COLORADO COMMISSION ON MEDICAID

Follow the Money

Wednesday, August 5, 2026 · 11:00 a.m. – 4:30 p.m.

Today

The day is a mix of working time and presentations

Gauging our current understanding

Where our assumptions and the data diverge

Where the money goes

The Department walks the spending, by how people use it

What we are optimizing for

Naming priorities, then ranking against them

Trade-offs

Three optional service groups, worked honestly

How the Department is organized

Does the structure help or hinder?

What is growing, and why

Each line paired with the decision behind it

Nothing is adopted today and no vote is taken.

It’s also… National Work Like a Dog Day

Fitting.

Today we have three working sessions, a trade-off exercise, and a set of priorities to name before we leave.

The Department is here throughout to answer questions as they arise.

WHAT WE HAVE HEARD FROM STAKEHOLDERS THUS FAR

Public input to date

Three channels open for feedback. This is a snapshot of what we have received as of August 4th, 2026.

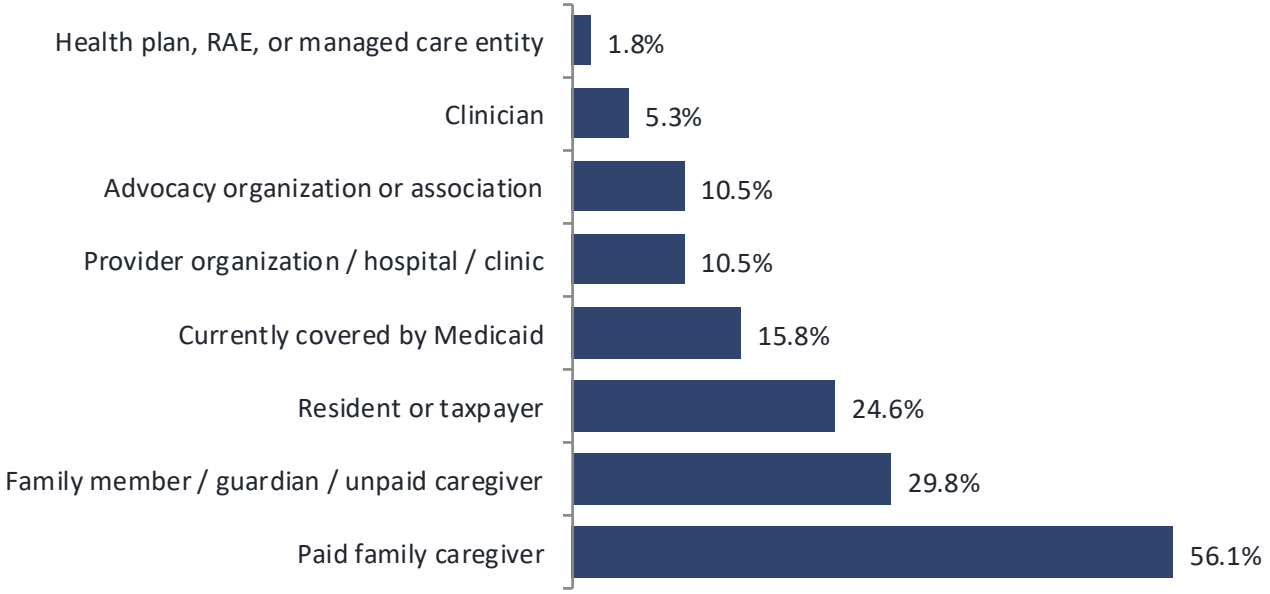
57
responses to the long public input survey

4
responses to the short form

2
facilitator office hours (Aug 3 and Aug 4)

80%
of survey respondents agreed to be quoted anonymously (n=51)

