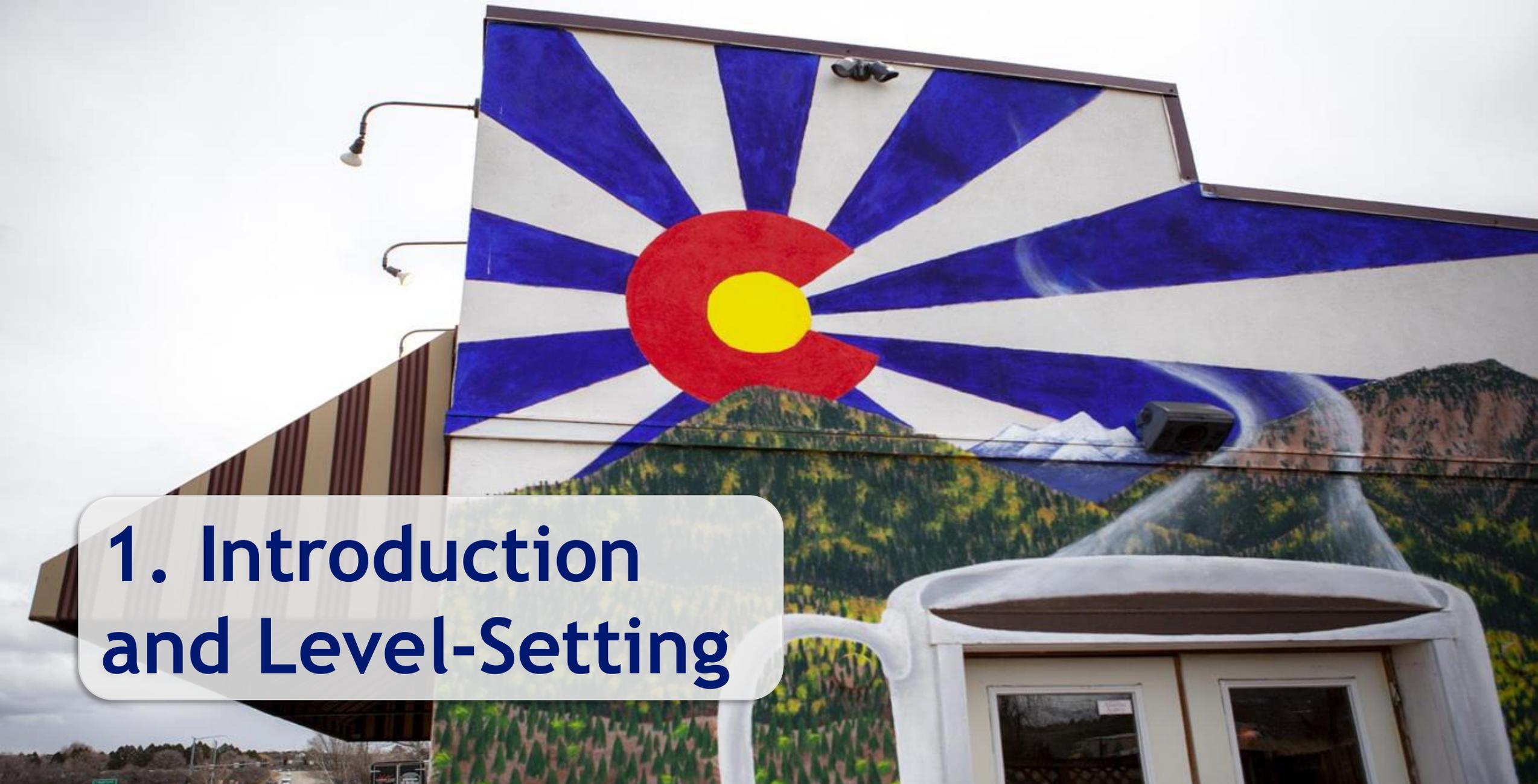
1. Introduction and Level-Setting

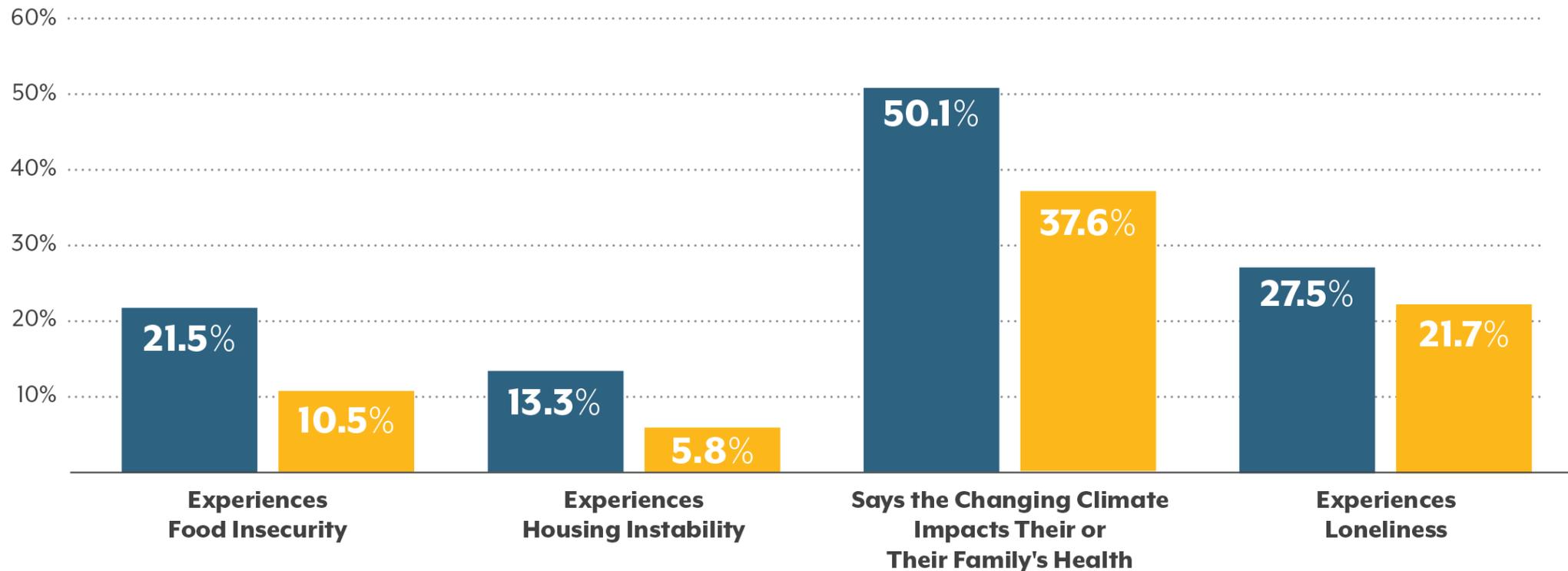# Importance of Health-Related Social Needs (HRSN)

- HRSN are non-medical factors that influence a person's health and well-being

- Factors include affordable and safe housing, nutritious and available food, consistent utilities, freedom from violence and discrimination, and health care availability

- Research has found that these factors can account for up to **55% of health outcomes**

Needs of Medicaid Members

Medicaid Members Experience Higher Rates of HRSN

Source: 2025 Colorado Health Access Survey

■ Medicaid ■ Statewide

	Medicaid	Statewide
Experiences Food Insecurity	21.5%	10.5%
Experiences Housing Instability	13.3%	5.8%
Says the Changing Climate Impacts Their or Their Family's Health	50.1%	37.6%
Experiences Loneliness	27.5%	21.7%

Source: 2025 Colorado Health Access Survey

What can Medicaid programs do to address HRSN?

Pay for services

Cross-agency partnerships

Policy and priority setting

Coordinate care (RAEs)

