Department Materials

Packet 1 of 2 · Prepared for August 5, 2026

HCPF is submitting these materials prior to our next Commission on Medicaid meeting. Note that three of the four are written-only materials – meaning that they will not be presented on August 5th, however, we will have time for questions. The budget crosswalk is the exception and will be presented and discussed on Wednesday.

Document	What is in it
Program-Level Budget Crosswalk	A three-page fact sheet and an accompanying workbook. Breaks the $14.04 billion Medical Services Premiums line into its five service categories and, for the first time, identifies the office that oversees each one. Behavioral health is shown separately because it is appropriated in its own line. **Note that this spreadsheet is large, so it is linked to an online version.**
Organizational Chart and FTE	The ten offices, what each does, and a division-level table of authorized and filled positions with salary cost. Each division is tagged administration, care delivery or contracting. Closes with how the Department and the Behavioral Health Administration divide responsibility.
Authority for the Department's Organization	The statutory basis for each of the ten offices, together with a three-decade timeline of how the Department has been reorganized and what was added when.
State-Only Expenditure	The ten programs paid entirely from the General Fund with no federal match, with actual spending for each year from FY 2021-22 through FY 2025-26 and the FY 2026-27 appropriation, plus the authorizing bill and responsible office for each.

COLORADO
Department of Health Care Policy & Financing

Advanced Deliverable: Program Level Budget Crosswalk

Medicaid Commission, August 5, 2026

Key Points

- The Medical Services Premiums (MSP) line totaled $14.04 billion in FY 2025-26 across five service categories.
- Two categories are 71% of the line: Acute Care ($6.90B, 49%) and Community-Based Long Term Care ($3.11B, 22%).
- Expenditure is tracked by category of service, not by procedure code.
- Behavioral health expenditures are appropriated in a separate line item from MSP and totaled $1.58 billion in FY 2025-26. Nearly all of it is capitation paid to the Regional Accountable Entities.

Where This Data Comes From

HCPF publishes Medical Services Premiums in detail in three places. The R-01 budget request each November 1 and the S-01 supplemental request each February 15 provide annual detail on the line item. In addition, as required by Legislative Request for Information #1, HCPF publishes a monthly premiums, expenditure and caseload report on its website.

An annotated workbook accompanies this fact sheet.The "Premiums Expend" tab of the monthly report shows expenditures paid under Medical Services Premiums by category of service. For the Commission, HCPF has added a column identifying the office that oversees each service category. The “BH Expend” Tab shows the breakdown of dollars spent for the behavioral health capitation and behavioral health services that are paid via fee for service.

Table 1. The Five MSP Service Categories

Service Category	FY 2025-26 (Total Funds)	% of line	Office Responsible
Acute Care	$6,900,280,104	49.1%	Health Policy Office, Pharmacy Office, Medicaid Operations Office
Community-Based Long Term Care	$3,109,659,694	22.1%	Office of Community Living
Long Term Care and Insurance	$1,517,294,863	10.8%	Office of Community Living; Medicaid Operations Office
Service Management	$237,135,760	1.7%	Cost Control and Quality Improvement

			Office; CDPHE
Financing	$2,278,524,167	16.2%	Special Financing Division; Accounting
Total	$14,042,894,588	100.0%	

**Percentages calculated from reported subtotals; may not sum exactly due to rounding.*

Read by office rather than by category, the Office of Community Living administers $4.32 billion — the Community-Based Long Term Care category plus nursing facilities and PACE within Long Term Care and Insurance. Together with the Health Policy Office, two offices administer 80% of the line. A full office rollup is provided in the accompanying workbook.

Acute Care Services are primarily overseen by the Health Policy Office, which oversees benefit policy and compliance for physical health, pharmacy, dental, transportation, maternal, and child health services. There are some exceptions however, the Pharmacy Office at HCPF oversees the Pharmacy Benefit and the Medicaid Operations Office is responsible for the Health Maintenance Organization and Medicare Coinsurance lines. Acute Care services include physician and clinic services, emergency transportation, non-emergency medical transportation, dental, inpatient and outpatient hospital, lab and x-ray, Durable Medical Equipment (DME), pharmacy, amongst others. These services are available for any Medicaid member. The largest components are pharmacy ($1.84B gross, $974M net of rebates), physician and clinic services ($1.54B), inpatient hospital ($1.08B), outpatient hospital ($763M), health maintenance organization ($678M), and dental ($583M).