Who responded to the survey



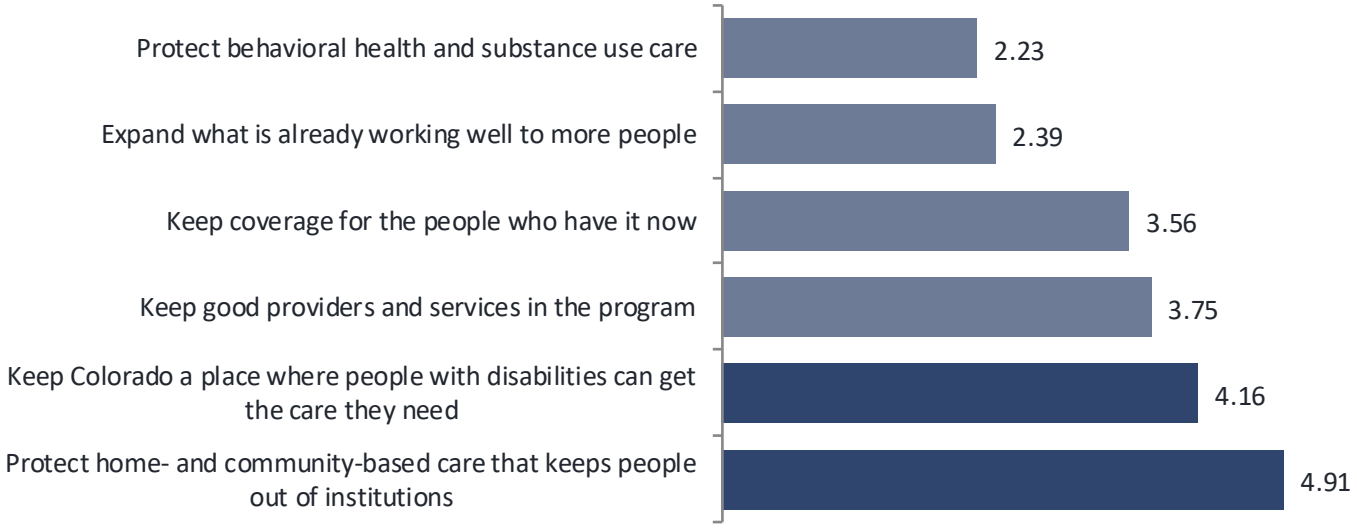
Read these results with care

- Self-selected. Multi-select totals exceed 100%.
- Paid family caregivers alone are 56% of respondents. Long-term services and IDD waivers dominate the responses.
- The survey was circulated to a list of 2,500 people, so volume on a topic reflects mobilization as well as prevalence.
- There will be more focus going forward on County and local government, and community/LTSS organizations..

Sources: Public Input Survey (n=57), short form (n=4), office hours transcripts. ***Survey remains open.***

Survey: what respondents say to protect

Q10 asked respondents to rank six items, 1 = most important. Higher score = ranked higher, more often.



One caution on the low score

Behavioral health ranks last here, however the low score reflects who answered, not how the system performs.

What respondents named as working, in their own descriptions

- Family members being paid to provide care, described as what makes staying at home possible
- HCBS and DD, SLS, CES and CHRP waiver services – residential, transportation, supported employment, community connector
- The inpatient and residential SUD waiver benefit
- Breadth of behavioral health coverage relative to commercial insurance
- Access to a regular family doctor, therapies and testing
- Prescription and medical coverage generally

Source: Public Input Survey.

Survey: what respondents report experiencing

Reported effects, not verified findings. Base sizes vary by question because items were optional.