Data and analysis

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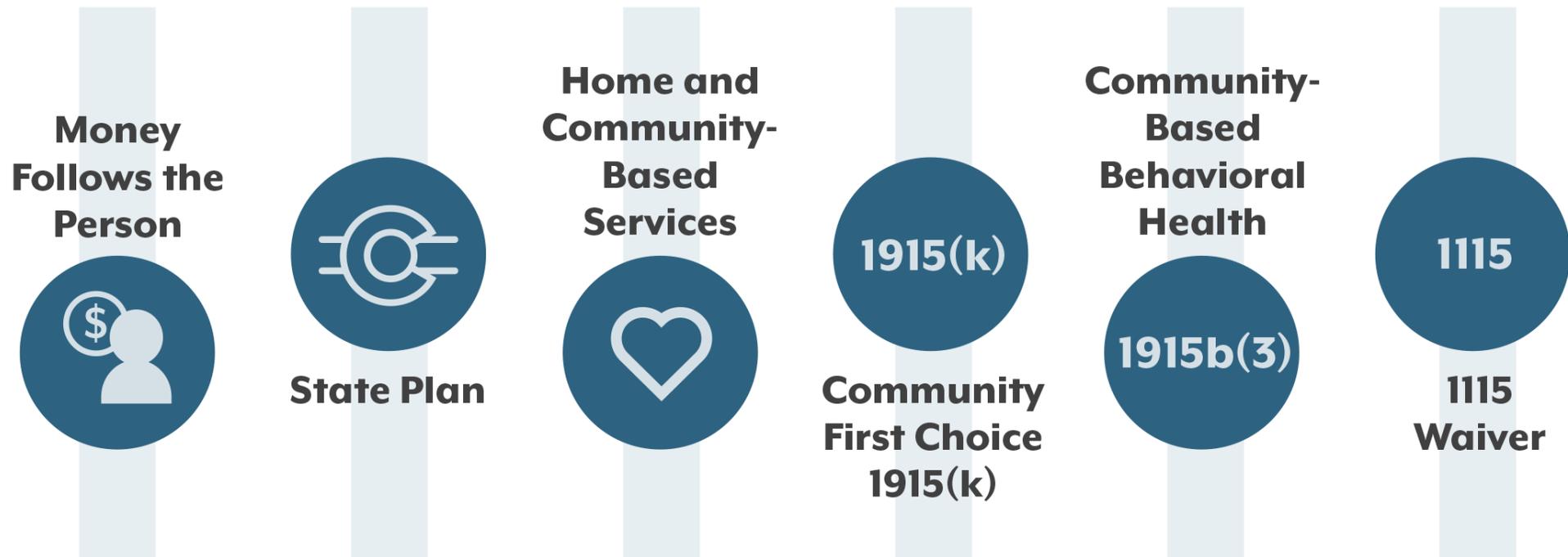
2. HCPF Steps to Address HRSN

HCPF Vision for HRSN

- HCPF is committed to covering programs that promote health and wellness.

- HCPF is exploring pathways to expand services and supports that address HRSN with the greatest impact on health, including housing, food, extreme weather, social connection, and more.

HCPF's Investment in HRSN

HCPF has taken steps to provide HRSN services, including nutrition services, housing services, and case management through existing mechanisms and waivers:

Money Follows the Person

State Plan

Home and Community-Based Services

1915(k) — **Community First Choice 1915(k)**

Community-Based Behavioral Health — **1915b(3)**

1115 — **1115 Waiver**

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HCPF's Investment in HRSN

HCPF has also explored ways to expand HRSN service coverage through different studies:

HB24-1322
Feasibility Study
(Completed in 2024)

HRSN FOCUS:
Housing and Nutrition Services

HB23-1300
Feasibility Study
(Completed in 2026)

HRSN FOCUS:
Housing, Nutrition, Extreme Weather and Social Support Services

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Summary of Medicaid HRSN Services and Supports

This table lists services currently able to be funded through Medicaid. These services vary in the eligible population and when they will be operational. Actual service availability may vary depending on provider network and capacity.

Service Title	Money Follows the Person	State Plan	HCBS	Community First Choice	1915(b)	115 Waiver
Home-delivered Meals			●	●		● Future
Home Modification	●		●			
Medically Tailored Meals						● Future
Nutrition Counseling		● Under Physician Services	●	●		● Future
One-Time Moving Costs				●		● Future
Pantry Stocking	●					● Future
Peer Support Services	●		●		●	
Pre-Tenancy and/or Tenancy Services	●				●	●
Rental Assistance	●			●		●
Short-Term Food Assistance	●					
Supportive Services			●	●	●	●
Targeted Case Management-Transition Coordination	●	●				●
Transition Set-Up			●	●		

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Recent Federal and State Policy Changes Impact Future Work

- The federal Centers for Medicare and Medicaid Services (CMS) will no longer approve new or renewed 1115 waivers for continuous eligibility.