Community Based-Long Term Care, Long Term Care and Insurance are primarily overseen by the Office of Community Living, which manages long-term services and supports (LTSS), waiver programs, and person-centered care initiatives. Community Based Long Term Care Services are services rendered to individuals living with disabilities who can receive care in the home or community setting instead of receiving care in an institutionalized setting like a nursing facility. The largest components are Community First Choice ($1.01B), long-term home health ($881M), and HCBS — Elderly, Blind, and Disabled ($748M). Long Term Care Services include services like Nursing Facility care or Hospice Care. Insurance programs cover the Medicare cost sharing for members who are dually eligible for both Medicare and Medicaid. The largest components are Class I nursing facilities ($832M), the Program of All-Inclusive Care for the Elderly ($369M), and the supplemental Medicare insurance benefit ($307M), which is administered by the Medicaid Operations Office.

Service Management is overseen by the Cost Control and Quality Improvement Office, which leads quality improvement, cost management, utilization review, performance measurement, and analytics to improve outcomes and program effectiveness. Service Management includes the Accountable Care Collaborative service management costs and incentive payments ($236.8M) as well as disease management ($350K), which is administered by the Colorado Department of Public Health and Environment.

Financing is overseen by the Special Financing Division within the Finance Office. The Finance Office oversees budgeting, accounting, audits, rate setting, procurement, provider payments, financing programs, and value-based payment initiatives. Financing includes supplemental payments for nursing facilities, hospitals, physician services, and public emergency medical transportation provider payments amongst other supplemental payments. The largest components are hospital supplemental

Medicaid payments ($1.73B), University of Colorado School of Medicine payments ($225M), and nursing facility supplemental payments ($142M).

Behavioral Health services are overseen by the Medicaid and CHP+ Behavioral Health Initiatives and Coverage Office, which manages behavioral health policy and benefits. Behavioral health expenditures totaled $1.58 billion in the FY in FY 2025-26 and are appropriated in a separate line item from Medical Services Premiums, which is why they do not appear in Table 1. Nearly all of that spending is capitation paid to the Regional Accountable Entities (RAEs), which are at risk for the cost of covered behavioral health services and pay providers directly. The remaining is paid fee-for-service for a small set of services that sit outside the capitation, principally residential levels of care for children including Psychiatric Residential Treatment Facilities (PRFTs) and Qualified Residential Treatment Programs (QRTPs). The behavioral health caseload is the same as the Medical Services Premium caseload, with the exception of non-citizens, partial dual eligibles, and members covered under the SB21-025 family planning benefit.

