

September 27, 2024

VIA ELECTRONIC SUBMISSION

Secretary Xavier Becerra  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

Re: Colorado Expanding the Substance Use Disorder Continuum of Care 1115 Demonstration  
Amendment Request

Dear Secretary Becerra,

The Center on Budget and Policy Priorities and the Georgetown University Center for Children and Families appreciate the opportunity to comment on Colorado's Substance Use Disorder demonstration amendment request.<sup>1</sup>

The Center on Budget and Policy Priorities (CBPP) is a nonpartisan research and policy organization based in Washington, D.C. Founded in 1981, CBPP conducts research and analysis to inform public debates and policymakers about a range of budget, tax and programmatic issues affecting individuals and families with low or moderate incomes. The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high quality, affordable health coverage for America's children and families. As part of the McCourt School of Public Policy, Georgetown CCF conducts research, develops strategies, and offers solutions to improve the health of America's children and families, particularly those with low and moderate incomes.

Colorado is seeking an amendment to provide housing and nutrition services to address health-related social needs (HRSN) of specific groups of Medicaid enrollees. The state's proposed services are consistent with CMS guidance on HRSN, and we support their goals of improving health outcomes and connections to community services. However, the goals and target populations in this proposed amendment are broader than the goals and target population in the original waiver that Colorado is seeking to amend.<sup>2</sup> The current waiver, approved in 2020, allows Medicaid to pay for inpatient and residential services in institutions for people with primary diagnoses of substance use disorder. The original waiver's goals included increasing adherence to and retention in treatment, fewer readmissions, and improved access to care for physical health conditions. But the state's current amendment request is not just focused on improving care for people with substance use disorders; the current request would also provide services to people experiencing homelessness, people transitioning from nursing care facilities and people transitioning out of foster care. We agree

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<sup>1</sup> Colorado Substance Use Disorder Demonstration Amendment Request. August 12, 2024, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/co-continuum-care-08122024-pa.pdf>

<sup>2</sup> Colorado Substance Use Disorder Implementation Plan for 1115 Demonstration "Expanding the Substance Use Disorder Continuum of Care", December 18, 2020, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/co-continuum-care-appvd-imp-plan-12182020.pdf>

that these enrollees are experiencing significant unmet social needs, but we encourage CMS to consider approving the changes as a new waiver rather than as an amendment.

**Colorado’s proposal to address unmet health-related social needs, specifically housing and nutrition, would help drive better health outcomes for enrollees.**

As detailed in its application, in recent years Colorado has taken important steps to address housing instability. The authority to provide Medicaid-funded housing services and supports to individuals eligible under the demonstration would augment the state’s current investments, allowing Colorado to serve more people that are eligible for current voucher programs but may not have access to them.

We appreciate that the nutrition and housing services are well defined, including excluded uses for housing services, and are aligned with CMS guidance. Colorado provides a clear description of who qualifies for each service and thoughtful consideration of targeting services to meet the needs of people across a broad continuum. For example, the state proposes temporary housing supports for people who are facing a gap as they wait for a voucher, while people who have been receiving state housing assistance for over a year would only receive services focused on maintaining stable housing. These clear distinctions on who is eligible for services are helpful in avoiding duplication of services or supplanting funding from other existing programs. The state also identified that certain nutrition services for the population transitioning from nursing facilities are covered through their home and community-based services waiver benefit.

While we generally agree with Colorado’s targeted eligibility for services in this waiver, particularly as the services launch and the state assesses participation rates, overall spending, and outcomes, we encourage the state and CMS to monitor whether some services—including pre-tenancy and tenancy sustaining services, housing navigation, and one-time transition and moving costs—should be extended to more groups in the future. For example, the state should consider extending eligibility beyond people who are currently served by or on the waiting list for state-funded housing vouchers, but who would meet the clinical criteria and social risk criteria of being at risk of homelessness. The state could also consider targeting individuals with high-risk pregnancies, which are associated with worse maternal outcomes when there are unmet housing needs.<sup>3</sup>

As it negotiates both the demonstration approval and implementation plans, we urge CMS to encourage Colorado to ensure a strong collaboration between the Medicaid, SNAP and WIC programs to better connect people with the nutritional supports for which they are already eligible. For example, there is a unique opportunity to increase take up in WIC as participants in Medicaid and SNAP are automatically income-eligible for WIC. Nationally, 58 percent of WIC-eligible Medicaid participants and 60 percent of WIC-eligible SNAP participants with incomes below 185% of poverty were not enrolled in WIC in 2021.<sup>4</sup>

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<sup>3</sup> Jessica M. Green, et al., “Trends, Characteristics, and Maternal Morbidity Associated With Unhoused Status in Pregnancy,” JAMA Open Network, July 31, 2023,

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807786>

<sup>4</sup> Neuberger, Z., Hall, L., and Sallack, L., "WIC’s Critical Benefits Reach Only Half of Those Eligible," Center on Budget and Policy Priorities, February 21, 2024, <https://www.cbpp.org/research/food-assistance/wics-critical-benefits-reach-only-half-of-those-eligible>

## **Conclusion**

Our comments include citations to supporting research, including direct links to the research, for HHS's benefit in reviewing our comments. We direct HHS to each of the studies cited and made available to the agency through active hyperlinks, and we request that the full text of each of the studies cited, along with the full text of our comments, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

Thank you for consideration of our comments. If you would like any additional information, please contact Joan Alker ([jca25@georgetown.edu](mailto:jca25@georgetown.edu)) or Allison Orris ([aorris@cbpp.org](mailto:aorris@cbpp.org)).