- CMS has rescinded specific guidance about Medicaid authorities to address HRSN.

- H.R. 1 restricts eligibility and funding for Medicaid.
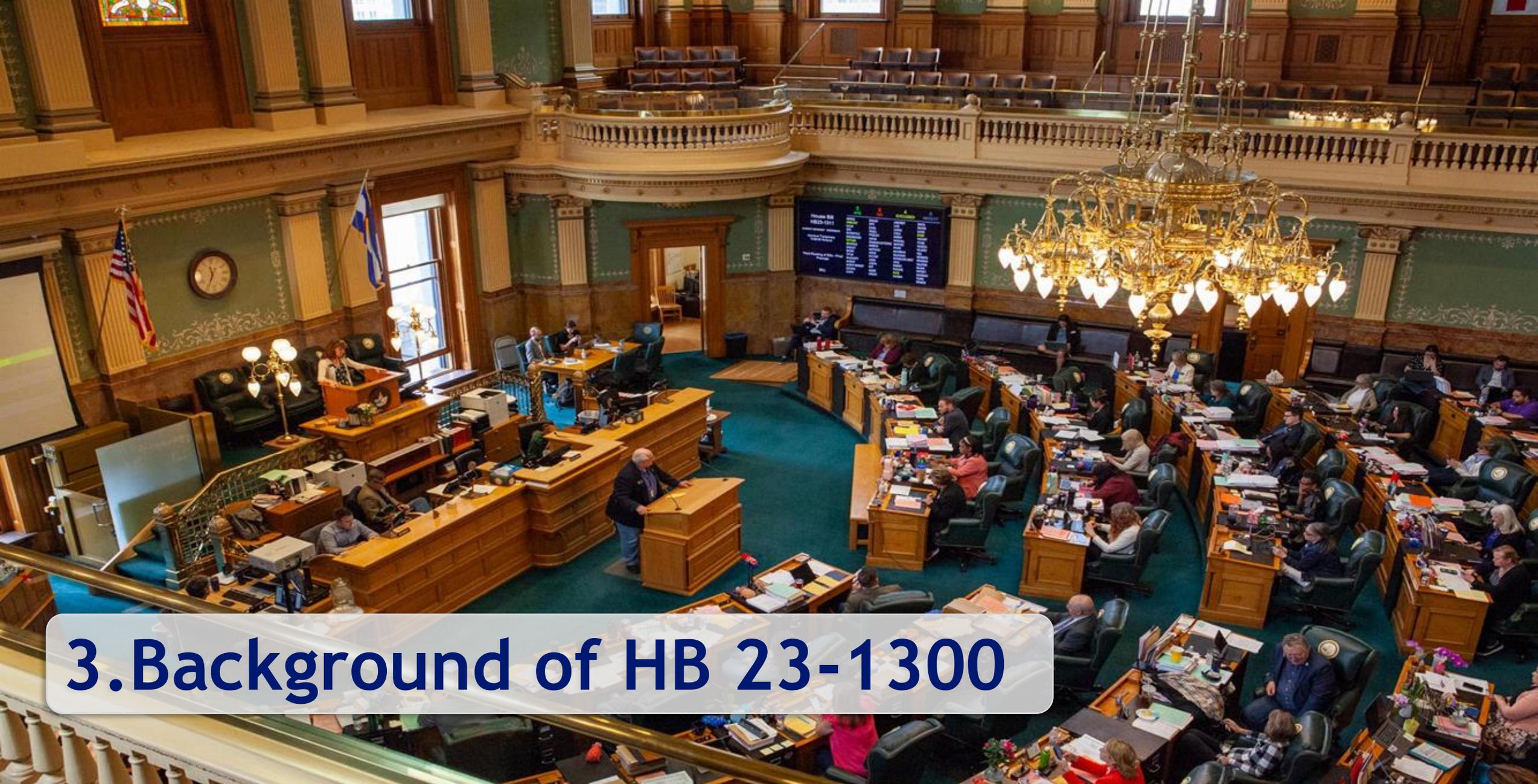
3.Background of HB 23-1300

HB 23-1300 Feasibility Study

A study looking at the feasibility of:

Implementing services that address HRSN for different populations

Expanding continuous eligibility of specific populations

Why Now?