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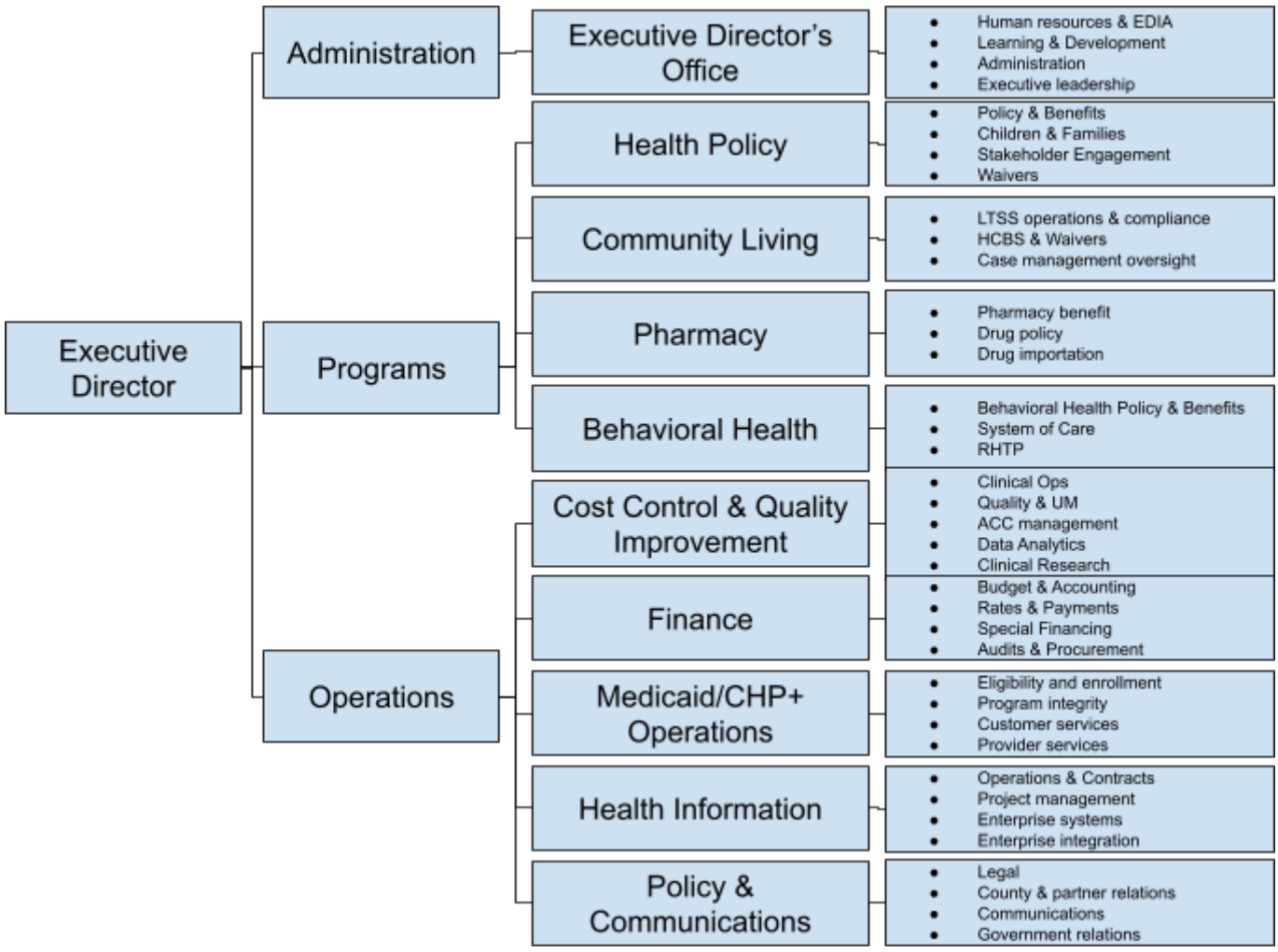
COLORADO
Department of Health Care Policy & Financing

Advanced Deliverable: HCPF Organizational Chart

Medicaid Commission, August 5, 2026

Below is also an organizational chart that shows how HCPF is currently structured. The Executive Director oversees three distinct lines of work, Administration, Programs and Operations, which are managed across 10 offices. The corresponding spreadsheet shows the full time equivalent employees (FTE) of the Department at the Office Division level with total FTE salary costs and a breakdown of allotted FTE vs. filled FTE.



The table below outlines the major functions of each of the 10 HCPF Offices:

10 Offices	Major Functions
Executive Director's Office	Administration: workforce, facilities, leadership, strategy, oversight
Health Policy Office	Program: benefit policy and compliance for physical health, pharmacy, dental, transportation, maternal, and child health services
Office of Community Living	Program: long-term services and supports, waiver programs, and person-centered care initiatives
Pharmacy Office	Program: Medicaid pharmacy benefits, prescription drug policy, utilization management, contracting, and claims administration
Behavioral Health Initiatives and Coverage Office	Program: behavioral health policy and benefits and the new Rural Health Transformation Grant
Medicaid Operations Office	Operations: Medicaid and CHP+ eligibility and enrollment, provider services, program integrity, customer services
Health Information Office	Operations: technology systems supporting Medicaid and CHP+ (claims processing, interoperability, cybersecurity, enterprise integration)
Policy & Communications Office	Operations: government relations (federal, state and tribal), communications, legal (including compliance, appeals, trust reviews, state plan and rulemaking teams), county administration/partner relations
Finance Office	Operations and program: budgeting, accounting, audits, rates, procurement, provider payments, financing programs
Cost Control and Quality Improvement Office	Program and operations: quality improvement, cost management, utilization review, analytics, accountable care delivery-system program management

HCPF's Overlap with the BHA

HCPF and the Behavioral Health Administration (BHA) are sister agencies that work closely together in collaboration but have clear lines of authority.