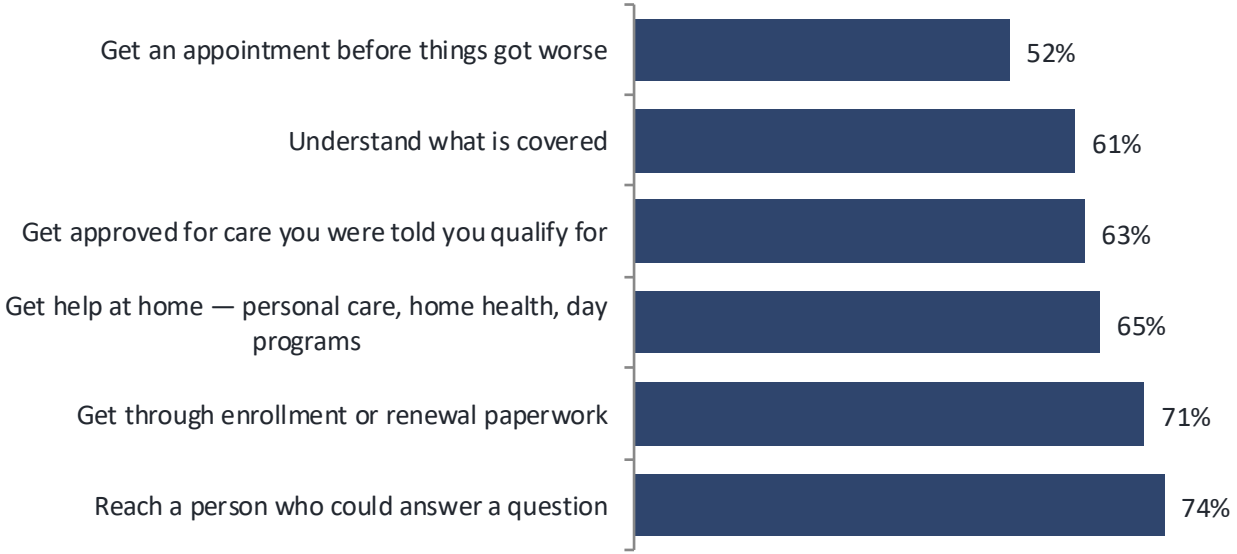
84%
have had a service, benefit, approved hours, or payment rate cut or capped (n=50)

60%
are on a waiting list now or have been in the past (n=48)

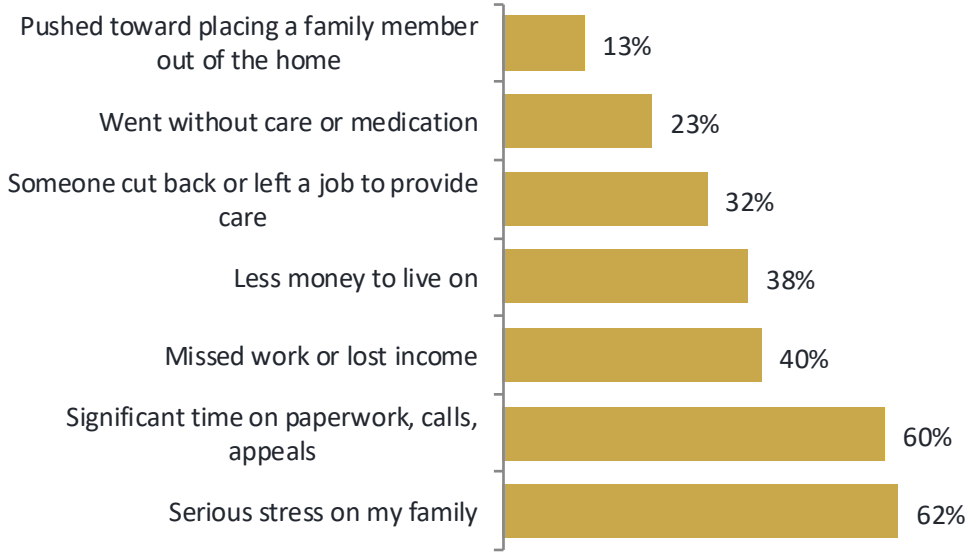
57%
expect the new federal law to affect them or the people they serve (n=49)

52
average score out of 100 on getting straight answers and respect (n=46)

Hardest to do in the past year



Reported effects of a cut or cap (n=47)



Source: Public Input Survey Q17–Q21, Q35. Waits described in write-ins range from six months to more than ten years, most often CES, DD and SLS.

What people wrote: survey open responses and short form

Themes, ordered by how often they appeared. Paraphrased throughout – no respondent is quoted or identified.

Survey written responses (n=57; 28–57 per question)

- The **phased paid family caregiver hour cap** is the most raised item by a wide margin – described as cutting household income while the care itself continues unpaid
- The **exception process is described as unusable**: providers reluctant to file, families asked to document a failed search for workers they say do not exist
- Notice – **several report learning of changes from social media or the news**, not from the state or their agency
- **Multi-year waiting lists**, most often CES, DD and SLS
- **The share agencies and PASAs take** before dollars reach the caregiver, put at roughly 5% to 50%, with no visible rule governing it
- **Fraud, waste and abuse** – raised often, and aimed at providers, agencies and billing oversight far more than at enrollees
- **Rate cuts** (2% and 3.6% cited) making it impossible to hire or retain direct-care workers
- **Fragmentation** – being on one waiver blocking access to another needed service

Short form (n=4)

Too few responses to report as a pattern. All four are included here in full summary.