- Study was mandated by legislation (HB23-1300) passed in 2023.

- New CMS guidance and the passage of H.R. 1 impact implementation of recommendations in the study (expanding continuous eligibility is not currently allowed).

- HCPF still believes addressing HRSN aligns with our mission. Data and evidence in this study are still valid, even if we cannot use it right away.

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CHI strengthens communities and systems with trusted analysis and collaborative solutions to improve health.

We answer critical questions.

We make sense of complex issues.

We support others to reach actionable solutions.

Primary Research Questions

How should key populations and HRSN services be defined?

What is the feasibility of expanding Medicaid and CHP+ services to address the HRSN of key populations?

What are the population definitions and cost estimates for providing Medicaid coverage of housing and pantry-stocking services to key populations?

What is the economic and administrative feasibility of expanding continuous eligibility for Medicaid and CHP+ for key populations?

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This study examines many key populations, including:

- Perinatal recipients
- Former or transitional foster youth
- People with substance use disorders
- High-risk infants and children
- People with low incomes impacted by natural disasters
- People at risk of or experiencing interpersonal violence
- People experiencing homelessness
- People transitioning out of emergency shelter or non-congregate shelter

This study focuses on HRSN services in four domains:

Housing
Includes supportive services and housing assistance

Food
Includes food provision/delivery and nutrition education and counseling

Extreme Weather
Includes air conditioning, heating, refrigeration, utility assistance, and portable power supplies

Social Support
Includes caregiver education, parenting classes, home visiting programs, and home internet access
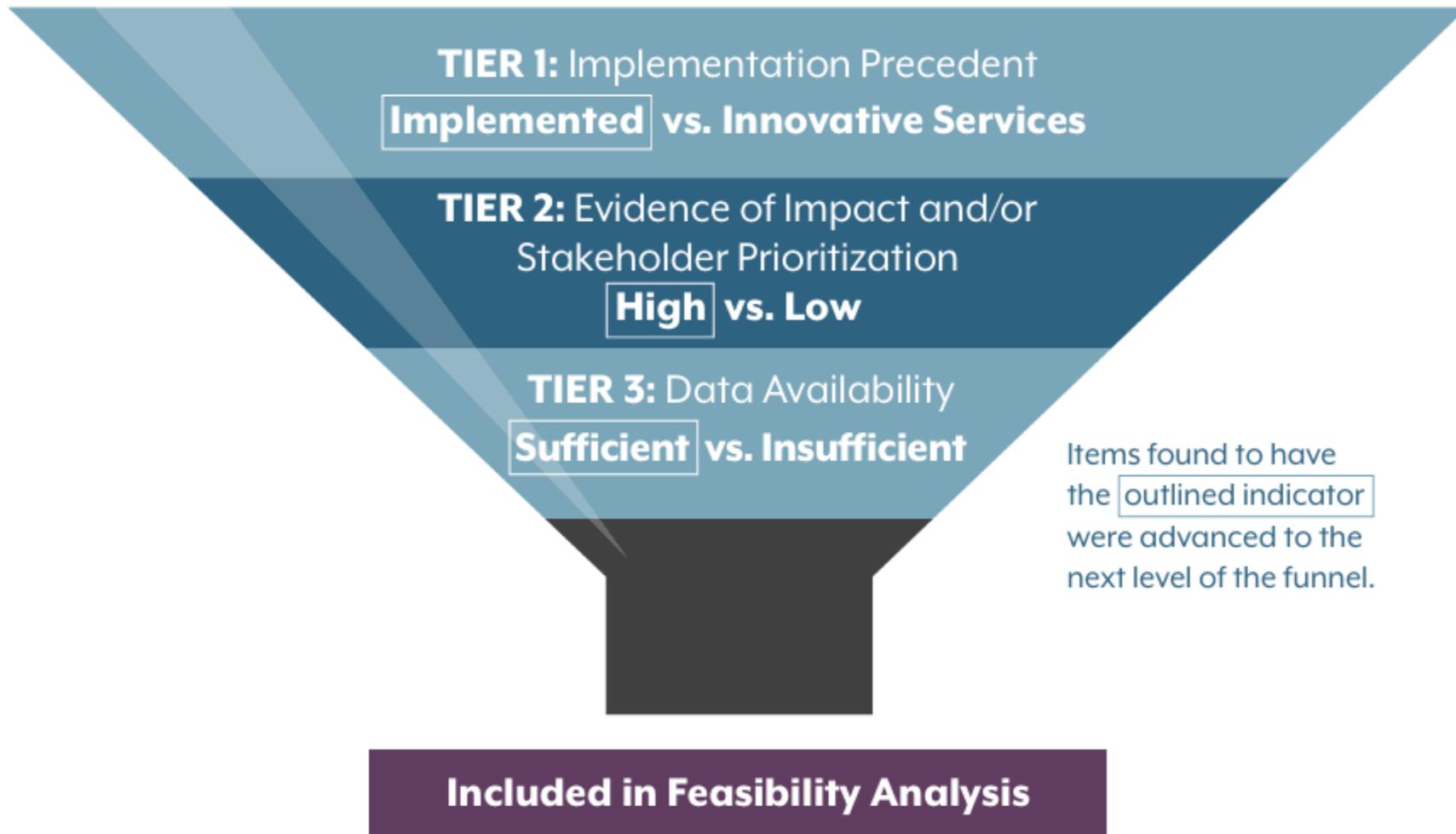
Study Methodology

- Stakeholder engagement:
  - Four public meetings
  - Key informant interviews with partner agencies, other state Medicaid programs, and other experts
  - HCPF Member Experience Advisory Council and Program Improvement Advisory Council

- Data analysis:
  - Analyzed data on the need for different services, for whom, and what the services may cost.

Prioritization Framework

TIER 1: Implementation Precedent
Implemented vs. Innovative Services

TIER 2: Evidence of Impact and/or Stakeholder Prioritization
High vs. Low

TIER 3: Data Availability
Sufficient vs. Insufficient

Items found to have the outlined indicator were advanced to the next level of the funnel.

Included in Feasibility Analysis

4. Key Findings — HRSN

HRSN Recommendation Criteria

❏ **Population Need.** To what extent does the Health First Colorado population need this service?

❏ **Stakeholder Prioritization.** To what extent do Health First Colorado members, providers, and community partners prioritize this service?

❏ **Cost.** Is the cost to implement reasonable and something HCPF can afford over the long term?

❏ **Evidence of Cost Savings or Avoidance.** Is there evidence to indicate implementing this service will lead to future cost savings or avoidance?

❏ **Precedent to Implement.** Has HCPF or another state's Medicaid program implemented this service and, if so, does the infrastructure and mechanism exist to do so?

HRSN Recommendations by Domain

	Population Need	Stakeholder Prioritization	Cost	Evidence of Cost Savings or Avoidance	Precedent to Implement
Housing	Medium	High	High	High	High
Food	High	High	Medium	High	High
Extreme Weather	High	Low	Low	Medium	Low
Social Support	High	Medium	Low	Low	Low

Example: Food and Nutrition

Step 1: Reviewed need and evidence for different services.

Prioritized Food and Nutrition Services

- Home delivered meals
- Pantry stocking
- Medically tailored meals
- Produce prescription programs
- Nutrition counseling and instruction

Example: Food and Nutrition

Step 2: Estimated the number of Health First Colorado members who might need these services.

Social Need		
Medicaid Population	**Medicaid Estimate**	**Prioritized Services**
People experiencing food insecurity	248,000	All food services
Children experiencing food insecurity	38,000	All food services
Older adults (65+) experiencing food insecurity	12,000	Home-delivered meals, nutritional counseling and education
People with disabilities experiencing food insecurity	111,000	All food services
Youth transitioning out of foster care	2,000	All food services
People leaving incarceration	4,000	All food services
Adults experiencing interpersonal violence	60,000	All food services
Social and Medical Need		
Population	**Medicaid Estimate**	**Prioritized Services**
Adults experiencing food insecurity with a diet-sensitive condition	75,000	All food services
Youth ages 0-20 experiencing food insecurity with a diet-sensitive condition	2,000	All food services
Older adults (65+) experiencing food insecurity with a diet-sensitive condition	5,000	All food services

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Example: Food and Nutrition

Step 3: Estimated the cost per service and which key populations are prioritized for each service.

Service	Service Type	Cost	Prioritized Population With a Social and/or Medical Need
Home-delivered meals	Food Provision and Delivery	$12.58 per meal, capped at $4,579.00 e.g. Medicaid would cover $1,132.20 to provide a member with three home-delivered meals a day for 30 days. Source: Colorado Medicaid Code S5170 UI	• Adults experiencing food insecurity with a diet-sensitive condition • Children experiencing food insecurity with a diet-sensitive condition • Older adults (65+) experiencing food insecurity with a diet-sensitive condition • Adults experiencing interpersonal violence

HRSN Services for Consideration

Housing
Pre-tenancy and tenancy sustaining services for people experiencing housing insecurity with a chronic condition with a child under 18 in the household

Food
Home-delivered or medically tailored meals for children experiencing food insecurity with a diet-sensitive condition

Extreme Weather
Portable/backup power supplies for people who depend on electricity for medical equipment

Social Support
Connection to existing resources for caregivers and parents

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HRSN Considerations

This research also identified some considerations for future implementation.

Opportunity for Savings

Initial spending may increase costs, but cost savings are realized over time

1

HRSN Service Uptake

Uptake may vary by service and can be implemented in phases to ensure infrastructure, supply, and funding are available

2

Delivery Infrastructure

Leverage Regional Accountable Entities as the point of delivery for HRSN

3

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HRSN Considerations

This research also identified some considerations for future implementation.

Trust Building

Thoughtful, equitable decision-making and outreach is important for participation

4

Food & Commodity Distribution Show Promise

Nutrition and food-related services are highest demand and current infrastructure between state and local agencies exists to be tapped into

5

Lower Barriers for People Experiencing Interpersonal Violence

Household income limits for Medicaid currently restrict enrollment for adults experiencing interpersonal violence

6

5. Key Findings — Continuous Eligibility (CE)

Continuous Eligibility

- Continuous eligibility (CE) supports consistent medical coverage and continuity of care by keeping Health First Colorado members enrolled in Medicaid regardless of changes in their eligibility circumstances for a set period of time.

- Colorado already provides children under 19 with 12 months of continuous coverage.

HB23-1300 Analysis

- Reviewed the evidence for providing CE to reduce churn (losing and regaining Medicaid), improve health, and save money.

- Estimated the total cost per year to provide CE for different populations for different amounts of time.

- Described possible administrative barriers to implementing CE.

This study examined four scenarios:

- **Children ages 3 and up to 19** to remain continuously eligible for **24 months** after the first eligibility is determined (Medicaid and CHP+).

- **Children ages 3 and up to 6** to remain continuously eligible until the child reaches 6 years old (Medicaid and CHP+).

- **Eligible adults** are to remain continuously eligible without regard to income for **12 months** after the first eligibility is determined.

- **Eligible adults** are to remain continuously eligible without regard to income for **24 months** after the first eligibility is determined.

Eligible adults are any of those:
- With incomes less than 33% of the federal poverty level

- Experiencing homelessness

- Leaving the Colorado Department of Corrections

Coloradans Ages 0 to 5

Coloradans ages 0 to 5 experience the highest rate of churn and are the lowest-cost population to cover.

1 Consider continuous eligibility for 0 up to age 3

2 Incrementally expand continuous eligibility to ages 3 to 5

Adults Leaving Carceral Settings

Adults leaving carceral settings are more likely to have unaddressed health care needs that could put them at risk for recidivism and increased emergency department use or premature death.

1 Revisit 12 months of CE for adults leaving Colorado Department of Corrections settings

2 Consider expanding to 24 months

6. Next Steps

Next Steps for HCPF

- Review and evaluate ongoing implementation of HRSN and incorporate feedback.

- Consider how to leverage tools like the Colorado Social Health Information Exchange as part of HRSN implementation.

- Continue to build cross-sector collaboration and engage in conversations with partners in HRSN work.

- Continue to explore new opportunities to move this work forward.

Next Steps for Stakeholders

- Visit https://hcpf.colorado.gov/HRSN

- Email hcpf_HRSN@state.co.us

- Subscribe to HRSN newsletter and At a Glance

- Connect with CHI

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