BHA's Mandate	HCPF's Mandate
• Lead and develop the state's vision and strategy for behavioral health in Colorado. Every state agency that administers a behavioral health program is required to collaborate with BHA to achieve the goals and objectives established by the BHA. • Define and regulate safety net services and providers • Provide capacity funding to Behavioral Health Administrative Service Organizations (BHASOs), which is paid to providers, to reimburse for services for uninsured individuals or for services that Medicaid does not cover (ie. recovery residence costs)	• Design and administer Colorado Medicaid's Behavioral Health Benefit • Reimburse for behavioral health services provided to members, through the capitation payments to Regional Accountable Entities (RAEs). HCPF is the largest payer of Behavioral Health Services in the state

To promote efficient and unduplicated services, BHA and HCPF engage in daily communication, collaboration, and coordination. HCPF and BHA coordinate through integrated planning, data sharing, joint stakeholder engagement, and aligned policies to ensure efficient service delivery, address gaps, and prevent duplication in behavioral health care. BHA provider regulations and standards are the foundational basis used for service delivery determination and inform codes used for reimbursements and rate setting for services. HCPF and BHA have multiple policies and programs that demonstrate that alignment. Examples of strong collaboration include:

- **Safety Net Reform:** HCPF and the BHA have worked closely to ensure that reforms and the implementation of Colorado's Safety Net system are cohesive. The BHA defines and regulates safety net services and providers, then HCPF relies on those definitions and licenses to enroll and set payment rules for behavioral health providers in Medicaid. BHA and HCPF worked closely through the regulatory review process to ensure Medicaid regulations and infrastructure were considered throughout the new rule structure and the behavioral health service definitions did not include any services that could not be covered by Medicaid.
- **Substance Use Disorder (SUD) Benefit:** HCPF expanded Medicaid provider enrollment options to allow for the full continuum of SUD services based on the levels of care outlined in American Society of Addiction Medicine (ASAM) criteria, which also aligned with HCPF's SUD 1115 Demonstration Waiver. This SUD continuum now includes multiple levels of outpatient, high intensity outpatient, residential and inpatient enrollment categories. BHA sends HCPF a monthly report of all licensed SUD providers at every level which allows HCPF to monitor member access to SUD providers statewide.
- **Provider Supports:** HCPF supported the BHA in developing and delivering Training and Technical Assistance (TTA) modules aimed at Safety Net and independent providers as part of the behavioral health transformations. Providers for BHASO must also be enrolled in Medicaid.
- **Preventing duplicate billing**: Medicaid eligibility and enrollment has been updated to create a new state ID for ineligible clients that can be used for BHA data collection and statewide research and reporting.
- **Aligning RAEs and BHASOs:** HCPF and BHA have worked closely to thoughtfully align program design for the RAEs and BHASOs. This included:
    - Creating an aligned regional map for RAEs and BHASOs.
    - Developing joint care coordination expectations and definitions.
    - Partnering on shared data definitions and collection

There are areas where BHA and HCPF have some shared responsibility for specific business functions. Even though they support different populations, they support the same provider networks. Below are some potential opportunities to explore process improvements:

- Data systems. Significant challenges exist in sharing Medicaid data due to privacy laws. Data sharing continues to improve, but is still not an automated process.
- BHASO and RAE processes and infrastructure. Both organization types maintain a number of fixed costs like provider call centers, care coordination call centers, and provider reimbursement. Provider contracting is a process that can be time consuming even for standard contracts. Providers currently contract and credential with both RAE and BHA.
- Public and provider communications and support
    - RAEs, HCPF, and BHA all maintain separate provider directories
    - Public complaints and websites remain separate