- Model home-arrangement failure before the next hour-cap phase – a few failures erase the savings
- Set caregiver hours by individual assessment, not a weekly cap; publish exception data
- Cover adult children who cannot work and whose retired parents cannot insure them
- Do not cut a daughter's coverage mid-cardiac-care (submitted in Spanish)

Sources: Public Input Survey open-response questions; "Form to Share Experiences with Medicaid." Both instruments remain open.

Office hours: what we heard

August 3 in-person and August 4 virtual. Participants were promised anonymity; themes only, nothing attributed.

Raised across nearly every conversation

- Basic operational data is not obtainable. Participants across roles described asking for routine figures – including staffing fill rates against authorized hours – and being told it does not exist or cannot be shared
- No visible structure for stakeholder input: no published policy on how feedback is used, webinars without Q&A, changes issued by memo rather than rulemaking
- Policies scored in the long bill are reportedly changing shape during rulemaking, with no return to the JBC to revise the savings estimate
- No mechanism for the legislature to verify whether promised savings materialized

Raised more than once

- Conflicting communications reaching members from HCPF, the BHA, RAEs and BASOs
- Duplication across HCPF, the BHA, CDHS and school-based billing making per-member cost figures unreliable
- Work requirements and six-month renewals – especially how volunteer hours get reported and verified for people with IDD

Named as working, and worth protecting

- The Provider Stabilization Fund, described as working as intended
- Paid family caregiving and the parent-CNA benefit, described as far cheaper than the hospital stays they prevent
- Community providers absorbing gaps the state cannot currently cover
- Recent HCPF leadership described as more open to collaboration than in the past

How to read this

Office hours were unstructured and, on August 3, largely one-on-one. Participants were self-selected and several were there on behalf of organizations with specific asks. Treat this as a map of where pressure is concentrated, not as a measure of prevalence.

Please continue to share the survey and short form.

1 Office hours

Working to schedule more and also restructure them. They will be listed on the Medicaid Commission webpage.

2 Stakeholder survey

Targeted questions for hospitals, family caregivers, the disability community, and counties.

3 Share your experience

A short form for anyone who wants to tell the Commission what Medicaid has been like for them.

Everything on the table

Three sources of demand, one calendar

WHAT THE LAW REQUIRES

- Options for a sustainable Medicaid program
- Implementing the federal changes of 2026, 2027, 2028
- Supporting the Coloradans those changes affect
- A report to the General Assembly and Governor by December 11

WHAT YOU HAVE ASKED FOR

- Statutory authority and rulemaking
- Cost drivers and fiscal sustainability
- Federal dollars left unclaimed
- Value, outcomes and success measures
- Optional versus mandatory services
- Managed care and delivery
- Program integrity
- Systems and vendor spend
- Waivers and waiting lists
- … and roughly sixty more

WHAT COLORADANS ARE ASKING

- Protecting people the federal changes hit
- Access in rural and frontier Colorado
- The direct-care workforce
- What happens when people lose coverage
- Transparency about where the money goes
- … and the themes from stakeholders

Every one of these is legitimate. All of them together are more than seven meetings can hold.

Four more meetings to gather evidence

Then we are writing

AUG – SEP

Four working sessions

Eligibility and benefits · delivery and payment · financing · long-term services and supports

OCT

Two sessions

Stakeholder synthesis, then turning findings into options

NOV – DEC

Two sessions

Developing and evaluating recommendations, then adopting the report

Eighteen weeks to December 11. Seven meetings, including a deep dive on long-term services.

GAUGING OUR CURRENT UNDERSTANDING

Gauging our current understanding

A ”friendly competition”

Nine statements about what Colorado Medicaid costs, covers and how it is run.
Some are true. Some are false. Some are true with a caveat that matters more than the verdict.

1	**You work them in small groups**	One question at a time
2	**The Department gives each answer, with its source**	The Department sources every verdict
3	**We name where we diverged most**	Those gaps shape what we ask for next

Teams

Find your team and sit together

TEAM ONE	TEAM TWO	TEAM THREE
Senator Amabile	Rep. