HB24-1322 Feasibility Study

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Executive Summary

Signed into law on June 3, 2024, House Bill 24-1322 “Medicaid Coverage Housing & Nutrition Services” (HB24-1322) directs the Department of Health Care Policy and Financing (HCPF) to assess the feasibility of seeking federal authorization to provide housing and nutrition services that address Health First Colorado (Colorado’s Medicaid program) members’ health-related social needs (HRSN). The study must take into account possible target populations, provider types, settings in which these services can be provided, the impact of these services, service implementation factors, cost of service provision, and federal and state funding mechanisms. The study must also address integrating HRSN services within existing housing-related and nutrition-related services and frameworks within the state. The law tasks HCPF with reporting the study’s findings to the Joint Budget Committee (JBC) on or before November 10, 2024. An additional feasibility study, House Bill 23-1300 “Continuous Eligibility Medical Coverage” (HB23-1300), will be conducted by January 2026 and will include findings related to any outstanding components from this study. Items to be analyzed and discussed further as part of HB23-1300 are identified and described in more detail throughout this study. That study will look at a variety of options for HCPF to expand its HRSN services, building on what is assessed in this study.

Based on this legislation and early research for this study, it was feasible for HCPF to request an amendment (HRSN amendment) to its existing 1115 “Expanding the Substance Use Disorder (SUD) Continuum of Care” Demonstration Waiver (1115 SUD Waiver) from the Centers for Medicare and Medicaid Services (CMS) in August 2024. The HRSN amendment, which can be found on the HCPF website[1] seeks authority from CMS for Colorado to provide housing and nutrition services to address HRSN for multiple populations throughout the state. Contingent on CMS approval of the waiver and the timeline for that approval, the state seeks to implement such coverage as early as July 2025. Prior to CMS approval, HCPF will use the regular budget process to demonstrate budget neutrality for the services requested in the HRSN amendment. Given that the feasibility of the pending waiver amendment has already been determined, this study does not assess the coverage included in the amendment, Instead, this study – and the further study planned as part of the HB23-1300 feasibility study as outlined below – seeks to assess the feasibility of expanding further upon the

[1] HCPF website: https://hcpf.colorado.gov/1115sudwaiver.

pending waiver amendment, including expanded eligibility criteria and some expansion of services, as proposed under HB24-1322.

The services under consideration are evidence-based, supported by the literature, and consistent with CMS guidance and other state policy. HCPF is committed to working with stakeholders to address challenges related to expanding the populations and services, such as state budget, time, housing and nutrition resource availability, and workforce constraints. Significant time and resources will need to be invested into the implementation process once Colorado's HRSN amendment is approved to ensure the highest possible effectiveness. While Colorado already has substantial infrastructure to provide many of the services under consideration, the state needs to assess whether it has sufficient housing and nutrition providers in place to meet demand for services for the additional populations discussed in this study. Further, the state will need to identify funding sources for additional populations and services.

Furthermore, the additional populations under consideration include individuals with diverse and complex health care and social needs. A more comprehensive analysis is necessary to fully understand the needs of these populations, how best to support them, and how to define these populations in alignment with CMS requirements. This analysis will be completed for the upcoming HB23-1300 feasibility study.

Based on current data, HCPF estimates the increased population for housing services under consideration through this feasibility study, as defined in HB24-1322, to potentially be 123,000 households that could be at-risk of homelessness and potentially 78,000 individuals who experience homelessness throughout a year. These should be considered high-end estimates with duplication between the groups, and further analysis is needed to produce a more precise estimate of which of these individuals would meet criteria for services. Given the need for further analysis and better insight into the health and social needs of these individuals, HCPF has not prepared any cost estimates for providing housing services but will plan to do so under the HB23-1300 feasibility study.

Similarly, HCPF estimates the eligible population for medically tailored meals and produce/protein box prescriptions - as outlined in HB24-1322 – to be 54,321 adult Medicaid members who are medically and socially vulnerable. HCPF interpreted this eligibility category to include adults with diet sensitive conditions,[2] such as diabetes,

[2] See appendix for definition.

who are experiencing food insecurity. HCPF estimates that to provide medically tailored meals and produce box prescriptions for this population for six months, the cost would be up to $386,258,977 total funds including $87,680,787 General Fund, if 100% of eligible individuals used these services. The Department also modeled costs for one year of medically tailored meals with six months of produce box prescriptions. This cost would be up to $752,962,393 total funds, including $170,922,463 General Fund, if 100% of eligible individuals used these services. HCPF did not develop estimates for providing nutrition services to children, youth, and pregnant people, as the agency plans to conduct further analysis in the HB23-1300 feasibility study to further narrow these populations.

Colorado will need to identify additional funding beyond the federal funding mechanisms described in this report to fund these coverage expansions. Implementing these services presents the state with the opportunity to be creative in blending and braiding funding sources, maximizing local and regional infrastructure and resources, and collaborating with stakeholders and providers.

These considerations and paths forward can continue to be explored under the HB23-1300 feasibility study, including to identify how to pursue incremental expansion of HRSN services.

Table 1. Summary of Findings & Conclusions

Category	Summary of Findings & Conclusions
Evidence-basis	• There is a strong evidence-basis for the services under consideration, all of which have been implemented in some capacity in other states.
Infrastructure and Resources	• Colorado already has in place substantial infrastructure to provide many of the services under consideration. • Colorado may not have sufficient providers in place to provide the services under consideration, and may have to invest significantly in recruitment, training, and certification to meet demand.
Defining Eligibility	• The populations under consideration are broadly defined and include individuals with complex health care and social needs. • More work is needed to define specific populations eligible for each of the proposed services. At this time, HCPF estimates that there are roughly 123,000 households that could be at-risk of

	homelessness and potentially 78,000 individuals who experience homelessness throughout a year that could be eligible for at least some of the proposed housing services. • Additionally, up to 54,000 individuals with a diet sensitive condition experiencing food insecurity could be eligible for nutrition services.
Cost	• HCPF will continue to assess the cost of providing housing services. • HCPF estimates the cost of providing three medically tailored meals per day for six months to be about $83 million in General Fund and $166 million in General Fund for one year. The cost of providing produce or protein boxes for six months would be about $4 million in General Fund. The total cost of providing both medically tailored meals and produce or protein boxes would be about $386 million in total funds (General Fund, Cash Fund and federal fund) for six months and $753 million for one year.

Feasibility Study

I. Study Design and Outline

A. Purpose of Feasibility Study

The purpose of this feasibility study is to consider whether implementing the HRSN services identified for consideration under HB24-1322 (as enumerated below in the overview of HB24-1322) would be viable for Colorado, including whether HRSN service implementation would be budget neutral for the state. To the extent the HRSN services are determined to be both feasible to implement and budget neutral, HCPF has been tasked with submitting a request for federal authority to provide such services. Prior to services being authorized, HCPF will use the regular budget process to demonstrate budget neutrality for the services requested in the HRSN amendment.

B. Definition of Feasibility

Feasibility has been assessed based on several factors, including cost, evidence base for the intervention, and implementation considerations like what funding sources are available and the complexity and cost of

necessary infrastructure investments as well as where the state has already invested General Fund.

Feasibility also depends on whether similar services have been tried and tested elsewhere, how successfully they have been implemented, and how impactful they have been. Also examined was the extent to which each service fits within CMS parameters and guidance, whether services had previously been funded, and whether a similar service already exists in Colorado.

C. Methodology

The feasibility of seeking federal authorization to provide the services under consideration has been determined based on a review of the evidence in support of and against housing and nutrition services, including an extensive literature and landscape review.

1. Review of Existing Services and Infrastructure

HCPF conducted an in-depth review of existing HRSN services and infrastructure in Colorado, both at the state and local levels. This included consideration of to what extent the services under consideration in this study are expansions and how implementation of HRSN services would complement and supplement existing services and resources. It also included close partnerships with other state agencies to better identify what housing and nutrition support programs were supported with General Fund. HCPF also analyzed data and existing services and infrastructure to understand the potential impact of implementing the services under consideration in this study.

2. Literature Review

HCPF conducted in-depth literature reviews on the housing and nutrition services identified in HB24-1322, reviewing a combination of quantitative and qualitative peer-reviewed studies that focus on permanent supportive housing (PSH), rental assistance, medically tailored meals, produce prescription boxes, home delivered meals, medically tailored groceries, and pantry stocking. HCPF reviewed recent peer-reviewed journal articles focused on cost, health care utilizations, and implementation factors for housing and nutrition services. Organizations with expertise in the housing

and nutrition space were also referenced, such as the Urban Institute and Aspen Institute, respectively. Additional information about the literature review methodology can be found in the Findings Section.

3. **Other State Research**

HCPF reviewed the approaches taken by other states to support the HRSNs of their residents, including a thorough review of all approved HRSN Section 1115 Demonstration Waivers and their implementation plans to the extent they are available. HCPF also conducted informational interviews with several states that have implemented services similar to those Colorado is considering. HCPF specifically focused on the following topics: housing and nutrition providers; which populations were prioritized, including how to prioritize with limited resources; screening and referral methods; data sharing and provider enrollment; and system questions including reinvestment plans, reimbursement, and roll-out processes.

II. Background

A. HB24-1322 Requirements

HB24-1322 directs HCPF to assess the feasibility of seeking federal authorization to provide housing and nutrition services that address Medicaid member's HRSNs. The law specifically tasks HCPF with assessing the feasibility of providing specific HRSN services to target populations. The components included in HB24-1322 extend beyond those in the HRSN amendment proposal.

The housing services under consideration in this report include:

- Housing-related services and tenant supportive services, including up to six months of rental assistance or temporary housing and utility assistance.
- Pre-tenancy and tenancy-sustaining services, including tenant rights education and eviction prevention.
- Housing transition navigations services, including individualized case management, skills building, and peer support services.
- One-time housing and moving costs, including security deposits, first month's rent, movers, relocation expenses, and costs associated with

utility activation, identification requirements, and housing applications and inspections.

Target populations under consideration for these housing services are detailed in Table 2 below.

Table 2. Housing Services and Target Populations

HB24-1322 Feasibility Study Requirements	Submitted HRSN 1115 Waiver Amendment	Services and Populations* Remaining for Study in HB24-1322 (covered in this report)
Services • Rental and utility assistance • Pre-tenancy and tenancy-sustaining services • Housing transition navigation services • One-time housing transition and moving costs	Services • Rental and utility assistance • Pre-tenancy and tenancy-sustaining services • Housing transition navigation services • One-time housing transition and moving costs	Services • Rental and utility assistance • Pre-tenancy and tenancy-sustaining services • Housing transition navigation services • One-time housing transition and moving costs
Populations • Individuals leaving institutions or at-risk of institutionalization • Youth in or leaving foster care, and former foster care youth • Individuals experiencing homelessness or at-risk of homelessness • Individuals in transitional housing or micro-communities	Populations • Community Access Treatment vouchers: Individuals leaving institutions or at-risk of institutionalization • Colorado Foster Success vouchers: Youth in or leaving foster care, and former foster care youth • Individuals eligible for permanent supportive housing	Populations • Individuals experiencing homelessness or at-risk of homelessness • Individuals in transitional housing or micro-communities

*Due to the complexity of estimating service costs for these broader populations, the HB24-1322 study only provides population estimates. Service cost estimates will be provided in the HB23-1300 study, expected in January 2026.

Nutrition services under consideration include:

- Nutrition-related services, including up to three medically tailored meals per day, initially for up to six months, delivered to a member's home or private residence.
- Pantry stocking, which entails up to three meals per day delivered to the member's home or other private residence.
- Nutrition prescriptions, which includes fruit and vegetable prescriptions and protein boxes for up to six months, targeted to medically vulnerable populations and tailored to the member's health and social risk.

Target populations under consideration for these nutrition services are detailed in Table 3 below.

Table 3. Nutrition Services and Target Populations

HB24-1322 Feasibility Study Requirements	Submitted HRSN 1115 Waiver Amendment	Services & Populations* Remaining for Study in HB24-1322 (covered in this report)
Services • Medically tailored meals • Pantry stocking • Nutrition prescriptions	Services • Medically tailored meals • Pantry stocking	Services • Medically tailored meals • Pantry stocking • Produce prescriptions
Populations • Individuals who are medically and/or socially vulnerable • Children and youth • Pregnant people	Populations • Community Access Treatment vouchers: Individuals leaving institutions or at-risk of institutionalization • Colorado Fostering Success vouchers: Youth in or leaving foster care, and former foster care youth • Individuals eligible for permanent supportive housing	Populations • Individuals who are medically and/or socially vulnerable • Children and youth* • Pregnant people*

*Additional work to be conducted in the HB23-1300 feasibility study to further narrow these populations.

HB24-1322 tasks HCPF with additional considerations regarding housing services, including:

- The types of existing housing-related services that are available for reimbursement, including case management, on-site physical and behavioral health care, peer support services, skill-building services, and navigation services. These are discussed in the Background Section;
- The types of providers that may be reimbursed for housing-related services. These are addressed in the Findings and Feasibility Sections;
- The settings in which housing-related services may be provided, including congregate and non-congregate shelters and micro-communities. These are discussed in the Findings Section;
- A per member per month (PMPM) lump sum reimbursement methodology to be combined with housing vouchers, rather than a direct reimbursement model. This is discussed in the Background Section; and
- How best to leverage available state-designated health program funding. This is discussed in the Findings Section.

In assessing the feasibility of providing the HRSN services under consideration, HCPF must ensure that all services provided would be medically appropriate, as determined by state-defined clinical and social risk criteria, optional for members, and utilize managed care entities to coordinate services, which is consistent with federal guidance.[3] This is discussed in the Background and Findings Sections.

HB24-1322 also requires HCPF to address how to ensure the services under consideration supplement and integrate with existing services in Colorado. With respect to housing-related services, this includes coordinating eligibility and priority determinations, aligning services with temporary and long-term rental assistance program requirements, and connecting members with existing state and federal housing-related services. This work is coordinated across local public health, federally qualified health centers, state agencies and other community-based organizations to connect members with existing

[3] Centers for Medicare & Medicaid Services. Addressing Health-Related Social needs Through Medicaid Section 1115 Demonstrations: All-State Call. 6 Dec. 2022, medicaid.gov/medicaid/downloads/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf

state and federal nutrition-related resources, which include the Supplemental Food program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP). This is discussed in the Background and Findings Sections.

Finally, HCPF is required to review examples of states with federal approval to provide HRSN services in order to streamline the development of a potential federal authorization for HRSN services in Colorado. This is discussed in the Background and Findings Sections.

To the extent any of the HRSN services under consideration in this feasibility study are found to be budget neutral, HB24-1322 requires HCPF to seek federal authorization no later than July 1, 2025, to provide any of the HRSN services assessed.

B. Colorado Landscape

In order to address how best to supplement and integrate housing and nutrition related services into existing state and local infrastructure, it is important to understand the comprehensive array of services, supports, and resources already being provided. Colorado currently provides a broad range of services that address the HRSNs of its residents, both under its Medicaid program and through other state-funded programs.

1. Existing Medicaid Services and Supports

Colorado covers the services listed below, all of which seek to address the HRSNs of Health First Colorado members, under the Medicaid authorities indicated below. The services most relevant to assessing the feasibility of implementing the services contemplated in this study are discussed in greater detail in the Findings Section.

HRSN Services Provided under the Medicaid State Plan

Specified Medicaid members are eligible for HRSN services under the Colorado Medicaid State Plan. This includes Health First Colorado members ages 18 and older who reside in a nursing home, hospital, an Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IID), Regional Center, or at-risk of institutionalization and have expressed interest in transitioning back into the community. This also includes Medicaid members eligible for

Home and Community Based Services (HCBS) waiver services provided by state operated Regional Centers who want to transition to a private HCBS provider.

The Medicaid State Plan provides eligible individuals with Targeted Case Management - Transition Coordination (TCM-TC), which is a housing-related service within the HRSN framework. TCM-TC provides transition coordination support to individuals moving to community settings, including comprehensive assessment for transition, community risk assessment, development of a transition plan, referral, and monitoring/follow-up activities.

HRSN Services Provided under the 1915(b) Waiver

HCPF is working to expand the spectrum of behavioral health services for Health First Colorado members, including by increasing access to supportive services for members with behavioral health needs under the State's 1915(b) Waiver. Under this authority, Medicaid covers supportive housing services for members with a behavioral health diagnosis, or in cases where the diagnosis has been deferred. This includes case management, outreach, housing navigation, leasing navigation, move-in and orientation assistance, skill building, peer services, assistance renewing leases, and assistance renewing vouchers.

HRSN Services Provided under Home and Community-Based Services (HCBS) 1915(c) Waivers

HCBS waiver programs provide supplemental benefits, in addition to State Plan services, to certain populations who satisfy waiver-specific eligibility criteria. Individuals are eligible for HCBS waiver services if they are in need of a nursing facility, ICF/IID, or hospital level of care; receive services in their home or community; are physically disabled, medically fragile, living with a brain injury, developmentally disabled, intellectually disabled, or living with a mental illness; and are living

below 300% of the Supplemental Security Income (SSI) limit.[4] HRSN services provided under the HCBS waiver include:

- **Home Modification**: Physical adaptations to the home, required by the individual's plan of care, which are necessary to assure the health, welfare, and safety of the individual, without which the individual would require institutionalization.
- **Transition Set-Up**: Coordination and purchase of one-time, non-recurring expenses necessary for a client to establish a basic household upon transition from an institutional setting to a community living arrangement.
- **Peer Mentorship**: Provides members with advice, guidance, and encouragement on matters of community living, including self-advocacy and independent living goals.
- **Supportive Services**: Skills training, including assessing, training, supervising, or assisting the client with self-care and activities of daily living, medication reminders, time management, interpersonal skill development, etc.
- **Home Delivered Meals (HDM):** Nutritional counseling, meal planning, preparation and delivery. Consists of two meals per day or 14 meals delivered one day per week. HDM post-discharge is available for 30 calendar days after discharge, twice per calendar year.

HRSN Services Provided under the Community First Choice Program

The Community First Choice (CFC) program, effective July 1, 2025, covers certain additional home and community-based attendant services and supports to members who are under the Medicaid State Plan.[5] Health First Colorado members who meet an institutional level of care (including for long-term care facility, nursing facility, ICF/IID, and institutions providing services for individuals under age 21) and have an assessed need for CFC services are eligible for services under

[4] 450% FPL for Buy-In population.
[5] Colorado Department of Health Care Policy and Financing. Community First Choice Option. hcpf.colorado.gov/community-first-choice-option, accessed 27 Sept. 2024.

the CFC program. HRSN services provided under the CFC program include:

- **Transition Set-Up Services**: Covers the cost of one-time, non-recurring expenses up to 30 days post-transition from an institutional setting to a community setting. Purchases must be necessary for a member to establish a basic household.
- **Supportive Services**: Consumer directed homemaker services; medication reminders; personal emergency response system; remote supports.

HRSN Services Provided under Money Follows the Person (MFP)

In August 2023, HCPF was awarded a four-year, $43 million demonstration grant from CMS to fund community support services for people living in Medicaid Long-Term Care facilities. Eligible individuals include Medicaid participants transitioning out of a nursing facility or an ICF/IID into their home or community-based setting. Participants must have been in the institution for more than 60 days. HRSN services provided under MFP include:

- **Pre-Tenancy Support**: Includes pre-transition skills training and support for individuals as they plan for community integration, such as how to comply with lease agreements and request accommodations, and assistance with acquiring and submitting housing applications and documentation.
- **Rental Assistance**: Immediate, 6-month short-term rental assistance, which may include rental payments, security deposits, application fees, and holding fees, or resolution of rental and utility arrear debts that were preventing members from acquiring housing.
- **Home Modification (Environmental Adaptations):** Prior to discharge, this person-centered wraparound support provides home modifications required for a safe transition into the community.

- **Peer Mentorship**: Pre-transition support from an individual with lived experience to better understand the transition process and how to use all the resources and services available in the community, including Medicaid services.
- **Short-Term Food Assistance**: Pantry stocking for the first 30 days post discharge. Please see the appendix for a detailed definition of pantry stocking.

Hospital Transformation Program (HTP)[6]

The HTP is a Medicaid program under which hospitals receive payments for quality-based initiatives. While HRSN services are not provided under the HTP, participating hospitals are performing social needs screenings and sharing that information with Regional Accountable Entities (RAEs).

Table 4. Summary of Medicaid-funded HRSN Services and Supports

Service Title	Money Follows the Person	State Plan	1915(c)	Community First Choice (1915(k))	1915(b)
Targeted Case Management – Transition Coordination		X			
Pre-Tenancy and Tenancy Services	X				X
Rental Assistance	X				
Home Modification	X		X		
Transition Set-Up			X	X	
Peer Mentorship	X		X		X
Supportive Services			X		X
Home Delivered Meals			X	X	
Short-Term Food Assistance	X				

[6] Colorado Department of Health Care Policy and Financing. Colorado Hospital Transformation Program. hcpf.colorado.gov/colorado-hospital-transformation-program, accessed 28 Sept. 2024.

2. Pending Section 1115 Demonstration HRSN Amendment Covered Services[7]

HCPF submitted an HRSN amendment to Colorado's current "Expanding the Substance Use Disorder Continuum of Care" 1115 Demonstration Waiver (1115 SUD Waiver) in August 2024. HCPF determined that the amendment would be feasible because of existing infrastructure, partnerships, a proven track record of success, and available state funding. Specifically, the existing state investments provided through the Department of Local Affairs (DOLA) and Department of Human Services (CDHS) programs would be eligible for federal match funding under the submitted demonstration waiver.

Proposed Services. If approved, the HRSN amendment would cover:

- Pre-tenancy and housing transition navigation services
- Rent/temporary housing for up to six months including utility costs that are part of the housing
- One-time transition and moving costs. This also includes housing deposits to secure housing, including application and inspection fees and fees to secure needed identification.
- Tenancy sustaining services, including tenant rights education and eviction prevention
- Nutrition counseling and instruction
- Medically tailored, home delivered meals
- Home delivered meals or pantry stocking
- There is a significant overlap between these services and the services under consideration in this study, which is discussed in greater detail in the Findings section.

[7] Colorado Department of Health Care Policy and Financing. Health Related Social Needs amendment to the Colorado Expanding the Substance Use Disorder Continuum of Care Section 1115 Demonstration Waiver. www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/co-continuum-care-08122024-pa.pdf, accessed 27 Sept. 2024.

Eligible Populations. Eligible populations under this HRSN amendment include:

Individuals eligible for permanent supportive housing vouchers who:

- Are at least 18 years old,
- Have a disabling condition,[8]
- Have a history of homelessness or are at-risk of homelessness,[9] and
- Are at or below 30% of the area median income.
- HCPF further delineated this population into the following categories:
  - ✓ PSHa population: Individuals matched to a PSH voucher within the past 12 months
  - ✓ PSHb population: Individuals eligible for PSH but not yet matched to a voucher
  - ✓ PSHc population: Individuals residing in PSH for more than one year

HCPF estimates that there are approximately 11,000 individuals that would fall into this eligibility category for the first year of the proposed HRSN amendment.[10]

Individuals eligible for Colorado Fostering Success (CFS) vouchers who:

- Are at least 18 but less than 26 years old,

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[8] Includes a behavioral health need, meaning a diagnosed behavioral health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems; or a suspected behavioral health disorder that has not yet been diagnosed and needs of further diagnostic evaluation; and a chronic condition, including Cirrhosis, Chronic Obstructive Pulmonary Disease, Diabetes, Epilepsy, Heart Failure, Hepatitis, HIV/aids, and Hypertension.

[9] Includes individuals and families who lose their residence within 14 days of the date of application for homeless assistance and do not have a subsequent residence identified; have an annual income below 30% of median family income for the area, as determined by the Housing and Urban Development; do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or place not meant for habitation; and exhibit one or more risk factors of homelessness, including recent housing instability or exiting a publicly funded institution or system of care such as foster care or a mental health facility.

[10] Colorado Department of Health Care Policy and Financing. Health Related Social Needs amendment to the Colorado Expanding the Substance Use Disorder Continuum of Care Section 1115 Demonstration Waiver. www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/co-continuum-care-08122024-pa.pdf, accessed 27 Sept. 2024.

- Are a Colorado resident,
- Are experiencing homelessness or at imminent risk of homelessness,
- Have prior foster care or kinship care involvement, and
- Have an income level at or below 50% of area median income of the county in which the youth resides.

HCPF estimates that there are approximately 100 individuals that would fall into this eligibility category for the first year of the proposed HRSN amendment.

Individuals eligible for Community Access Team (CAT) vouchers who:

- Are 18 years and older,
- Are at or below 30% of the area median income,
- Meet the Housing and Urban Development (HUD) definition of disability, and
- Are transitioning to the community from an institutional setting or are at-risk of institutionalization.

HCPF estimates that there are approximately 300 eligible individuals that would fall into this eligibility category for the first year of the proposed HRSN amendment.

Delivery System and Payment. HCPF will deliver these HRSN amendment services through a mix of fee-for-service (FFS) and managed care systems to align with the population mix outlined.

3. **Services Provided by Regional Accountable Entities**

Colorado's Regional Accountable Entities (RAEs) are responsible for coordinating member care and ensuring connections to health care and other needed services in the state such as transportation, food assistance, and other HRSN services. As a trusted community resource, RAEs are heavily involved in increasing food security and access to supportive housing services, as detailed in Table 5 below. The Accountable Care Collaborative (ACC) program requires RAEs to establish relationships and

communication channels with community-based organizations (CBOs) that provide resources such as food and housing to Health First Colorado members. The RAEs are also required to develop plans with providers, members, and community stakeholders to optimize members' physical and behavioral health, which are heavily influenced by their social determinants of health (SDOH).

Through this work, RAEs have developed expertise as community connectors, building trusted relationships with a wide range of community-based service providers. The RAEs have built foundational relationships and partnerships with local housing authorities and food banks, creating the infrastructure necessary to ensure statewide provision of and connection to HRSN-related services. To varying degrees, the RAEs facilitate partnerships between CBOs and providers, fund CBOs' work, help CBOs improve data collection and understanding of Medicaid processes, and coordinate care for members who require support around HRSN. These partnerships enable streamlined, member-centered processes that support the efficient creation of provider networks designed to address HRSN.

HCPF anticipates working closely with the RAEs to implement the services under its pending HRSN amendment. The chart below summarizes the housing- and nutrition-related partnerships and supports in which the RAEs across the state have engaged:

Table 5. RAE Housing and Nutrition Services and Supports[11]

RAE Name	Housing	Nutrition
Rocky Mountain Health Plans (RMHP)	• Provides outreach and support for LGBTQIA+ youth experiencing homelessness and directly supports the Grand Junction Housing Authority with community reinvestment dollars	• Partners with Food Service Agencies to expand capacity to address food insecurity and plans to expand SNAP outreach activities • Started a Food is Medicine program (see appendix for details) and invested in five local food banks with community reinvestment dollars
Northeast Health Partners (NHP)	• Care coordinators connect members to supportive services including housing vouchers, and food security • Care coordinators provide case management services to individuals at Weld County jail, including making housing and nutrition referrals pre and post release	• Care coordinators connect members to supportive services including housing vouchers, and food security • Care coordinators provide case management services to individuals at Weld County jail, including making housing and nutrition referrals pre and post release
Colorado Access (COA)	• Partners with homeless shelters and maintains permanent supportive housing partnerships • Partners with the Reciprocity Collective to support unhoused	• Restructured its Community Giving Program to align funding SDOH and HRSN priorities, which has included its community cultural navigators forming partnerships and

[11] Department of Health Care Policy & Financing. Colorado's Accountable Care Collaborative Phase III: A Brief Overview. 2023, colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20Fact%20Sheet%20February%202023.pdf.

	members seeking permanent residence	engaging in networking. This has entailed attending events like Farmers Markets and providing education on Colorado Medicaid, SNAP, and WIC.
Health Colorado, Inc (HCI)	• Partners with the Boys and Girls Club to facilitate access to transportation and housing assistance	• Partners with Project Angel Heart to provide medically tailored meals to eligible members
Colorado Community Health Alliance (CCHA)	• Participates in the Upper Arkansas Valley Housing Collaborative and maintains access to their Homeless Management Information System for members across five counties • Supported Homeward Pikes Peak as one of the first SWSHE awardees in preparing to provide supportive housing services	• Supported Gilpin County in purchasing a truck to better and more regularly distribute food, particularly within rural areas in the county • Partners with WeeCylce to provide healthy age-appropriate baby meals and baby formula
Denver Health Medical Plan (DHMP)	• Works with Denver Health and Hospital Authority (DHHA) to assess the HRSN of patients; DHHA then uses the FindHealth Network to support members' health related social needs	• Submits member referrals for SNAP and WIC and partners with Project Angel Heart to provide medically tailored meals for eligible individuals • Works with DHHA to assess the HRSN of patients; DHHA then uses the FindHealth Network to support members' health related social needs

4. **Other State-Level HRSN Programs and Partnerships**

Colorado has been developing infrastructure to deliver HRSN services for several years now, leveraging various programs and initiatives across agencies to increase access to existing services and resources.

Housing Services and Supports[12]

DOLA coordinates and oversees many project-based and tenant-based housing voucher programs through its partner agencies and organizations across the state. This includes the Housing Choice Voucher Program, the Family Unification Program, the HUD-Veterans Affairs Supportive Housing (HUD-VASH) Program, the Family Self Sufficiency Program, Financial Literacy Exchange Program, the Section 811 Project Rental Assistance (PRA) Program, and Mental Health, Homeless Solutions Program, CAT vouchers, and Recovery-Oriented Housing Program State Housing Vouchers. DOLA's Division of Housing (DOLA/DOH) works with HCPF and the CDHS to implement the following voucher programs:

- **Permanent Supportive Housing Vouchers**: Comprised of state and federally funded rental subsidies and supportive service funding sources, these resources combine rental assistance and supportive services to help eligible participants secure safe, stable housing in the community. DOLA pays housing subsidies directly to the landlord on behalf of the member; the member is responsible for the difference between total rent due and the subsidy paid by DOLA. Services are driven by client choice, and include support with accessing public benefits, life skills training, employment, and transportation. Eligible participants include individuals, youth, and families with complex barriers to housing stability (including disabilities) who are experiencing, at-risk of, or have a history of homelessness. There are an estimated 8,000 individuals on waiting lists for these vouchers, and they can wait between three and six months for permanent housing after being assigned a voucher as these vouchers rely on the participant's ability to find a unit in the

[12] Colorado Department of Local Affairs, Housing Voucher Programs. doh.colorado.gov/housing-voucher-programs, accessed September 27, 2024.

community compatible with the voucher that has accepted them as a tenant. The pending HRSN amendment would allow rental assistance to begin upon receipt of the voucher.

- **Colorado Fostering Success Voucher Program (CFS):** Created through SB23-082[13] in 2023, this voucher program provides housing vouchers and youth driven case management services to former foster care youth between the ages of 18 and 26 years old who are experiencing or at imminent risk of experiencing homelessness. Approximately 100 youth receive vouchers annually, and the financial assistance and case management services are paid for using state General Fund dollars. The program is operated by CDHS and supported through a joint administration and implementation plan with DOLA.
- **Community Access Team Vouchers (CATV):** This voucher program provides eligible individuals with rental assistance and security deposit support. DOLA pays housing subsidies directly to the landlord on behalf of the member; the member is responsible for the difference between total rent due and the subsidy paid by DOLA.[14] HCPF refers individuals from its Transition Services, Supported Living Services and Adult Comprehensive Waivers to DOLA with the goal of moving persons with disabilities out of facility-based care and into the community and preventing individuals from moving to an institution.
- **Statewide Supportive Housing Expansion (SWSHE) pilot**: Through American Rescue Plan Act (ARPA) funding, Colorado implemented the SWSHE pilot project to provide comprehensive wraparound services, including housing support services and community-based peer support, to members eligible for a Permanent Supportive Housing voucher through DOLA. HCPF provided grant funding to 28 PSH providers to expand pre-tenancy and tenancy sustaining

[13] Colorado General Assembly. Colorado Fostering Success Voucher Program. https://leg.colorado.gov/bills/sb23-082, accessed 27 Sept. 2024.
[14] Colorado Department of Health Care Policy and Financing. Informational Memo. hcpf.colorado.gov/sites/hcpf/files/HCPF%20IM%2023-014%20Housing%20Voucher%20Program%20-%20Vouched%20Availability.pdf, accessed 27 Sept. 2024.

services, as well as supportive services, such as case management, skill-building and peer services. HCPF identified eligible individuals through data sharing with the four Continuum of Care (CoC) entities. As of half-way through the project, two-thirds of the individuals who were initially unhoused when the program began were stably housed within six months. HCPF estimates that the state reimbursed $10,000 per member per year for the provision of non-Medicaid-reimbursable supportive housing services. Funding for this project ended September 30, 2024.

Nutrition Services and Supports

CDHS is responsible for the administration of the federal nutrition security programs described below, many of which are supported by the U.S. Department of Agriculture (USDA). Programs include:

- **State Unit on Aging Nutrition Supports.** The State Unit on Aging oversees programs funded by the federal Older Americans Act and State Funding for Senior Services. The unit provides assistance and funding to 16 Area Agencies on Aging across the state to provide community-based services to seniors aged 60 years and older and caregivers. This includes congregate setting meals, food distribution, and home delivered meals. Services also include physical activity programs, nutrition screening, nutrition counseling, and nutrition education.
- **Supplemental Nutrition Assistance Program.** This Program provides eligible families with monthly benefits to put towards buying healthy food at participating vendors.[15] SNAP shoppers can also use the **SNAP Produce Bonus** to receive 100% reimbursement when buying fruits and vegetables, up to $60 per month.[16]
- **Everyday Eats.** In collaboration with contracted partner organizations, CDHS administers the Everyday Eats Program (known nationally as the Commodity Supplemental Food Program) to

[15] Colorado Department of Human Services. Supplemental Nutrition Assistance Program (SNAP). https://cdhs.colorado.gov/snap, accessed 27 Sept. 2024.
[16] Colorado Department of Human Services. Colorado SNAP Produce Bonus. cdhs.colorado.gov/snap-produce-bonus, accessed 27 Sept. 2024.

ensure people 60 years and older who have incomes at or below 130% of the federal poverty line have access to nutritious and high-quality USDA Foods.[17] Prescribed food boxes are distributed through community-based organizations and home delivery.

- **The Emergency Food Assistance Program (TEFAP).** In collaboration with contracted partners, CDHS administers TEFAP which provides USDA Foods to eligible Coloradans through food banks and food pantries.

The Colorado Department of Public Health and Environment (CDPHE) is responsible for the administration of the federal nutrition security programs described below, all of which are supported by the USDA.

- **Special Supplemental Nutrition Program for Women Infants and Children.** This program provides free healthy food, breastfeeding support, nutrition education, and care referrals to pregnant, breastfeeding and new parents, and families with children younger than age five. Colorado's WIC program (COWIC) is funded through the USDA, supervised by the state and administered through local agencies such as local public health agencies and federally qualified health centers.
- **Child and Adult Care Food Program.** This program provides reimbursement for healthy meals and snacks served to Colorado's children and adults in childcare centers and homes, afterschool programs, emergency and homeless shelters, Head Start, Early Head Start and outside-school-hours programs and adult day care centers.

CDPHE is also responsible for administering several programs that increase access to healthy food pursuant to the 2022-2030 Chronic Disease State Plan, including:

[17] Colorado Department of Human Services. Food Distribution Household Programs. cdhs.colorado.gov/benefits-assistance/food-assistance/food-distribution-programs/food-distribution-household-programs, accessed 27 Sept. 2024.

- **Farm to Child.** Encourages local food purchasing, gardening, and food and agriculture education in early care and education settings.
- **Healthy Food Incentive Fund.** Uses state allocated funds to provide healthy eating incentives to Colorado's low-income residents to improve access to fresh Colorado-grown fruits and vegetables through two programs:
  - ✓ **Colorado Nutrition Incentive Program** provides produce via Community Supported Agriculture (CSA) food boxes delivered to participants in the WIC and Older Adult Congregate Meal Program.
  - ✓ **Double Up Food Bucks Program** doubles the value of SNAP benefits spent at participating farmer's markets and food retail stores by providing up to $20 per day in additional SNAP dollars for every dollar spent on fruits and vegetables.

The Colorado Department of Education (CDE) coordinates and oversees the following federally funded programs:

- **School Lunch Program (NSLP).** This program provides daily meals to students, either at low-cost or no cost to the family.
- **Summer Food Service Program (SFSP).** This program provides three meals a day to youth across the state during the summer months. Meals are provided by schools, camps, universities, and nonprofit organizations.
- **Healthy School Meals for All.** This program allows public School Food Authorities (SFAs) to provide free meals to all students through state and federal funding. Any Colorado public school district, charter school food authority, day treatment facility, or Residential Child Care Institution that participates in the National School Lunch Program or School Breakfast Program may opt into this program. Additional components of the program, including funding to increase wages or incentives to purchase local food, are subject to appropriation.

The Colorado Department of Agriculture (CDA) coordinates and oversees the following state-based program:

- **Community Food Access Program.**[18] This program created a Community Food Consortium composed of local farms, the Small Food Business Recovery and Resilience grant program, and small food retailers. Funded through state and local fiscal recovery funds,[19] the program supports consortium members with the goal of lowering costs of and increasing access to nutritious foods across the state.

5. **Other Supports**

Colorado Social Health Information Exchange

The Colorado Social Health Information Exchange (CoSHIE) is a funded infrastructure that will be leveraged to support social health and referrals for social care. The CoSHIE is a network to securely share physical, behavioral, and social health information between providers involved in whole-person care. The CoSHIE will comprise both a statewide unifying architecture and regional hubs. There are four waves currently identified to roll out the CoSHIE. The first wave of the CoSHIE is now complete, which automated referrals for individuals in transitional housing and built the foundation for a system that will support individuals through their physical, behavioral and social health care (like food and housing) plus improve member engagement in health plan programs like prenatal care or diabetes management, state programs like SNAP, WIC, housing vouchers, and community supports like the local foodbank or homeless shelter. This tool will help care providers, RAEs, community workers and others connect Medicaid members and other Coloradans to the supports they need. The application for the Regional Social Health Informational Exchange (SHIE) Hubs grants program closed Nov. 1, 2024. This funding opportunity supports Proof of Concept Projects to build Regional SHIE Hubs, which will use technology to connect Medicaid members to social services and supports. Future waves will build on this

[18] Colorado Department of Agriculture. Community Food Access Program. ag.colorado.gov/markets/markets-funding/community-food-access-program, accessed 27 Sept. 2024.
[19] Colorado General Assembly. HB22-1411. Colorado General Assembly, https://leg.colorado.gov/bills/hb22-1411, Accessed 21 Oct. 2024.

foundational infrastructure to add more tools, services and supports. The CoSHIE is planned to include social care referrals by fall of 2025.

6. **Stakeholder Feedback on HRSN Services**

From March 11 to August 18, 2024, HCPF hosted several public meetings and received public comments in response to its general HRSN expansion efforts, the HRSN amendment, and the components included in the HB24-1322 study.[20] Several themes emerged across both oral and written comments, which are summarized below.

Services and Eligibility

Stakeholders are interested in broadening service eligibility, from identifying specific populations to defining HRSN eligibility criteria such as "social risk." Populations of high interest for the HRSN services in this feasibility study include high-risk infants and children, aging adults, individuals experiencing housing insecurity, and people with behavioral health conditions and substance use disorders. Stakeholders also indicated support for inclusion of foster care graduates. HCPF limited target populations in the submitted HRSN amendment due to budget constraints, has explored additional options through this study, and will expand on potential options in the HB23-1300 study.

Service Infrastructure and Providers

Stakeholders want to understand how any of the services in HB24-1322 or the HRSN waiver are currently provided in Colorado through Medicaid or other state programs, and how HCPF would coordinate with and leverage providers, other agencies, and RAEs. HCPF is exploring ways to leverage different existing, upcoming, and potential providers including food banks, community health workers (CHWs), and registered dietitians (RDs). This will entail navigating licensure and provider enrollment challenges, and HCPF will flesh out provider types as part of implementation and operationalization planning. RAEs will continue to support and coordinate member access to HRSN

[20] Colorado Department of Health Care Policy and Financing. "Health-Related Social Needs (HRSN)." Colorado Department of Health Care Policy & Financing. hcpf.colorado.gov/hrsn.

services. HCPF will continue to collaborate with other state agencies, working together on a comprehensive HRSN service system in Colorado.

Data Considerations

Stakeholders have encouraged HCPF to prioritize data sharing and transparency considerations, including operationalizing the state's SHIE to better facilitate communication between housing, nutrition, community-based organizations, and health care agencies and providers. HCPF will consider these components as part of the implementation of the programs and ongoing SHIE work.

Focus on Local Resources and Programs

Stakeholders want to know how Colorado will leverage local organizations and food systems for coordinating provision of and access to nutrition services. Support was expressed for using local farmers and food hubs to provide services, as well as general inclusion of local organizations to approve providers and otherwise build local capacity to provide HRSN services. Stakeholders also hope this closer relationship to the food system and communities would improve the quality of nutrition options, including ensuring meals and pantry stocking options are culturally and religiously relevant to members. HCPF understands the importance of these issues and seeks recommendations for how to address these considerations.

C. National Landscape

1. Federal Guidance

HRSN Services

CMS has compiled a non-exhaustive list of HRSN services that states may seek to cover under Medicaid authorities.[21] These services are organized into housing and nutrition supports categories in Table 6 below.

[21] Centers for Medicare and Medicaid Services. Coverage of Health-Related Social Needs (HRSN) Services in Medicaid and the Children's Health Insurance Program (CHIP). Nov. 2023, www.medicaid.gov/health-related-social-needs/downloads/hrsn-coverage-table.pdf.

Table 6. HRSN Services and Supports that may be Eligible for Federal Medicaid Match

Housing Supports	Nutrition Supports
• Housing supports without room and board, including: housing transition and navigation services; pre-tenancy navigation services; one-time transition and moving costs; tenancy and sustaining services and individualized case management • First month's rent, as a transitional service • Short-term pre-procedure and/or post-hospitalization housing with room and board • Caregiver respite, with or without room and board • Short-term post-transition housing • Utility assistance • Day habilitation programs, without room and board • Sobering centers, without room and board • Home remediations that are medically necessary (e.g., air filtration, mold and pest removal) • Home/environmental accessibility modifications (e.g., wheelchair ramps, handrails)	• Case management services for access to food/nutrition, including: outreach and education; linkages to other state and federal benefit programs and program application assistance • Nutrition counseling and instruction, tailored to health risk, nutrition-sensitive health conditions, and/or demonstrated outcome improvement (e.g., guidance on selecting healthy food; healthy meal preparation) • Home delivered meals or pantry stocking, tailored to health risk and eligibility criteria, certain nutrition-sensitive health conditions, and/or specifically for children or pregnant individuals, including: medically tailored meals to high-risk expectant individuals at-risk of or diagnosed with diabetes

Federal Mechanisms

States can use a variety of Medicaid authorities to cover HRSN services, including Section 1115 Demonstration Waivers, Medicaid State Plan authority, managed care in lieu of services and settings (ILOSs), and Section 1915 HCBS Waiver authorities. An analysis of the benefits and drawbacks of an 1115 Demonstration Waiver, as well as a summary of the federal guidance with respect to this mechanism, is provided below. The other mechanisms described are discussed in more detail in the appendix. In November 2023, CMS published

guidance for states to consider as they expand their HRSN offerings, including which specific nutrition and housing services could be provided under each authority type.[22]

Section 1115 Demonstration Waivers. There are many benefits to pursuing a Section 1115 Demonstration Waiver, including the inherent flexibility of the mechanism, the ability to model on other states[23] who are implementing programs under the Section 1115 HRSN framework laid out in CMS guidance, and the allowable administrative match for infrastructure needed to provide these services. However, there are challenges to consider as well. Section 1115 Waivers provide temporary authority that must be renewed every five years and are subject to rigorous monitoring and evaluation requirements. Importantly, however, with respect to budget neutrality, CMS has directed states to include HRSN services and infrastructure expenditures as part of their "without waiver" expenditures,[24] which means that states will not be required to offset these expenditures with budget neutrality savings - something that is frequently required for services authorized under Section 1115.