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	Commission on Medicaid			as of 7/28/2026		
	Request for Information - FTE by Office/Division					
Row	**Office / Division**	**Active FTE Positions**	**FTE Filled**	**Salaries for Filled Positions**	**Office Function**	**Notes**
	Commission on Medicaid			**as of 7/28/2026**		
	Request for Information - FTE by Office/Division					
Row	**Office / Division**	**Active FTE Positions**	**FTE Filled**	**Salaries for Filled Positions**	**Office Function**	**Notes**
A	**Executive Director's Office (EDO)**				**Administration**	
B	Executive Director	1.0	1.0	$228,705		
C	Chief Medical Officer	1.5	1.5	$299,237		
D	People Operations Division	30.0	29.0	$2,956,314		5.0 FTE Term-limited
E	Chief Administration Officer	11.0	10.0	$1,057,529		
F	**Subtotal**	**43.5**	**41.5**	**$4,541,784**		
G	**Office of Behavioral Health Initiatives & Coverage (BHIC)**				**Care Delivery**	
H	BHIC Office Director	3.0	3.0	$356,220		
I	Rural Health Transformation Program Division	13.0	10.0	$968,268		All positions Grant Funded
J	Behavioral Health Systems Division	9.0	7.0	$770,010		1.0 FTE Term-limited
K	Behavioral Health Policy & Benefit Division	25.0	16.0	$1,418,640		7.0 FTE Term-limited; 2.0 FTE Grant Funded
L	**Subtotal**	**50.0**	**36.0**	**$3,513,138**		
M	**Cost Control & Quality Improvement Office (CCQI)**				**Administration except otherwise noted**	
N	CCQI Office Director	4.0	3.0	$345,531		
O	Clinical Operations Division	13.0	12.0	$1,291,267		
P	Quality & Utilization Management Division	8.0	8.0	$836,319		
Q	ACC/Delivery System Division	28.0	27.0	$2,417,745	**Care Delivery**	
R	Data and Analytics Division	26.0	24.0	$2,506,898		1.0 FTE Term-limited
S	Clinical Research & Innovation Section	7.0	7.0	$683,513		
T	**Subtotal**	**86.0**	**81.0**	**$8,081,274**		
U	**Finance Office (FIN)**				**Administration except otherwise noted**	
V	FIN Office Director / Chief Financial Officer	3.0	2.0	$293,111		
W	Special Financing Division	40.0	37.0	$3,188,778	**Administration and Care Delivery**	
X	Procurement & Audit Division	39.0	38.0	$3,509,068	**Administration and Contracting**	1.0 FTE Term-limited; 2.0 FTE Grant Funded
Y	Managed Care Rates Division	22.0	17.0	$1,550,240		1.0 FTE Term-limited
Z	Payment Reform Division	13.0	11.0	$1,131,501		1.0 FTE Term-limited
AA	Controller Division	34.0	32.0	$3,328,443		1.0 FTE Grant Funded
AB	Fee-for-Services Rates Division	23.0	20.0	$1,862,332		
AC	Budget Division	18.3	18.3	$2,051,102		1.0 FTE Grant Funded
AD	**Subtotal**	**192.3**	**175.3**	**$16,914,575**		
AE	**Health Information Office (HIO)**				**Administration except otherwise noted**	
AF	HIO Office Director	7.0	7.0	$690,400		
AG	Medicaid Health IT Director	14.0	12.0	$1,222,232		3.0 FTE CC04 IT Capital Funded
AH	Business Solutions Division	20.0	19.0	$1,824,504		2.0 FTE CC03 IT Capital Funded
AI	Health Information Office Deputy Director	4.0	2.0	$274,868		2.0 FTE CC03 IT Capital Funded
AJ	Enterprise Solutions Integration Division	14.0	12.0	$1,108,768		
AK	Project Management Division	32.0	30.0	$2,994,300		1.0 FTE Grant Funded
AL	Contracts & Quality Assurance Division	21.0	18.0	$1,617,537	**Contracting**	
AM	**Subtotal**	**112.0**	**100.0**	**$9,732,608**		

	Commission on Medicaid				as of 7/28/2026	
	Request for Information - FTE by Office/Division					
Row	**Office / Division**	**Active FTE Positions**	**FTE Filled**	**Salaries for Filled Positions**	**Office Function**	**Notes**
AN	**Health Policy Office (HPO)**				**Care Delivery**	
AO	HPO Office Director	3.0	3.0	$418,669		
AP	Benefits and Services Division	26.0	21.0	$2,148,252		
AQ	Children and Families Division	22.0	21.0	$2,006,878		2.0 FTE Term-limited
AR	**Subtotal**	**51.0**	**45.0**	**$4,573,798**		
AS	**Medicaid Operations Office (MOO)**				**Administration**	
AT	MOO Office Director	1.0	1.0	$189,198		
AU	MOO Deputy Director & Eligibility Contracts & Oversight Unit	13.0	13.0	$1,229,740	**Administration and Contracting**	
AV	Fraud, Waste & Abuse Division	46.0	41.0	$3,879,634		
AW	PEAK Section	21.0	17.0	$1,308,837		
AX	CBMS Product Division	16.0	15.0	$1,215,346		
AY	Third Party Liabilities & Recoveries Section	8.0	7.0	$599,852		
AZ	Eligibility Division	62.0	58.0	$5,250,280		
BA	Provider and Fiscal Agent Division	22.0	19.0	$1,618,956		
BB	Chief Client Officer	5.0	5.0	$463,461		
BC	Client Services Division	39.0	37.0	$3,074,076		
BD	**Subtotal**	**233.0**	**213.0**	**$18,829,379**		
BE	**Office of Community Living (OCL)**				**Care Delivery except otherwise noted**	
BF	OCL Office Director	1.0	1.0	$192,438		
BG	Case Management & Quality Performance Division	29.0	24.0	$2,582,350		4.0 FTE Term-limited; 1.0 FTE Grant Funded
BH	Benefits & Services Management Division	65.0	58.0	$5,510,586		12.0 FTE Term-limited; 3.0 FTE Grant Funded
BI	Strategic Outcomes Division	18.0	17.0	$1,609,185	**Administration**	3.0 FTE Grant Funded
BJ	Operations & Administration Division	31.0	27.0	$2,609,866	**Administration**	7.0 FTE Term-limited
BK	Compliance & Innovation Division	22.3	22.3	$1,800,711	**Administration**	1.0 FTE Term-limited; 5.0 FTE Grant Funded
BL	**Subtotal**	**166.3**	**149.3**	**$14,305,136**		
BM	**Pharmacy Office (PHA)**				**Care Delivery except otherwise noted**	
BN	PHA Office Director	2.0	2.0	$282,714		
BO	Pharmacy Deputy Office Director	10.0	10.0	$1,171,852		
BP	Importation Unit	3.0	1.0	$138,865	**Administration**	2.0 FTE Term-limited
BQ	Pharmacy Policy Manager	4.0	4.0	$336,084		
BR	**Subtotal**	**19.0**	**17.0**	**$1,929,515**		
BS	**Policy, Communications, and Administration Director (PCA)**				**Administration**	
BT	PCA Office Director	1.0	1.0	$183,687		
BU	Legal Division	41.0	37.0	$3,684,178		2.0 FTE Term-limited
BV	Government Relations Division	5.0	4.0	$377,843		1.0 FTE Grant Funded
BW	Communications Division	21.0	17.0	$1,679,463		1.0 FTE Term-limited
BX	Partner Relations & Administration Division	26.0	19.0	$1,802,080		
BY	**Subtotal**	**94.0**	**78.0**	**$7,727,250**		
BZ						
CA						
CB	**Department of Health Care Policy & Financing Total**	**1047.1**	**936.1**	**$90,148,458**		

COLORADO
Department of Health Care Policy & Financing

Advanced Deliverable: HCPF's Organizational Authority

Medicaid Commission, August 5, 2026

Key Points

- Colorado law establishes HCPF's governance structure while giving the Executive Director authority over internal organization and administration.
- HCPF has reorganized internally over time in response to program and business needs, policy requirements, and technology modernization.

