

February 5, 2025

Acting Secretary Dorothy Fink
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Colorado 1115 Medicaid Demonstration Extension Request

Dear Acting Secretary Fink,

The Center on Budget and Policy Priorities and the Georgetown University Center for Children and Families appreciate the opportunity to comment on Colorado’s request to extend its “Expanding the Substance Use Disorder Continuum of Care” demonstration, which the state seeks to rename “Comprehensive Care for Colorado.”¹ 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 to continue all existing authorities in its Section 1115 demonstration, including the recently approved provisions to provide multi-year continuous eligibility to young children, pre-release services to individuals in carceral settings during the 90 days prior to release, 12 months of continuous eligibility for those leaving incarceration, and housing and nutrition services to address the health-related social needs (HRSN) of certain Medicaid enrollees. As we detailed in prior comments on these proposals,² we believe the policies the demonstration seeks to continue promote coverage, consistent with the objectives of Medicaid, and would improve access to care. We strongly support the state’s extension request.

Multi-year continuous eligibility can help mitigate gaps in coverage for children up to age three during a critical period and help maximize their access to necessary screenings, preventative services, and needed treatment for healthy growth and development. Continuous coverage is particularly important to treating chronic diseases efficiently, as opposed to allowing children’s health to deteriorate, leading to more expensive health care throughout childhood and eventually adulthood.

¹ 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>

² We request that our previous comments to CMS and all supporting research be included in the administrative record for this proposal. Comments are available at https://ccf.georgetown.edu/wp-content/uploads/2024/05/CBPP_CCF_Colorado-Reentry-Amendment_FINAL.pdf (Colorado Expanding the Substance Use Disorder Continuum of Care Amendment Comments, May 16, 2024) and <https://ccf.georgetown.edu/wp-content/uploads/2024/10/CBPP-CCF-Colorado-HRSN-Waiver-Comments-FINAL-.pdf> (Colorado Expanding the Substance Use Disorder Continuum of Care Amendment Comments, September 27, 2024)

If CMS does not extend this policy protecting Colorado children, many children will lose their health insurance, experience negative health outcomes related to acute and chronic illnesses, and eventually need more expensive health care interventions.

The state's initiative to provide targeted services in the 90 days prior to transitioning into the community from carceral settings not only can increase coordination and access to care, but also can help minimize negative health outcomes that may occur in the period immediately following reentry. Additionally, providing 12 months of continuous eligibility to individuals during their first year after release can help support transitions, treating ongoing chronic conditions, substance use disorder, and mental illness, and like multi-year continuous eligibility, can reduce gaps in coverage that can impede successful transitions and interrupt important medical care. Finally, allowing the state the continued authority to provide housing and nutrition services and supports to address HRSNs would help address the root causes of chronic illness. These strategies, which could be evaluated if the demonstration is extended, have potential to drive down long-term spending and improve overall health. Therefore, consistent with efficient use of Medicaid resources to improve coverage and health outcomes, we urge CMS to approve the proposal.

Our comments include citations to previous comments. We request that the full text of these comments, our previous comments, and studies cited therein, 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) or Allison Orris (aorris@cbpp.org).