Per CMS guidance, there are also service delivery requirements and fiscal considerations that states must keep in mind when deciding whether to pursue a Section 1115 Waiver for HRSN services:

- CMS guidance requires that all HRSN services be medically appropriate, as determined using state-defined clinical and social criteria, and be elected by the beneficiary. CMS also requires state Medicaid agencies to work with state and local level organizations to connect Medicaid beneficiaries with non-Medicaid funded housing and/or nutrition supports.

[22] Centers for Medicare & Medicaid Services. CIB: November 16, 2023. www.medicaid.gov/sites/default/files/2023-11/cib11162023.pdf; Centers for Medicare & Medicaid Services. HRSN Coverage Table. Nov. 2023, www.medicaid.gov/sites/default/files/2023-11/hrsn-coverage-table.pdf.
[23] See details in the Other States Approaches section below.
[24] States must include budget neutrality calculations as part of their Section 1115 Waiver applications, including projections under "without waiver" and "with waiver" conditions.

- A state's annual HRSN expenditure for both services and infrastructure may not exceed three percent of the state's annual total Medicaid spend.
- While states may request federal expenditure authority for investment in HRSN infrastructure, such spending may not exceed 15% of the state's total HRSN expenditure authority.
- State spending on related social services pre-1115 waiver must be maintained or increased.
- If a state's proposed annual HRSN expenditure authority is at least $50 million or 0.5% of the state's total annual Medicaid spend, the state's Medicaid reimbursement rates for primary care, behavioral health, and obstetricians and gynecologists must be at least 80% of Medicare rates. States that are unable to fulfill this requirement under existing reimbursement rates must increase rates by two percentage points by year three of the demonstration and sustain throughout.[25]

2. Other State Approaches

Leading states across the nation have taken a variety of approaches to covering HRSN services within the Section 1115 Demonstration Waiver framework, including varying combinations of covered services and target populations. Currently, Arizona, Arkansas, California, Illinois, Massachusetts, New Jersey, New Mexico, New York, North Carolina, Oregon, and Washington provide HRSN services under a Section 1115 Demonstration Waiver, while several others have pending waivers or waiver components.[26] HCPF reviewed each approved and pending Section 1115 Demonstration Waiver, the HRSN services they cover, and the populations they serve. In addition, HCPF interviewed several states that have successfully implemented or are in the process of implementing Section 1115 Demonstration Waivers within the HRSN framework. The services covered under these waivers, and the populations they served,

[25] Centers for Medicare and Medicaid Services. Addressing Health-Related Social Needs in Section 1115 Demonstrations. www.medicaid.gov/medicaid/downloads/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf, accessed 5 Sept. 2024.

[26] See also Hawaii, Illinois, Pennsylvania, California, Vermont, Florida, and Virginia.

are described in detail in the appendix to this study. Based on its conversations with states, HCPF compiled the following state overviews:

Massachusetts[27]

Massachusetts' HRSN waiver provides medically appropriate services to individuals that fall within the target populations and who have a documented medical need for the services. Target populations include:

- Accountable Care Organization-enrolled individuals ages 0-64, including individuals up to 12 months postpartum and their child(ren), who meet at least one specified needs-based criteria and one risk factor
- Members who meet certain behavioral health needs criteria and are eligible to receive Specialized Community Support Program services

Massachusetts' HRSN waiver covers both housing and nutrition services, including first month's rent and utility assistance, peer support services and skills building, and home delivered meals and nutrition counseling, among others.

New Jersey[28]

New Jersey's HRSN waiver provides a range of housing services, including housing navigation, tenant rights education, eviction prevention, peer support services, and skill building services, to the following populations:

- Individuals transitioning from an institution
- Individuals being released from correctional facilities
- Individuals at-risk of institutionalization

[27] Tsai, D. MassHealth Medicaid and Children's Health Insurance Plan Section 1115 Demonstration Amendment Approval. 2024, medicaid.gov/medicaid/section-1115-demonstrations/downloads/ma-masshealth-ca-04192024.pdf.
[28] Brooks-LaSure, C. New Jersey FamilyCare Comprehensive Demonstration Approval. 2024, medicaid.gov/medicaid/section-1115-demonstrations/downloads/nj-1115-cms-exten-demnstr-aprvl-03302023.pdf.

- Individuals who are unstably housed, homeless, or at-risk of becoming homeless

New Jersey's waiver also covers medically-indicated meals to pregnant people at-risk for adverse perinatal outcomes, in addition to nutrition support to individuals receiving long-term services and supports to help them remain in their communities.

North Carolina[29]

North Carolina's HRSN waiver covers housing and nutrition services for individuals who satisfy at least one needs-based criteria and one risk factor. Needs-based criteria include chronic conditions, former or current foster care placement, three or more adverse childhood experiences, and others. Risk factors include homelessness or housing insecurity, low or very low food security, transportation insecurity, and interpersonal violence.

Covered services include six months of rental assistance, housing navigation, skill building, tenant rights education, eviction prevention, security deposits, first month's rent, medically tailored meals, pantry stocking, and others.

Oregon[30]

Oregon's HRSN waiver provides housing and nutrition services to youth with special health care needs, individuals discharged from Institutions for Mental Diseases (IMDs), individuals released from incarceration, individuals involved in the child welfare system, individuals who are homeless or at-risk of becoming homeless, and others.

Covered services include six months of rental assistance, utility assistance, and security deposits; tenant rights education and eviction

[29] Tsai, D. North Carolina Medicaid Reform Demonstration Approval. 2023, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nc-medicaid-reform-demo-ca.pdf.
[30] Tsai, D. Oregon Health Plan 1115 Demonstration Amendment Approval. 2023, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/or-health-plan-ca-04202023.pdf.

prevention; pantry stocking, medically tailored meals, and medically tailored produce boxes, among other services.

Washington[31]

Washington's HRSN waiver covers housing services for individuals transitioning out of institutional care, individuals who are homeless or at-risk of homelessness, and youth transitioning out of the child welfare system. The waiver also covers nutrition services for individuals with chronic conditions or who screen positive for food, housing, or financial insecurity post-discharge, or who cannot independently maintain medically recommended nutrition goals.

Covered services include utility assistance, security deposits, and first month's rent; skill building, tenant rights education, and eviction prevention; and on-site physical and behavioral health care and personal care and homemaker services, in addition to other similar services.

III. Findings

A. Housing Services

1. Literature Review

Permanent supportive housing (PSH) is a promising HRSN intervention with a substantial evidence base in terms of its impact on housing stability and health care utilization. In a review of 20 recently published peer-reviewed articles and policy briefs, the most commonly reported outcome in utilization is a reduction in emergency department (ED) visits.[32] [33] In particular, the Denver Social Impact Bond (SIB),[34] which was a randomized controlled trial of PSH that took place from 2016 to 2020, found that ED

[31] Tsai, D. Medicaid Transformation Project 2.0 1115 Demonstration Extension and Amendment Request. 2023, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/wa-medicaid-transformation-ca-06302023.pdf.
[32] Brennan, K., et al. Exchanging Housing Dollars for Health Care Savings: The Impact of Housing First on Health Care Costs. Housing Policy Debate, 34(4). 2023, doi.org/10.1080/10511482.2023.2297976.
[33] DeLia, D., et al. Effects of Permanent Supportive Housing on Health Care Utilization and Spending Among New Jersey Medicaid Enrollees Experiencing Homelessness. Medical Care, 59(4:2), S199-S205. 2021.
[34] Hanson, D., Gillespie, S. 'Housing First' Increased Psychiatric Care Office Visits and Prescriptions While Reducing Emergency Visits. Health Affairs, 43(2). 2021.

utilization declined by 8 visits per person on average compared to the control group over a two-year period. In theory, as participants become stably housed, they connect with health care providers, perhaps for the first time, which then reduces the need for higher acuity services in some instances. Beyond ED utilization, several studies have found increases in outpatient behavioral health utilization among PSH participants, and there is also some evidence of participants being more likely to fill prescriptions once they are housed in PSH.[35] [36] [37]

The literature is less conclusive on the impact of PSH on inpatient hospitalizations. Most studies found no significant differences in hospitalizations between intervention and comparison groups,[38] [39] though a few studies identified small but significant reductions.[40] [41] Similarly, the research on cost is mixed depending on which costs are considered. Three studies that looked at overall costs, including the costs of the PSH program which includes rent, did not find significant savings between intervention and comparison groups after one year, and savings tended to accrue to systems outside of health care, such as the justice system.[42] [43] When only health care costs were considered, researchers identified cost savings in specific circumstances. In particular, ED costs were significantly

[35] Hanson, D., Gillespie, S. 'Housing First' Increased Psychiatric Care Office Visits and Prescriptions While Reducing Emergency Visits. Health Affairs, 43(2). 2021.
[36] Bourne, D.S., et al. Changes in Medicaid Utilization and Adherence Associated with Homeless Adults' Entry Into Permanent Supportive Housing. Journal of General Internal Medicine, 39(9), 1590-1596. 2024, doi.org/10.1007/s11606-024-08621-0.
[37] Raven, M.C., et al. A Randomized Trial of Permanent Supportive Housing for Chronically Homeless Persons with High use of Publicly Funded Services. Health Services Research, 55(S2), 797-806. 2020, doi.org/10.1111/1475-6773.13553.
[38] DeLia, D., et al. Effects of Permanent Supportive Housing on Health Care Utilization and Spending Among New Jersey Medicaid Enrollees Experiencing Homelessness. Medical Care, 59(4:2), S199-S205. 2021.
[39] Grove, L.R., et al. Permanent Supportive Housing Receipt and Health Care Use Among Adults with Disabilities. Medical Care Research and Review, 80(6), 596-607. 2023, doi.org/10.1177/10775587231183192.
[40] Brennan, K., et al. Exchanging Housing Dollars for Health Care Savings: The Impact of Housing First on Health Care Costs. Housing Policy Debate, 34(4). 2023, doi.org/10.1080/10511482.2023.2297976
[41] Williams, J.L. Changes in Health Care Utilization and Associated Costs After Supportive Housing Placement by an Urban Community Mental Health Center. Community Mental Health Journal, 59(8), 2023. 1578-1587. doi.org/10.1007/s10597-023-01146-6.
[42] Brennan, K., et al. Exchanging Housing Dollars for Health Care Savings: The Impact of Housing First on Health Care Costs. Housing Policy Debate, 34(4). 2023, doi.org/10.1080/10511482.2023.2297976
[43] Hunter, S.B., Mercier, S. Addressing Homelessness Among People with Justice Involvement. Cityscape, 25(2), 57-72. 2023.

lower in three studies, though the magnitude was often relatively small.[44] [45] Inpatient cost reductions have mixed evidence at best. Alternately, PSH can result in increases in some spending categories – particularly for pharmacy – which suggests that PSH participants are gaining access to needed health care services.[46] [47] There is not sufficient long-term research on how costs and utilization might change over one- to two-year time-frames, which is important given it takes time to house participants, build trust, and establish connections to care for a medically-acute population.

Lastly, the recent qualitative studies on PSH are also promising, revealing that participants often report positive experiences and improved health and wellbeing. For instance, participants with stable, safe housing report being able to establish a healthy sleep routine and consistently take their psychiatric medications.[48] [49] There are many implementation factors to consider when evaluating the impact of PSH, and the qualitative literature is helpful for understanding successes and challenges faced by participants and providers.

2. Scope of Housing Services Analyzed

The housing services under consideration for purposes of this feasibility study include:

- **Housing-related services and tenant supportive services**, including up to six months of rental assistance or temporary housing, and utility

[44] DeLia, D., et al. Effects of Permanent Supportive Housing on Health Care Utilization and Spending Among New Jersey Medicaid Enrollees Experiencing Homelessness. Medical Care, 59(4:2), S199-S205. 2021.
[45] Hunter, S.B., Mercier, S. Addressing Homelessness Among People with Justice Involvement. Cityscape, 25(2), 57-72. 2023.
[46] Brennan, K., et al. Exchanging Housing Dollars for Health Care Savings: The Impact of Housing First on Health Care Costs. Housing Policy Debate, 34(4). 2023, doi.org/10.1080/10511482.2023.2297976.
[47] DeLia, D., et al. Effects of Permanent Supportive Housing on Health Care Utilization and Spending Among New Jersey Medicaid Enrollees Experiencing Homelessness. Medical Care, 59(4:2), S199-S205. 2021.
[48] Felician, M.F. Not All Housing is Created Equal: A Mixed Methods Analysis of the Well-Being of Adults in Permanent Supportive Housing in Los Angeles County. RAND. 2020, www.rand.org/pubs/rgs_dissertations/RGSDA527-1.html.
[49] Kirk, M.R., et al. "Well, that's like night and day, being homeless, having nothing." A Qualitative Exploration of the Experiences of Residents and Service Providers of Permanent Supportive Housing. Housing and Society, 50(3), 306-322. 2023, doi.org/10.1080/08882746.2022.2114259.

assistance. As outlined in the Background section, Colorado's Medicaid plan, in addition to other state programs, currently covers rental assistance under its Money Follows the Person program until 2027, which provides immediate, short-term rental assistance for individuals transitioning out of a nursing facility or an ICF/IID into their home or community-based setting.

- **Pre-tenancy and tenancy-sustaining services**, including tenant rights education and eviction prevention. As outlined in the Background section, Colorado currently provides tenancy support under its MFP program. Colorado also covers a set of pre-tenancy and tenancy-sustaining services for members with a behavioral health need under its 1915(b) Waiver.
- **Housing transition navigation services**, including individualized case management, skills building, and peer support services. As outlined in the Background section, Colorado currently provides several of these services under other Medicaid authorities, including targeted case management – transition coordination under its Medicaid State Plan; pre-transition peer mentorship under its MFP program, and community based peer support, life skills training, etc., under its HCBS waiver; and supportive housing services (including case management, skill building, peer support, etc.) for members with a behavioral health need under its 1915(b) Waiver.
- **One-time housing transition and moving costs**, including security deposits, first month's rent, relocation expenses, and cost associated with utility activation, identification requirements, and housing applications and inspections. Colorado currently provides transition setup services under its HCBS waiver and Community First Choice waivers, both of which include the purchase of one-time, non-recurring expenses necessary for a client to establish a basic household upon transition from an institutional setting to a community living arrangement. Security deposits, utility activation, rental and utility arrears, etc., are covered under the MFP grant.

3. Target Populations and Impact

The pending HRSN amendment, if approved, would cover nearly all of these housing services for several of the populations under consideration for feasibility, including individuals eligible for Permanent Supportive Housing vouchers, Colorado Fostering Success vouchers, and individuals eligible for Community Access Treatment vouchers. HCPF determined the feasibility of providing housing services to these populations before submitting the HRSN amendment to CMS. This feasibility study assesses whether it would be feasible to expand eligibility for these housing services to include all individuals experiencing homelessness and at-risk of experiencing homelessness and based only on those two factors.

These additional populations are much broader groups that are much less well defined; these groups include individuals with diverse and complex health care and social needs that may or may not rise to the level of medical necessity for Medicaid-reimbursable services. A more comprehensive analysis is necessary to fully understand the needs of these populations, how best to support them, and how to define these populations in alignment with CMS requirements. This analysis will be completed for the upcoming HB23-1300 feasibility study, which is due to the legislature in January 2026.

Quantifying the number of those that would fall within these categories is challenging given the circumstances that accompany the experience of homelessness. Impacted persons or households have different types and levels of engagement with relevant systems, service providers, and government agencies and municipalities. Those experiencing or at-risk of experiencing homelessness can quickly move between designations and corresponding eligibility criteria as individual circumstances change from day to day. As a result, providing reliable, actionable, information on the number of persons experiencing homelessness or at-risk of homelessness to determine the feasibility of providing housing related services that address members' HRSN requires looking across various methodologies and data systems.

Individuals experiencing homelessness

One way to estimate the number of individuals experiencing homelessness is to look at data from the Homeless Management Information System (HMIS). The Colorado HMIS (COHMIS) allows participating agencies to track and serve persons experiencing homelessness across the state. Between September 1, 2023, and August 31, 2024, about 78,000 persons were active at some point within the COHMIS. This includes about 12,000 persons engaging with street outreach programs, 29,000 persons engaging with emergency shelter programs, and nearly 6,000 persons engaging with supportive housing programs.

These numbers likely portray the high-end of the spectrum of the possible total population. However, an estimate of 78,000 individuals is a reasonable place to start when considering the number of Coloradans who are experiencing homelessness. The number of housing vouchers issued annually may also be a useful metric for considering the feasibility of covering housing related services. In its capacity as a Public Housing Authority (PHA), DOLA/DOH administers approximately 10,000 vouchers across Colorado.

Individuals at-risk of homelessness

HUD uses a three-part definition of at-risk of homelessness. Individuals or families must have an income below 30% of the median family income and must lack sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent moving to an emergency shelter or other places meeting the definition of homelessness. The third part of the definition is that individuals must meet one of a list of seven conditions. Examples include moving two or more times due to economic hardship in the previous 60 days and being notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance.

In the absence of an estimate of Coloradans who meet the HUD criteria, DOLA estimates the number who are at-risk of homelessness by calculating what percentage of Coloradans who are at or below 30% of their area median income (AMI) and who are also severely cost-burdened. According to the National Low Income Housing Coalition, 123,562 extremely low-income (30% or below AMI) renter households in Colorado are considered severely cost-burdened as they are spending more than 50% of their income on housing.[50]

It is plausible that there is overlap between the 78,399 individuals who have accessed services as tracked by HMIS and the 123,562 households who meet DOLA's assessment of at-risk of homelessness. Additional analyses are needed to determine how many of these individuals are Medicaid eligible and how many would qualify for services using clinical and social risk criteria. These initial numbers will be further analyzed in the feasibility study in HB23-1300.

4. Existing Infrastructure to Provide Housing Services

Provider Types

Of the housing services under consideration, Colorado currently provides tenancy support services, targeted case management, skill building, peer mentorship, and housing transition support services for select eligible members. Providers that are currently certified by Medicaid to provide these services are as follows:

- Case Management Agencies
- Transition Coordination Agencies
- Supportive Housing Providers
- Individual service providers for services like peer mentorship, skill building, home modifications, etc.

[50] National Low Income Housing Coalition. "Housing Needs by State: Colorado." National Low Income Housing Coalition, https://nlihc.org/housing-needs-by-state/colorado.

Service Settings

HCPF is considering the following service settings, or Place of Service (POS),[51] for provision of HRSN services: institutional settings; community settings; homeless shelters, which are defined as facilities or locations whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters); home (location, other than a hospital or other facility, where the member receives care in a private residence); and outreach site/street (a non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals).

Colorado Social Health Information Exchange

The CoSHIE will support making referrals more automated for individuals in transitional housing and connect them to other supportive services, providers, RAEs, and other community workers.

B. Nutrition Services

1. Literature Review

Nutrition interventions have emerged as an important strategy in addressing diet-related health conditions and food insecurity among vulnerable populations. Interventions such as medically tailored meals, home delivered meals, and produce prescriptions present opportunities to reduce health care costs and health care utilization associated with food insecurity.

As seen within recent years, the field of nutrition research is growing with more robust studies being conducted (e.g., larger sample size, mixed methods approach, stronger study design, etc.). Despite this, conclusions cannot be drawn within the different nutrition interventions due to the variation in program design (e.g., duration, intensity such as number of meals delivered for medically tailored meals or dollar amount distributed for produce prescription) and demographic/inclusion criteria of the

[51] Colorado Department of Health Care Policy and Financing. State Behavioral Health Services Billing Manual. 2024, hcpf.colorado.gov/sbhs-billing-manual.

participants. Some high-level takeaways of the current literature are provided below:

- **Medically Tailored Meals.** Medically tailored meals (MTM) are "fully prepared meals designed by registered dietician nutritionists (RDNs) to address an individual's medical diagnosis, symptoms, allergies, and medication side effects."[52] MTMs consist of ready-to-eat meals, and often provide a significant portion of an individual's daily caloric needs. Programs range from two weeks to over 18 months and the number of meals per day ranges from one to three meals, with most programs providing meals for the entire household. The populations targeted by MTM programs include type 2 diabetes, HIV/AIDS, heart failure, chronic liver disease, cancer, end-stage renal disease, patients receiving hemodialysis treatment, chronic obstructive pulmonary disease, and congestive heart failure.

  MTMs can improve health outcomes and reduce readmission rates, ED visits, and inpatient hospitalizations, although the impact of these programs may vary depending on the population served and program implementation.[53] [54] [55] At least one study has shown the success of medically tailored meals for adults with pre-existing conditions, including a positive impact on physical and mental health outcomes.[56]

- **Produce Prescription Programs.** Produce prescription programs are designed to improve access to nutritious foods, primarily fruits and vegetables, for individuals who are at-risk due to diet-related health conditions or food insecurity. The program typically involves screening/referral from a health care provider who then issues a "prescription" to eligible individuals. A produce prescription box can

[52] Aspen Institute. Food is Medicine Action Plan 2024. Apr. 2024, aspenfood.org/wp-content/uploads/2024/04/Food-is-Medicine-Action-Plan-2024-Final.pdf.
[53] American Heart Association. Circulation: Heart Failure, vol. 10, no. 4, 2017, www.ahajournals.org/doi/pdf/10.1161/CIRCHEARTFAILURE.117.004886.
[54] Go, A., Tan, T. Effect of Medically Tailored Meals on Clinical Outcomes in Recently Hospitalized High-Risk Adults. PubMed. 15 Aug. 2022, pubmed.ncbi.nlm.nih.gov/35972131/.
[55] Brophy-Herb, H., Martoccio, T. Simply Dinner: A Randomized Controlled Trial of Home Meal Delivery. PubMed, 6 Nov. 2022, pubmed.ncbi.nlm.nih.gov/36351512/.
[56] Palar, K. Food is Medicine for HIV: Improved Health and Hospitalizations in the Changing Health Through Food Support. PubMed. 2024, pubmed.ncbi.nlm.nih.gov/38696724/.

vary in definition based on the food a program might have access to, but typically sources products from commercial food retailers and farmers markets, which serve as access points to these programs. The populations targeted by produce prescription studies include type 2 diabetes, prediabetes, obesity, childhood obesity, cancer, hypertension, pregnancy, hyperlipidemia, and unspecified chronic conditions.

The duration of produce prescription programs in reviewed studies ranges from four weeks to two years, with the dollar amount varying from $5 to $270/month.[57] A minimum duration of six months is recommended for initial impact with the ability to be reassessed/renewed for the program, as needed.

Produce prescription programs have been found to increase fruit and vegetable intake, decrease food insecurity, increase self-reported health status in both adults and children, and improve hemoglobin A1C (HbA1c) levels, blood pressure, and body mass index (BMI).[58]

- **Home-Delivered Meals.** Some home-delivered meals (HDM) are standardized meals that are not typically connected to an individual's health conditions and specific nutrition needs; for Colorado's HDM through the Older Americans Act (OAA)/State Funding for Senior Services (SFSS), however, RDN involvement and approval of meals to ensure they meet nutritional requirements is required. HDM literature is often combined with literature on medically tailored meals, as seen within Aspen Institute's research.[59]

[57] Hager, K. Impact of Produce Prescriptions on Diet, Food Security, and Cardiometabolic Health Outcomes: A Multisite Evaluation of 9 Produce Prescription Programs in the United States. Tufts Friedman School of Nutrition. 2023, www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.122.009520.
[58] Hager, K. Impact of Produce Prescriptions on Diet, Food Security, and Cardiometabolic Health Outcomes: A Multisite Evaluation of 9 Produce Prescription Programs in the United States. Tufts Friedman School of Nutrition. 2023, www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.122.009520.
[59] The Aspen Institute is a "global nonprofit organization committed to realizing a free, just, and equitable society. Founded in 1949, the Institute drives change through dialogue, leadership, and action to help solve the most important challenges facing the United States and the world." www.aspeninstitute.org/what-we-do/.

2. Scope of Nutrition Services Analyzed

The nutrition services under consideration for purposes of this feasibility study include the following:

- **Nutrition-related services**, including up to three medically tailored meals per day, a type of home-delivered meal tailored to an individual's health need(s). Health First Colorado does not currently provide nutrition-related services similar to what are called for under HB24-1322. In Colorado all home delivered meals through OAA/SFSS require RDNs involvement and approval to ensure meals meet all nutritional requirements.
- **Pantry Stocking**, or up to three meals per day delivered to the member's home or other private residence for up to six months. Colorado currently provides Home Delivered Meals (HDM), under its 1915(c) Medicaid Waiver authority. The service includes nutritional counseling, meal planning, preparation and delivery to support a client, and is available post-transition into the community following institutional care. HDM allows for up to two meals to be delivered per day, for up to 365 days. The service was recently expanded to allow eligible members to access the service for 30 days following discharge from a hospital after a 24-hour stay. Through MFP, members can receive short-term food assistance via pantry stocking for the first thirty days post discharge.[60]
- **Medically tailored nutrition prescriptions**, tailored to the member's health and social risk or nutrition-sensitive health conditions, or which have been demonstrated to improve outcomes, including fruit and vegetable prescriptions and protein boxes for up to six months.[61] Colorado does not currently provide services similar to what are called for under HB24-1322.

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[60] Please see the appendix for a detailed definition of pantry stocking.
[61] Aspen Institute. Food is Medicine Action Plan 2024. Apr. 2024, aspenfood.org/wp-content/uploads/2024/04/Food-is-Medicine-Action-Plan-2024-Final.pdf.

3. **Target Populations and Impact**

As with the housing services under consideration, defining the eligibility criteria for the nutrition services under consideration will involve significantly more research and discussion. HCPF intends to provide additional information and estimates with respect to these populations as part of the HB23-1300 feasibility study. The pending HRSN amendment proposes to cover nutrition services for several of the populations under consideration for feasibility; HCPF determined the feasibility of providing nutrition services to these populations before submitting the HRSN amendment to CMS. This feasibility study assesses whether it would be feasible to expand these services to additional eligible populations including individuals based on medical and social vulnerability criteria determined by HCPF, in addition to all children, youth under 21, and pregnant people.

- **Pantry Stocking**. HCPF is not able to provide a cost estimate for provision of pantry stocking for youth and pregnant people at this time. As is discussed in greater detail in the Feasibility section, these services, the populations eligible for them and the associated cost will be analyzed further in HB23-1300 feasibility study.
- **Medically-Tailored Meals and Prescription Boxes.** HCPF modeled cost estimates to provide these services for individuals with diet-sensitive conditions, including type 2 diabetes, HIV/AIDS, heart failure, chronic liver disease, cancer, end-stage renal disease (ESRD), hemodialysis, chronic obstructive pulmonary disease (COPD), hypertension, and hyperlipidemia based on findings from the literature review. HCPF compiled the number of individuals who have each of these conditions by budget group, as Colorado receives a different federal match based on budget group. HCPF then deduplicated the data by budget group to estimate the number of people in each budget group who had at least one of the conditions. Finally, HCPF provided estimates of total costs for six months and twelve months of medically tailored meals and six months of prescription boxes.

HB24-1322 requires HCPF to consider social risk criteria in its study of nutrition services. For purposes of its calculations, HCPF assumed that

20% of Medicaid members are food insecure, which is based on findings from the Colorado Health Access Survey that found 19.7% of Coloradans with incomes between 101% and 200% of poverty reported food insecurity in 2023.[62] The 20% food insecurity rate was applied to the number of unique individuals in each budget group who had at least one of the conditions. HCPF acknowledges that different budget groups may have varying levels of food insecurity, but this assumption was applied evenly for this study. HCPF used the current cost of a medically tailored meal in its existing MTM program within the HCBS 1915 Waivers ($12.33 per meal) and the average cost of a food box found in the literature ($60 per box per month). HCPF then multiplied the cost of the individual service by the number of estimated eligible individuals to calculate the total cost of each intervention. For medically tailored meals, HCPF modeled both two meals a day and three meals a day, as HB24-1322 required assessment of three meals per day, while two meals per day was more common in the literature. Finally, HCPF provided estimates for both six months and one year of medically tailored meals.

Based on the data available to HCPF at the time of preparing this study, HCPF anticipates that 54,321 individuals with qualifying diagnoses experiencing food insecurity would be eligible for these services. HCPF has made the following projections regarding cost for provision of these services.

[62] Colorado Health Institute. 2023 CHAS: Food Security. Feb. 2024, www.coloradohealthinstitute.org/research/2023-chas-food-security.

Table 7. Cost Projections for Medically Tailored Meals (6 Months)

Item	Projected Numbers - Three Meals Per Day	Projected Numbers - Two Meals Per Day
Number of Adult Members with Qualifying Diagnoses	271,605	271,605
Estimated Percentage with Food Insecurity	20%	20%
Estimated Number of Adults with Qualifying Diagnosis Experiencing Food Insecurity	54,321	54,321
Six Month Cost Per Member for Meals	$6,750.68	$4,500.45
Total Projected Costs for Nutrition Benefit	**$366,703,417**	**$244,468,944**
General Fund	$83,241,675	$55,494,450
Cash Funds	$27,869,460	$18,579,540
Federal Funds	$255,592,282	$170,394,854

Note: A previous version of this report used annualized numbers for medically tailored meals. This version was updated to reflect six month totals to align with the bill language.

Table 8. Cost Projections for Medically Tailored Meals (12 Months)

Item	Projected Numbers - Three Meals Per Day	Projected Numbers - Two Meals Per Day
Number of Adult Members with Qualifying Diagnoses	271,605	271,605
Estimated Percentage with Food Insecurity	20%	20%
Estimated Number of Adults with Qualifying Diagnosis Experiencing Food Insecurity	54,321	54,321
Annual Cost Per Member for Meals	$13,501.35	$9,000.90
Total Projected Costs for Nutrition Benefit	**$733,406,833**	**$488,937,889**
General Fund	$166,483,351	$110,988,900
Cash Funds	$55,738,919	$37,159,280
Federal Funds	$511,184,563	$340,789,709

Table 9. Cost Projections for Prescription Boxes (6 Months)

Item	Projected Numbers
Number of Adult Members with Qualifying Diagnoses	271,605
Estimated Percentage with Food Insecurity	20%
Estimated Number of Adults with Qualifying Diagnosis Experiencing Food Insecurity	54,321
Six Month Cost Per Member for Medically Tailored Prescriptions	$360.00
Total Projected Costs for Medically Tailored Prescriptions	**$19,555,560**
General Fund	$4,439,112
Cash Funds	$1,486,223
Federal Funds	$13,630,225

4. Existing Infrastructure to Provide Nutrition Services

Provider Types

Of the nutrition services under consideration, Colorado Medicaid currently only covers HDM. The state could, therefore, leverage the provider types and infrastructure already in place to provide expanded HDM and the other nutrition services being assessed. As discussed in greater detail below, community-based partner organizations currently work with RDs and RDNs to provide HDM to eligible individuals. HCPF is also considering to what extent CHWs could be used to support provision of nutrition services and whether creation of a new provider type would best support implementation of nutrition services.

While not a covered Medicaid benefit, a handful of produce prescription programs are already in operation in Colorado which is another area where the state could leverage existing infrastructure and possible expansions of provider types. A recent survey fielded by CDPHE found that five organizations reported running produce prescription programs. Organizations included a food bank, a local public health agency, a hospital system, and a local food partnership. All programs surveyed have eligibility criteria that include being diagnosed with a chronic condition as well as screening positive for food insecurity on a screening tool. In addition, some programs include criteria around pregnancy or being at-risk for a chronic disease.

The majority of organizations who responded are in the beginning stages of implementing their produce prescription program. One program offers produce delivered to a person's home, while the others distribute vouchers to participants that they can then use at food retail, farm stands, farmer's markets, or grocery stores depending on the program. The most common referral process to access the program is to be screened and referred through a partnership with a health care provider. One program uses CHWs embedded in the program to consent and enroll patients. All programs use grant dollars to fund this work with three programs also citing

federal dollars and one program using state dollars. CDPHE will continue to monitor the availability of produce prescription programs across the state.

- **Community-Based Partner Organization.** There are currently seven enrolled HDM providers, and three organizations are engaged in the enrollment process. Enrolled providers include:
    - ✓ G.A. Food Services, Inc.
    - ✓ Homestyle Direct, LLC
    - ✓ Magic Kitchen, Inc.
    - ✓ Nutrition for Longevity, Inc.
    - ✓ Project Angel Heart
    - ✓ Mom's Meals (Purfoods dba)
    - ✓ Roots Food Group Management, LLC

Enrolled providers must be licensed by CDPHE for the performance of the service or support being provided, including the necessary Retail Food License and Food Handling License for Staff, and meet the certification standards under 10 CCR 2505-10. Providers are also required to have RDs or RDNs either on staff or contracted in order to provide HDM services.

HCPF anticipates using existing HDM providers and working with potential new community-based partners to certify additional HDM providers in order to provide the nutrition services proposed under the HRSN amendment and those under consideration in this study.

- **Registered Dietitians and Registered Dietitian Nutritionists.** RDs and RDNs work directly for or contract with HDM providers to screen members referred from HCPF to determine eligibility for and appropriateness of HDM services. RDs and RDNs are not licensed by the state and are not currently eligible to be enrolled as Medicaid providers in Colorado; they must practice and be supervised by a licensed enrolled provider who can supervise staff under their scope of practice. HCPF anticipates continuing to rely upon RDs and RDNs to work with HDM providers to provide the nutrition services under the HRSN amendment and those under consideration in this study. Additional stakeholder engagement and

research will be needed to better understand how RDs and RDNs operate under their allowed scope of work.

- **Community Health Workers (CHW) and Community Health Representatives (CHR)**. Although CHW/CHRs are not currently involved in provision of nutrition services, they could play a role in identifying if a member has a HRSN through screening, educating members on available services, and referring members to nutrition services. Other states, including North Carolina and Massachusetts, will or do already incorporate CHWs and patient advocates into their workflow to identify and refer eligible members. HCPF envisions leveraging this provider type for provision of HRSN services.
- **New Provider Type**. HCPF is also considering whether a new provider type can be created and engaged in provision of services under the HRSN amendment, should it be approved. The state would work with community-based partners to navigate the licensure and Medicaid provider certification requirements. HCPF envisions incorporating RDs, RDNs, and CHWs into the new provider type infrastructure.

Service Settings

HCPF anticipates that nutrition services will be provided using HDM provider locations and home-based settings as the place of service, and additional as identified.

Colorado Social Health Information Exchange

The CoSHIE currently supports making automated referrals for individuals in transitional housing and will expand to other services areas in a phased approach. This may include connecting different member populations to supportive services, providers, RAEs, other community workers in nutrition and other service areas.

C. Federal and State Funding Opportunities

1. Designated State Health Program (DSHP) Funding Authority

The state should consider creative mechanisms for identifying needed state funds. While there is uncertainty of whether CMS will approve such

spending authority in Colorado under the new federal administration, currently[63] and historically, Designated State Health Programs (DSHPs) have offered the opportunity for states to draw down federal Medicaid match for state-funded health programs that do not otherwise qualify for Federal financial participation (FFP) under a Section 1115 Demonstration Waiver. States can count expenditures for such programs for the purpose of drawing down match funding, offsetting the state cost, and allowing the state to invest saved state dollars towards other Medicaid costs.[64]

If DSHP remains an opportunity going forward, Colorado will need to meet the following conditions:

- Leverage state funded health programs that do not qualify for federal funding by seeking approval to claim federal matching funds; the offset this creates for the state can then be reinvested to support 1115 related initiatives.
- Ensure federal dollars claimed for DSHPs does not exceed 1.5% of Colorado's total Medicaid spending, and
- Ensure at least 15% of the HRSN waiver is funded through state sources unrelated to DSHP.

Additionally, the funded initiative would need to be new (which would be the case), and the HRSN provider rate requirements outlined in the Federal Mechanisms Section apply to DSHP approvals as well.[65]

Colorado could explore whether CMS would be open to considering any of the following programs as DSHP:[66]

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[63] Centers for Medicare & Medicaid Services. *Oregon Health Plan Demonstration*. 24 June. 2024, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/or-health-plan-ca-06242024.pdf.
[64] Those additional expenditures may be ones that are also eligible for FFP, which would be the case with HRSN waiver services.
[65] Mann, C., Lipson, M. *CMS' New Policy Framework for Section 1115 Medicaid Demonstrations. Commonwealth Fund*. 2023, www.commonwealthfund.org/blog/2023/cms-new-policy-framework-section-1115-medicaid-demonstrations.
[66] The programs listed below are meant as examples rather than an exhaustive list of funding sources. It is important to note that the state could look at non-HRSN programs as possible DSHP programs that could be leveraged.

- **Existing State Housing Voucher programs:** The state currently provides funding for numerous housing vouchers, including at least one that is already dually-administered by HCPF and DOLA through an intergovernmental agreement (IGA). HCPF is currently working with DOLA to leverage these dollars as the funding strategy for the HRSN amendment submitted in August 2024.
- **Nutrition Services for Older Adults:** Administered by the state Unit on Aging at CDHS, the state currently provides "nutritious meals, nutrition screening, nutrition education and counseling," as well as related services under the federally funded Older Americans Act and state funded Older Coloradans Act.[67]
- **Healthy Food Incentive Fund:** The state currently provides up to $500,000 in state funding via a contract to Nourish Colorado to provide healthy eating incentives to Colorado's low-income populations to improve access to fresh Colorado-grown fruit and vegetables.[68]
- **Community Food Assistance Provider Grant Program:** Housed within CDHS and comprising the food pantry assistance program and the food bank assistance program, this grant program is designed to "provide grants to procure and distribute nutritious foods that meet the needs of eligible entities' clientele." Through CDHS, this grant program has been appropriated $3,000,000 from the state General Fund for the 2024-2025 state fiscal year.[69] These funds are currently contracted to TrailHead, the fiscal agent of Blueprint to End Hunger.[70]
- **Healthy School Meals for All Program:** Under this program, public School Food Authorities that participate in the National School Lunch and School Breakfast Programs are able to provide free meals to all

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[67] Colorado Department of Human Services. *Nutrition Services for Older Adults*. 2024, https://cdhs.colorado.gov/our-services/older-adult-services/state-unit-on-aging/nutrition-services-for-older-adults.
[68] Colorado General Assembly. HB22-1416. Colorado General Assembly, leg.colorado.gov/bills/hb24-1416.
[69] Colorado General Assembly. Community Food Assistance Provider Grant Program. 2024, leg.colorado.gov/bills/hb24-1407.
[70] Colorado Blueprint to End Hunger. Community Food Grants. 2024, www.endhungerco.org/community-food-grants.

students regardless of income.[71] The program is funded through a state income tax deduction change for higher income households and generates over $100 million in state funds per year. The program does depend on significant federal reimbursements, which may mean there is not an opportunity for further federal match through Medicaid.

- **Healthy Food for Denver's Kids:** Through a 0.08% increase in sales and use tax under 2018 Denver Ballot Measure 302, the city of Denver is funding the Healthy Food for Denver's Kids (HFDK) Initiative for healthy food and food-based education for Denver's youth. The City and County of Denver are expected to generate approximately $11 million dollars annually between January 1, 2019, through December 31, 2028, and distributed by December 31, 2029. The funds are currently being distributed through competitive grants to local government, public schools in Denver, and non-profit organizations, including those serving low-income youth. For this program to be considered, HCPF would likely need to work with Denver to operationalize this funding as a state-run program via an intergovernmental transfer.[72]

2. **Federal Matching Funds**

   The Section 1115 Demonstration Waiver amendment request for coverage of HRSN services includes a request for federal expenditure authority for such services. If approved, the state will receive its typical federal Medicaid match rate for these services. The state may request federal expenditure authority for investment in state infrastructure to support the HRSN services. However, it is important to note that under the CMS guidance outlined above, administrative and infrastructure spending for HRSN services may not exceed 15% of the state's total HRSN expenditure authority. The state will identify opportunities to match state-funded programs with federal match to meet these requirements, such as in the case of housing partnerships with DOLA and CDHS.

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[71] Colorado Department of Education, *Healthy School Meals for All Program*. 2024, https://www.cde.state.co.us/nutrition/healthy-school-meals-for-all-program.

[72] See, for example, Arizona's approved 1115 Demonstration Waiver at www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/az-hccc-dmnstrtn-04122024-ca.pdf.

IV. Feasibility Considerations

HCPF assessed the feasibility of the services proposed under HB24-1322 by considering whether similar services have been successfully tried and tested elsewhere, the impact of the intervention, the extent to which each service fits within CMS parameters and guidance, whether services have existing state funding that could be matched at the federal level, and the service infrastructure already existing in Colorado.

HCPF is not able to fully evaluate the feasibility of providing the housing services under consideration to the expanded populations, as thoughtfully defining those populations and estimating the cost associated with providing them with housing services is a much more complex task that needs further exploration.

A. Costs & Funding

1. Estimated Costs to Provide Services to Expanded Populations

HCPF is not able to provide a cost estimate for provision of housing services to the expanded populations under consideration at this time. HCPF estimates that roughly 201,562 members could fall within the eligible populations included in HB24-1322; in order to provide services to these full populations, HCPF will need to address challenges related to constraints in budget, provider availability, housing and nutrition resource availability, and time it will take to implement. More conversation with state agency partners as well as the community will help to determine which services are appropriate for this expanded population before a cost estimate can be produced. For example, some of the individuals included in this estimate would not meet the level of need to qualify for permanent supportive housing but could qualify for some of the individual services outlined for study in HB24-1322. Eligibility and cost estimates will be analyzed further in the HB23-1300 feasibility study.

HCPF is also not able to provide a cost estimate for provision of pantry stocking for youth and pregnant people at this time. HCPF is still in the process of developing priority criteria within the child population for nutrition services that meets the federal medical necessity criteria and avoids duplication of other federal programs. HCPF is also still in the process of developing priority criteria for pregnant people, including considering using a "whole family" approach that takes into account at-

risk caregivers and children. Some states have defined eligibility to include pregnant and postpartum persons experiencing homelessness or food insecurity. Others provide additional supports to the household of qualifying pregnant and postpartum persons. Pantry stocking, the populations eligible, and the associated cost will be analyzed further including in the HB23-1300 feasibility study.

HCPF estimates that 54,321 members would be eligible to receive medically tailored meals and produce/protein box prescriptions. The total annual cost to provide both three medically tailored meals per day for twelve months and six months of produce/produce box prescriptions would be $752,962,393. Of this total, $524,814,788 would be federal funds, while $170,922,463 would be state General Fund, and $57,225,142 would be cash funds. HCPF estimates that the cost of providing six months of medically tailored meals and produce box prescriptions for this population to be up to $386,258,977 total funds including $87,680,787 General Fund, if 100% of eligible individuals used these services.[73]

2. **Provider Rate Requirements**

Per CMS guidance,[74] if a state's proposed annual HRSN expenditure authority is at least $50 million or 0.5% of the state's total annual Medicaid spend, the state's Medicaid reimbursement rates for primary care, behavioral health, and obstetricians and gynecologists must be at least 80% of Medicare rates for such services. This must be measured separately for fee-for-service and managed care delivery systems, for a total of six ratios. States that are unable to fulfill this requirement under existing reimbursement rates must increase rates by two percentage points by year three of the demonstration and sustain those increases throughout the duration of the waiver authority.

Colorado's pending HRSN amendment, if approved, will have an annual HRSN service expenditure authority that falls just under the annual $50

[73] See appendix for definition of Cash Funds.
[74] Centers for Medicare & Medicaid Services. Addressing Health-Related Social Needs Through Medicaid Section 1115 Demonstrations: All-State Call. 6 Dec. 2022, www.medicaid.gov/medicaid/downloads/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf

million cap.[75] Expanding these HRSN services to the additional eligible populations under consideration would increase that annual budget to well over $50 million, which would then require Colorado to ensure that primary care, behavioral health, and obstetrics and gynecology provider rates meet the 80% of Medicare rates threshold. However, current provider reimbursement rates are estimated to satisfy this requirement, though additional analysis of rates is merited and changes to those rates would require legislative and budget action.

3. Federal and State Funding

As discussed earlier in the federal and state funding opportunities section within the Findings Section, there are several potential federal and state funding opportunities. These could be used to offset the cost of providing these services and, as applicable, support HCPF in meeting state funding requirements; Colorado's federal match for Medicaid services can also potentially be leveraged. In regard to state funding, the state must identify enough funds to support the provision of the services under consideration.

B. Implementation Factors

1. Existing Infrastructure to Support HRSN Services

As discussed in the Background and Findings Sections above, there is already substantial infrastructure in place to support provision of HRSN services in Colorado. Many of the housing services under consideration, and at least one of the nutrition services, are already provided in some capacity to Colorado Medicaid members. This means that there are already established Medicaid provider types to deliver and bill for some of these services, as well as an existing network of enrolled providers. There are also already housing service descriptions, billing codes, and billing mechanisms in place to support provision of these services.

While additional investments in infrastructure and provider expansion will be needed to build on the existing infrastructure, the pending HRSN amendment, if approved, will further establish much of the additional infrastructure needed to provide the full scope of HRSN services under

[75] Capped at 15% of total HRSN spend.

consideration. The HRSN amendment implementation plan will include plans for service infrastructure and development, in addition to delineating specific provider types and service setting designations, referral mechanisms, billing codes and processes, and funding sources. HCPF requested authority to leverage administrative federal matching dollars to invest in HRSN infrastructure and specifically requested authority to use FFP to support technology investments, development of business or operational practices, workforce development, and outreach, education, and stakeholder convening. It is also worth noting that, if Colorado were to expand eligibility for the services under consideration, thus increasing the state's HRSN budget, Colorado could also increase its request for additional federal matching infrastructure dollars (within the 15% budgetary constraint).

2. **Workforce Considerations**

   Through its continuing work on the HRSN amendment and collaboration with CMS, HCPF is in the process of delineating provider types and settings by and in which waiver services may be provided. HCPF will leverage existing provider types and may seek to create new provider types to support provision of HRSN services to Medicaid members. HCPF will support providers as they navigate Medicaid enrollment and contracting requirements.

   Given the number of individuals that have been estimated as potentially qualifying for the services outlined in HB24-1322, it will be important to ensure there are sufficient service providers in the state to meet the demand for these services should they be implemented even with expanding provider types. Colorado would likely have to recruit, train, and support new providers in order to increase provider capacity to provide HRSN services to the expanded eligible populations. This consideration will need to be explored further.

3. **Timelines to Amend and Implement**

   It is important to consider the timeline required to prepare, submit, and implement an additional HRSN amendment. HCPF submitted the HRSN amendment in August 2024 with a planned implementation date of July

2025. This implementation schedule depends on the timeline by which CMS reviews and approves the HRSN amendment. There is a significant amount of work that must be done to ramp up and implement a waiver, including outreach, education, coordination with providers, working through reimbursement mechanisms, and other such efforts.

Furthermore, Colorado's pending 1115 Extension Request[76] poses another timeline consideration for any potential future 1115 amendments. Per federal restrictions, Colorado cannot submit any additional amendments before January 2026 which will mark the beginning of Colorado's new comprehensive waiver.

Finally, for additional possible expansions identified in HB23-1300, HCPF would need to seek legislative authority to pursue these options in the future. Colorado must wait to submit further HRSN amendments until feasibility studies are complete and recommendations have been made.

V. Conclusion

Colorado has a number of housing and nutrition supports already in place through a range of mechanisms, and significant expansions under consideration through the HRSN amendment. However, there are gaps that an expanded Section 1115 Waiver could fill in the future by drawing down federal funding. To successfully implement the HRSN services under consideration, Colorado will need to leverage existing service infrastructure and reimbursement mechanisms, invest in increasing provider capacity, and maximize federal funding opportunities.

The literature available about both housing and nutrition interventions demonstrated the efficacy and cost-effectiveness of such interventions. Beneficial impacts include increased utilization of preventive health care services, decreased utilization of acute, emergency and health care services overall, improved health status, and health care costs. These findings have been echoed by the stakeholders.

[76] Colorado Department of Health Care Policy and Financing. "SUD Demonstration Waiver Extension Request." Colorado Department of Health Care Policy & Financing, http://hcpf.colorado.gov/1115sudwaiver.

HCPF is continuing to analyze populations to inform priorities for target populations and fully price out the cost of different HRSN expansion models. Additional work will be necessary to determine the infrastructure need, including providers and settings, though there is certainly an opportunity to build on existing infrastructure in the state, leverage local organizations and inter-agency partnerships, and to learn from leading states' strategies and lessons learned.

Once clearer cost estimates are derived, the most advantageous state funding mechanism(s) will need to be identified. Additionally, state policymakers will need to be mindful of federal policy parameters, including the cap on overall Medicaid HRSN spending and infrastructure spending and the possible implication on provider rates. The forthcoming HB23-1300 study provides additional time for HCPF to solidify funding estimates and seek to identify potential incremental expansions. This timeline also aligns with the federal pause on submission of any further amendments until the beginning of Colorado's new comprehensive waiver in January 2026.

VI. Appendices

A. Glossary of Terms

Affordable Care Act (ACA): The comprehensive health care reform law enacted in March 2010.

Budget Neutrality: A budget neutral demonstration project costs the federal government no more than what the federal government would have paid in the absence of the demonstration.

Cash Funds: Required by law to be spent on certain programs (e.g., vehicle registration fees and the gas tax must be spent on transportation). Most revenue to cash funds comes from fees for government services.

Federal Medical Assistance Percentage (FMAP): The specified portion of the Medicaid program paid for by the federal government.

Federal Poverty Line: The minimum annual income that qualifies a family to receive certain benefits.

Food is Medicine Program: Food is Medicine Programs support connection and access to nutritious food and resources.

Home-Delivered Meals: Standardized meals that are not connected to an individual's health conditions and specific nutrition needs.

Housing-Related Services and Tenant Supportive Services: For purposes of this feasibility study, these terms mean up to six months of rental assistance or temporary housing and utility assistance.

Housing Transition Navigation Services: For purposes of this feasibility study, this term means individualized case management, skills building, and peer support services.

Medically Tailored Meals: Fully prepared meals designed by registered dietician nutritionists to address an individual's medical diagnosis, symptoms, allergies, and medication side effects.

Medically Tailored Nutrition Prescriptions: For purposes of this feasibility study, this term means nutrition prescriptions that are tailored to the members health and social risk, nutrition-sensitive health conditions, or have

a demonstrated outcome improvement, including fruit and vegetable prescriptions and protein boxes for up to six months.

Nutrition-Related Services: For purposes of this feasibility study, this term means up to three medically tailored meals per day.

Nutrition-Sensitive Conditions: Health conditions that can be affected or managed through dietary interventions. The role of diet can impact prevention, progression, and management of health conditions differently. Examples of nutrition-sensitive conditions include diabetes and heart diseases.

One-Time Housing Transition and Moving Costs: For purposes of this feasibility study, these terms mean security deposits; first month's rent; relocation expenses; and cost associated with utility activation, identification requirements, and housing applications and inspections.

Pantry Stocking: For purposes of this feasibility study, this term means up to three meals per day, delivered to the member's home or other private residence for up to six months.

Permanent Supportive Housing: An intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people.

Pre-Tenancy and Tenancy-Sustaining Services: For purposes of this feasibility study, these terms mean tenant rights education and eviction prevention.

Produce Prescription Box: Following a screening and referral conducted by a health care provider, a "prescription" is issued to eligible individuals for produce sourced from commercial food retailers and farmers markets.

Rental Assistance: Emergency housing payments, initial startup costs associated with moving into a home, or resolution of debts that were preventing members from acquiring housing.

State Match: The specified portion of the Medicaid program paid for by the state.

B. Additional HRSN Policy Mechanisms

Medicaid State Plan Authorities[77]

If the state wanted to consider other authority vehicles, it could leverage the optional Rehabilitative Services Medicaid State Plan benefit to provide HRSN services, including supportive skills and peer support services, as well as optional case management and targeted case managed state plan services to individuals transitioning from facility-based care. All of these services are components of the housing services under consideration for this study. Colorado currently provides targeted case management under its Medicaid state plan, and the state could consider providing additional services under its state plan. Adding these services through this authority would require a state plan amendment (SPA) and require that HCPF identify state funding.

In Lieu of Services[78]

States can also consider allowing HRSN services "in lieu of" services or settings to be provided under their Medicaid state plan, yet this may not be viable for HRSN efforts in Colorado. With such authority, Medicaid managed care plans can opt to temporarily provide ILOSs in place of State Plan-covered services, preventing or deferring use of state plan-covered services. Colorado could consider submitting a SPA and amending its managed care contracts to include ILOSs. However, as managed care is currently only used in the state for behavioral health services, this mechanism may not be the easiest logistically to pursue for purposes of providing all HRSN services under consideration in this study.

1915 HCBS Waivers and SPAs

Section 1915(b) and 1915(c) waivers and 1915(k) SPAs may all be used to provide HRSN services, including home modification, housing transition costs, home delivered meals, housing and tenancy support, and services that

[77] Department of Health and Human Services. Opportunities in Medicaid and CHIP to Address Social Determinants of Health. 7 Jan. 2021, www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf.
[78] Department of Health and Human Services. Additional Guidance on Use of In Lieu of Services and Settings in Medicaid Managed Care. 4 Jan. 2023, www.medicaid.gov/federal-policy-guidance/downloads/smd23001.pdf.

increase an individual's independence, and other related services.[79] Colorado already covers many of these services under multiple 1915 authorities, including home modification, transition set-up, and supportive services. It is important to note that the populations eligible for services provided under these authorities are limited by eligibility criteria, while services provided under Section 1115 Demonstration Waivers will be more broadly accessible.

[79] Department of Health and Human Services. Opportunities in Medicaid and CHIP to Address Social Determinants of Health. 7 Jan. 2021, www.medicaid.gov/federal-policy-guidance/downloads/sho21001.pdf.

C. Additional State HRSN Profiles

Table 10. Overview of Arizona's[80] HRSN Waiver

Services Included	Population Served
• Six months of rental assistance for specific groups • Utility assistance • Housing navigation • Tenant rights education • Eviction prevention • Security deposits • Relocation expenses • Utility activation • Identification requirements • Housing applications • Housing inspections • Other: medically necessary home accessibility modifications and remediation services; case management, outreach, and education including linkages to other state and federal benefit programs and application fees	Targeted populations must have a documented medical need for the services and the services must be determined medically appropriate. Medicaid eligible individuals must be assessed for a need for housing-related services and supports and have an identified need for a housing related goal included within their medical record. Eligibility for services include meeting one of each of the following: • **Homelessness:** beneficiaries must be experiencing homelessness or at-risk of homelessness, as defined by HUD • **Clinical and social risk criteria:** beneficiaries must have a documented health need including (but not limited to): serious mental illness; High-cost high needs chronic health conditions or co-morbidities; Enrolled in Arizona Long-Term Care Services

[80] Tsai. D. *Arizona Health Care Cost Containment System 1115 Approval Letter*. CMS. 2024, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/az-hccc-ca-10142022.pdf

Table 11. Overview of Arkansas'[81] HRSN Waiver

Services Included	Population Served
• Housing navigation • Tenant rights education • Eviction prevention • Security deposits • First month's rent • Relocation expenses • Movers • Utility activation • Identification requirements • Housing applications • Pest eradication • Household goods and furniture • Other: Case management, outreach and education including linkages to other state and federal benefit program application assistance, and benefit program application fees • Nutrition counseling and/or meal prep guidance	**Housing & Nutrition:** Individuals in targeted populations must have documented need and services must be determined to be medically appropriate. • **Maternal Life360 HOMEs:** Individuals with high-risk pregnancies, up to two years post-partum • **Rural Life360 HOMEs:** Individuals with serious mental illness or SUD diagnosis who live in rural areas • **Success Life360 HOMEs:** Young adults (19-24) at-risk of long-term poverty due to prior incarceration, involvement with the foster care system; Young adults (ages 19-24) with involvement with the juvenile justice system; Veterans ages 19-30 who are at high risk of homelessness.

[81] Daly, D. *Arkansas Health and Opportunity for Me 1115 Monitoring Approval Letter*. CMS. 2022, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ar-arhome-demo-appvl-12282022.pdf.

Table 12. Overview of California's[82] HRSN Waiver

Services Included	Population Served
● Six months of rental assistance ● Housing tenancy and sustaining service ● Housing navigation ● Skill building ● Tenant rights education ● Eviction prevention ● Security deposits ● First and last month's rent ● Relocation expenses ● Utility activation ● Identification requirements ● Housing applications ● Pest eradication ● Other: asthma remediation; air conditioners, heaters, and hospital beds	In accordance with the Medi-Cal managed care plan contracts and DHCS guidance, these Community Supports services are available to people experiencing homelessness or who are at-risk of homelessness, and who have been determined by a provider (at the plan or network level) to have medical needs significant enough to result in emergency department visits, hospital admissions or other institutional care.

[82] Tsai, D. *California Advancing and Innovating Medi-Cal 1115 Demonstration Approval*. CMS. 2021, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-ext-appvl-12292021.pdf

Table 13. Overview of Florida's[83] HRSN Waiver

Services Included	Population Served
• Assistance with resource identification for rent • Peer support services • Housing navigation • Skill building • Tenant rights education • Eviction prevention assistance, excluding legal or financial assistance • Other: assistance, but not funding, for transitional housing services and tenancy sustaining services	Supportive housing assistance services for persons aged 21 and older with serious mental illness (SMI), SUD, or SMI with co-occurring SUD, and who are homeless or at-risk of homelessness due to their disability.

Table 14. Overview of Hawaii's[84] HRSN Waiver

Services Included	Population Served
• Six months of rental assistance • Utility assistance • Peer support services • Housing navigation • Skill building • Tenant rights education (not funding) • Security deposits • First month's rent • Relocation expenses • Utility activation • Housing applications • Pest eradication • Household goods and furniture assistance (not funding)	**Housing:** • Mental health need, where there is a need for improvement, stabilization, or prevention of deterioration of functioning (including ability to live independently without support) resulting from the presence of a serious mental illness; Substance use need requiring outpatient day treatment for SUD treatment; Complex physical health need; a long continuing or indefinite physical condition requiring

[83] Daly, D. *Florida Managed Medical Assistance (MMA) Review*. CMS. 2022, ahca.myflorida.com/content/download/20386/file/FLA_MMA_STCs_Oct_2022.pdf
[84] Lynch, C. *Hawaii QUEST Integration*. CMS. 2019, medquest.hawaii.gov/content/dam/formsanddocuments/med-quest/hawaii-state-plan/Hawaii_QUEST_Integration_1115_Demonstration_Extension_Approval_Package.pdf

● Other: needs assessment, connecting with social services, planning and supports/interventions and connecting the beneficiary to training and resources ● Medically tailored meals ● Pantry stocking ● Medically tailored meals with appropriate need ● Nutrition counseling with medically appropriate need ● Other: cooking supplies for meal prep and nutritional welfare	improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support). ● **Risk Factor** (one or more): Homelessness; At-risk of homelessness **Nutrition:** Note: Nutrition services not part of initial 1115 Waiver, but added to pending extension* Need categories include: ● **Medical appropriateness:** Chronic disease, prescription regimens, acute illness, hospital discharge, extensive care coordination needs, or obese or overweight with additional cardiovascular risk ● **Health-related social need (HRSN):** Lack of transportation, food or financial insecurity, lack of utilities, housing insecurity, interpersonal violence, or caregiver support ● **Major life transitions:** Aging out of foster care, post-partum within one year, leaving institutional settings, at-risk for homelessness, or transitioning to dual enrollment w/ Medicare

Table 15. Overview of Illinois'[85] HRSN Waiver

Services Included	Population Served
• Six months of rental assistance • Peer support services • Housing navigation • Skill building • Tenant rights education • Eviction prevention • Security deposits • Relocation expenses • Movers • Utility activation • Identification requirements • Housing applications • Housing inspections • Pest eradication • Household goods and furniture for essential home furnishing • Other: needs assessment, connecting with social services, planning, and supports/interventions and connecting beneficiaries to training and resources • Medically tailored meals, 3 times a day for six months (pick up or home delivery offered) • Nutrition counseling and/or meal prep guidance • Other: cooking supplies for meal prep and nutritional welfare	**Housing**: Includes individuals who would be eligible under the 1915(i) SPA program • **Health criteria**: (at least 1) repeated incidents of emergency department (ED) use; two or more chronic conditions • **Housing criteria**: (at least one) individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; those at imminent risk of institutional placement • *Pilot extension eligibility criteria: (one or more) multiple ED, hospital, crisis center care; high risk or high cost based on history; complex physical needs; behavioral health need; high risk pregnancy; age 18-26, aged out of foster care; individual with I/DD; transitioning from institution **Nutrition:** Note: Services were not part of initial 1115 Waiver but added to extension. • Identified as being food insecure and meet one of the following: • Have a chronic condition such as diabetes or cancer

[85] Brooks-LaSure, C. Illinois Behavioral Health Demonstration Extension Approval. CMS. 2024, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/il-healthcare-trans-appvl-07022024.pdf.

	• Have a behavioral or mental health condition • Pregnant or up to 60 days postpartum

Table 16. Overview of Massachusetts'[86] HRSN Waiver

Services Included	Population Served
• Utility Assistance • Peer support services • Housing navigation • Skills building • Tenant rights education • Eviction prevention • Security deposits • First month's rent • Relocation expenses • Movers • Utility activation • Identification requirements • Housing applications • Housing inspections • Air conditioners, humidifiers, asthma remediation, and refrigeration as needed for medical treatment • Medically necessary home modifications and remediation services • Payment in arrears • Pantry stocking • Home delivered meals (up to 3 per day) • Medically tailored prescriptions and/or veggie/protein boxes (up to 6 months)	**Housing & Nutrition:** • **Flexible Services Program:** Accountable care organization-enrolled members ages 0 to 64, including individuals up to 12 months postpartum and their child(ren), who meet at least one of the health needs-based criteria and at least one risk factor. • **Specialized Community Support Programs (CSP):** Members who meet certain criteria related to behavioral health needs are eligible to received specialized CSP services which include those relating to HRSN: CSP for Homeless Individuals; CSP for Individuals with Justice Involvement (covered individuals released from a correctional institution within one year, or who are under the supervision of the Mass. Probation Service or Parole Board); CSP Tenancy Preservation Program (members

[86] Tsai, D. *MassHealth Medicaid and Children's Health Insurance Plan Section 1115 Demonstration Amendment Approval*. 2024, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ma-masshealth-ca-04192024.pdf.

• Nutrition counseling and/or meal prep guidance • Cooking supplies necessary for meal prep and nutritional welfare when not available through other programs	with behavioral health needs who are facing eviction as a result of behavior related to their condition (rather than strictly non-payment of rent), in order to preserve tenancy)

Table 17. Overview of New Jersey's[87] HRSN Waiver

Services Included	Population Served
• Six months of rental assistance • Peer support services • Housing navigation • Skill building • Tenant rights education • Eviction prevention • Security deposits • First month's rent • Relocation expenses • Movers • Housing applications • Pest eradication • Household goods and furniture • Other: A/C, humidifiers, air filtration, asthma remediation & refrigeration as needed for medical treatment; medically necessary home modifications and remediation services excluding construction costs, room and board outside of specifically enumerated care or housing transitions beyond 6 months, costs for services in correctional facilities, services	• **Tenancy/Housing Supports Population:** Individuals transitioning from an institution to the community setting; Individuals being released from correctional facilities; Individuals at-risk of institutionalization who require a new housing arrangement to remain in the community; Individuals who are transitioning out of high-risk or unstable housing situations; Individuals who are homeless or risk of becoming homeless as defined by HUD regulations • **Medically Indicated Meals Pilot Population:** Support up to 300 pregnant individuals per year by addressing dietary risk factors related to adverse perinatal outcomes, such as gestational diabetes • **Nutrition Support Population**: Support Medicaid Long-Term Services and Supports

[87] Brooks-LaSure, C. *New Jersey FamilyCare Comprehensive Demonstration Approval*. CMS. 2023, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nj-1115-cms-exten-demnstr-aprvl-03302023.pdf.

provided to individuals who are not lawfully present in the U.S. • Medically tailored meals • Pantry stocking • Nutrition counseling and education for Medicaid Long-Term Services and Supports individuals • Short-term grocery provision	individuals to support the individual to continue to remain in the community setting

Table 18. Overview of New York's[88] HRSN Waiver

Services Included	Population Served
• Six months of rental assistance • Utility assistance (up to 6 months) • Peer support services • Housing navigation • Skill building • Tenant rights education • Eviction prevention • Security deposits • First month's rent • Relocation expenses • Movers • Utility activation • Housing applications • Housing inspections • On site physical and behavioral health care • Pest eradication • Household goods and furniture • Other: One time pantry stocking; A/C, humidifiers, air filtration, asthma remediation & refrigeration as needed for	• **Level One:** Services include screening and Level One case management with "navigation to programs outside the 1115 demonstration to address HRSN needs." • **Level Two:** Services include Level Two case management and all HRSN services. Beneficiaries must be enrolled in Medicaid Managed care and meet one or more of the following criteria: Medicaid high utilizers (including those meeting HUD definition of homeless); Individuals in a Health home with specific chronic conditions; Individuals with SUD; Individuals with SMI; Individuals with intellectual and developmental disabilities (IDD); Pregnant persons up to 12 mo. post-partum; Post-

[88] Tsai, D. *Medicaid Redesign Team 1115 Demonstration Amendment Approval*. CMS. 2024, www.medicaid.gov/sites/default/files/2024-01/ny-medicaid-rdsgn-team-appvl-01092024.pdf.

medical treatment; medically necessary home modifications and remediation services; recuperative care and short-term post-hospitalization housing for individuals experiencing homelessness; connection to resources ● Up to 3 medically tailored meals per day for up to 6 months ● Pantry stocking ● Home delivered meals up to 6 months, or 11 months if criteria is met ● Medically tailored prescriptions and/or veggie/protein boxes up to 6 months ● Nutrition counseling and/or meal prep guidance ● Other: Cooking supplies necessary for meal prep and nutritional welfare when not available through other programs	release justice-involved persons with serious chronic conditions, SUD or Hep-C; Juvenile justice involved youth, foster care youth and those under kinship care; Children under the age of six; Children under the age of 18 with one or more chronic condition

Table 19. Overview of North Carolina's[89] HRSN Waiver

Services Included	Population Served
● Post-hospitalization housing up to 6 months and one-time first month's rent payment ● Housing navigation ● Skill building ● Tenant rights education ● Eviction prevention ● Security deposits ● First month's rent ● Relocation expenses ● Movers ● Utility activation ● Housing applications ● Pest eradication ● Household goods and furniture services excluding financial assistance ● Other: Develop, review, update, and modify a crisis plan for an individual if housing is jeopardized; modifications to improve accessibility ● Medically tailored meals delivered ● Pantry stocking through food banks ● Medically tailored prescriptions and/or veggie/protein boxes through food banks ● Nutrition counseling and/or meal prep guidance ● Other: assist with identifying and applying for programs such	**Housing & Nutrition:** Must meet at least one needs-based criteria and at least one risk factor. **Needs-based Criteria:** ● **Adults (21+):** Two or more chronic conditions; Repeated emergency department use; Former foster care placement; 3+ adverse childhood experiences ● **Pregnant Women:** Chronic conditions; Multifetal gestation; Current or recent drug/alcohol use; ≤ 15 or ≥ 40 years oh age, < 1 yr. since last delivery; History of poor birth outcome; Former or current foster care placement; 3+ adverse childhood experiences; IDD or traumatic brain injury (TBI) ● **Children 0-20:** One or more chronic conditions (with specific criteria); 3+ adverse childhood experiences; Former or current foster care placement; Other criteria for ages 0-3: Enrollees must meet eligibility criteria for Tailored Care Management, North Carolina's Health Home benefit. **Risk Factors:** Homelessness or housing insecurity; Low or very low food insecurity; Transportation

[89] Tsai, D. *North Carolina Medicaid Reform Demonstration*. CMS. Jul. 2023, www.medicaid.gov/sites/default/files/2023-07/nc-medicaid-reform-demo-ca.pdf.

as SNAP, WIC, school-based programs, and food banks	insecurity; Interpersonal violence risk

Table 20. Overview of Oregon's[90] HRSN Waiver

Services Included	Population Served
• Six months of rental assistance for specific groups • Utility assistance • Housing navigation • Tenants' rights education • Eviction prevention • Security deposits • First month's rent • Relocation expenses • Movers • Utility activation • Identification requirements • Housing applications • Housing inspections • Pest eradication • Household goods and furniture • Other: pantry stocking; medically necessary air conditioners, heaters, air filtration devices, generators, and refrigeration units as needed for medical treatment and prevention; case management, outreach, and education including linkages to other state and federal benefit programs and application fees for both nutrition and housing services • Medically tailored meals	Individuals in the targeted populations must have a documented need for the services and the services must be determined medically appropriate: • Youth with Special Health Care Needs (YSHCN) ages 19-26 • Adults and youth discharged from an Institution for Mental Diseases • Adults and youth released from incarceration • Youth involved in the child welfare system, including youth transitioning out of foster care • Individuals transitioning from Medicaid-only to dual eligibility status • Individuals who are homeless or at-risk of becoming homeless, as defined by HUD • Individuals with a high-risk clinical need who reside in a region that is experiencing extreme weather events that place the health and safety of residents in jeopardy

[90] Tsai, D. *Oregon Health Plan 1115 Demonstration Amendment Approval*. CMS. 2023, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/or-health-plan-ca-04202023.pdf.

• Pantry stocking • Home delivered meals • Medically tailored prescriptions and/or veggie/protein boxes • Nutrition counseling and/or meal prep guidance	

Table 21. Overview of Pennsylvania's[91] (Pending) HRSN Waiver

Services Included	Population Served
*Note: the listed services are designed to work in conjunction with programs offered by state, local, and community organizations that provide training, education, and navigation services • Six months of rental assistance • Housing navigation • Tenant rights education • Eviction prevention • Security deposits • First month's rent • Relocation expenses • Movers • Utility activation • Identification requirements • Housing applications • Housing inspections • Pest eradication • Household goods and furniture • Medically tailored meals (up to 3 times per day for six months) • Grocery delivery/food boxes • Nutrition counseling and/or meal prep guidance	**Housing:** • Individuals experiencing homelessness who also have serious mental illness or SUD • Individuals experiencing homelessness who also have a chronic health condition • Individuals experiencing homelessness who are pregnant or in the postpartum period • Individuals transitioning from corrections facilities who are homeless or at-risk of homelessness **Nutrition:** • Individuals experiencing food insecurity or with a history of food insecurity who are pregnant or in the post-partum period (and their household) • Individuals experiencing food insecurity or with a history of food insecurity who have a diet sensitive condition

[91] Garner, A. *Bridges to Success: Keystones of Health for Pennsylvania*. CMS. 2024, www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/pa-keystones-of-health-cms-compltns-ltr.pdf.