Legal Authority

Federal law requires Colorado to designate a single state agency to administer Medicaid and a state agency to administer the Children's Health Insurance Program (CHIP/CHP+). In Colorado, HCPF serves as the Medicaid single state agency and administers CHIP/CHP+. HCPF must retain authority over Medicaid and CHIP policy, rules, program supervision, federal compliance, and oversight of delegated eligibility and fair-hearing functions. Operational activities may be shared with counties, contractors, or other agencies, but HCPF remains accountable for administration and oversight of both state plans. Core responsibilities include:

- Administer the Medicaid and CHIP State Plans
- Establish program policy and rules
- Ensure federal compliance
- Administer federal Medicaid and CHIP funding
- Oversee eligibility determinations
- Oversee appeals

Colorado state statute at 25.5-1-104(1), CRS creates the Department of Health Care Policy and Financing, as well as the position of Executive Director. 25.5-1-104(3), CRS gives authority to the Executive Director to establish divisions, sections, and other units within HCPF to carry out the Department's mission. Below is a table with each Department Office and the authority under which it was created:

Office	Major Functions	Authority
Executive Director's Office	Administration: workforce, facilities, leadership, strategy, oversight	25.5-1-104(1) CRS
Health Policy Office	Program: benefit policy and compliance for physical health, pharmacy, dental, transportation, maternal, and child health services	25.5-1-104(3) CRS
Office of	Program: long-term services and	25.5-10-101 CRS

Office	Major Functions	Authority
Community Living	supports, waiver programs, and person-centered care initiatives	
Pharmacy Office	Program: Medicaid pharmacy benefits, prescription drug policy, utilization management, contracting, and claims administration	25.5-1-104(3) CRS
Medicaid and CHP+ Behavioral Health Initiatives and Coverage Office	Program: behavioral health policy and benefits	25.5-1-104(3) CRS
Medicaid Operations Office	Operations: Medicaid and CHP+ eligibility and enrollment, provider services, program integrity, customer services	25.5-1-104(3) CRS
Health Information Office	Operations: technology systems supporting Medicaid and CHP+ (claims processing, interoperability, cybersecurity, enterprise integration)	25.5-1-104(3) CRS
Policy & Communications Office	Operations: government relations, communications, legal, county administration/partner relations	25.5-1-104(3) CRS
Finance Office	Operations and program: budgeting, accounting, audits, rates, procurement, provider payments, financing programs	25.5-1-104(3) CRS
Cost Control and Quality Improvement Office	Program and operations: quality improvement, cost management, utilization review, analytics, accountable care delivery-system program management	25.5-1-104(3) CRS

Department Organizational Timeline

Over three decades, HCPF evolved from a Medicaid agency administering a handful of health coverage programs into a department responsible for Medicaid, CHP+, long-term services and supports, statewide eligibility systems, delivery system reform, health-care affordability initiatives, behavioral health implementation, and numerous state and federally authorized programs.

Year	Category	Department Milestone
1994	Department Organization	HCPF created as Colorado's Medicaid agency, responsible for Medicaid and related existing programs, including Colorado Indigent Care Program (CICP), Health Insurance Buy In (HIBI),

Year	Category	Department Milestone
		Medical Services Premiums (MSP), Prenatal Plus, and Special Connections.
1998	Programs & Coverage	CHP+ launched.
2001	Programs & Coverage	Medicaid treatment coverage added for Breast and Cervical Cancer Program participants.
2002-2004	Programs & Coverage	Budget reductions eliminated most optional adult dental benefits and significantly reduced Medicaid provider reimbursement rates.
2004	Operations & Systems	The Colorado Benefits Management System (CBMS) created a statewide eligibility platform shared across counties.
2006	Programs & Coverage	Medicare Part D for dual-eligible members.
2009-2011	Programs & Coverage	Budget reductions included provider rate cuts, utilization controls, and CICP reductions.
2009	Policy & Scope Expansion	Hospital Provider Fee created to stabilize Medicaid financing; CHP+ income eligibility expanded to 250% of the federal poverty level; Medicaid Buy-In Program for Working Adults with Disabilities and Buy-In for Children with Disabilities created
2011	Operations & Systems	Launched the Accountable Care Collaborative (ACC) as Medicaid's statewide coordinated care delivery model.
2011	Programs & Coverage	Standardized, streamlined, and simplified children's eligibility between Medicaid and CHP+.
2011-2013	Department Organization	Transitioned to an executive office organizational model.
2013	Department Organization	Office of Community Living transferred from CDHS to HCPF, adding long-term services and supports administration, including Home and Community Based Services (HCBS) waivers, Program of All-Inclusive Care for the Elderly (PACE), Consumer Directed Attendant Support Services (CDASS), In Home Support Services (IHSS), nursing facility oversight, and related aging and disability programs.
2013	Operations & Systems	Program Eligibility and Application Kit (PEAK) expanded online self-service applications and renewals.
2014	Programs & Coverage	Affordable Care Act (ACA) eligibility and Medicaid expansion; launched Senior Dental Program; restored Adult Dental Benefit.

Year	Category	Department Milestone
2017	Policy & Scope Expansion	Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) created, transferring administration of hospital provider fee to a government-owned enterprise.
2017-2026	Policy & Scope Expansion	Expanded Section 1115 Medicaid demonstrations supporting payment reform and delivery system innovation.
2018	Operations & Systems	Regional Accountable Entities (RAEs) implemented under ACC Phase II.
2018	Policy & Scope Expansion	Directed to implement Medicaid cost-control and related reporting and oversight work.
2018-2026	Department Organization	Reorganized from seven to 10 offices.
2019-2026	Policy & Scope Expansion	Assigned increasing responsibilities for statewide commercial health-care affordability initiatives
2025	Programs & Coverage	Community First Choice launched; Children's Complex Health Needs waiver consolidation.

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COLORADO
Department of Health Care Policy & Financing

HCPF manages ten programs that are paid for with state only funds. This means that no federal match is claimed for these services or programs and they are paid for with General Fund appropriations only. In FY 2026-27, HCPF is appropriated around $115 million per year for these programs in total. The attached spreadsheet shows the list of programs and the associated dollar amounts spent on each from FY2022-23 to the current FY's appropriation.

Service	FY22 Spent	FY23 Spent	FY24 Spent	FY25 Spent	FY26 Spent	FY27 Appropriation	Related Statute/Bill	Office Responsible	Notes
Cover All Coloradans - Children Only	N/A	N/A	N/A	$17,780,840	$54,873,210	$72,664,399	HB 22-1289	Health Policy Office	CHP+ CAC Child is 100% State Funded. Medicaid CAC Child has a federal match when the service billed is identified as an 'emergency', all other claims and capitated payments are State Funded. CAC Pregnant and PostPartum of CHP+ and Medicaid both have federal match.
Old Age Pension Medical	$26,085	$41,155	$589,696	$845,722	$1,127,543	$10,000,000	Colo. Const. Art. XXIV, Section 7	Finance Office	$10 million General Fund is appropriated annually to the OAP state only medical program. Any unspent General Fund is used to offset expenditures in the Medical Services Premiums line item up to the estimated expenditure for for Medicaid members who receive an old age pension.
Senior Dental Program	$3,989,494	$3,972,404	$3,930,117	$3,973,964	$3,465,318	$1,990,358	SB 14-180	Finance Office	
Reproductive Health Care for Individuals Not Eligible for Medicaid	$0	$3,371,538	$2,257,563	$721,204	$1,731,292	$2,072,200	SB 21-009	Health Policy Office	Does not include non-viable pregnancies
Abortion Care	N/A	N/A	N/A	N/A	$1,805,999	$5,740,448	SB 25-183	Health Policy Office	100% state-only funded starting 1/1/2026
Family Support Services Program	$9,818,346	$10,311,298	$10,311,298	$9,936,117	$10,009,375	$11,162,187	HB91-1102	Office of Community Living	
State Supportive Living Services (SLS)	$4,898,139	$4,724,417	$5,676,143	$6,985,943	$5,677,839	$5,192,497	HB91-1102	Office of Community Living	
State SLS Case Management	$4,494,161	$4,682,356	$4,568,635	$4,770,504	$4,496,715	$4,933,259	HB91-1102	Office of Community Living	
Preventive Dental Hygiene	$64,894	$64,894	$64,894	$64,894	$64,894	$69,772	HB91-1102	Health Policy Office	
Canadian Drug Importation	$1,202,213	$1,284,250	$1,085,178	$987,677	$395,803	$1,296,160	SB 19-005	Pharmacy Office	Program aims to save Coloradans (broader than Medicaid) save money on prescription drugs by importing lower cost drugs from Canada.
Total	**$24,493,332**	**$28,452,312**	**$28,483,525**	**$46,066,864**	**$83,647,986**	**$115,121,280**			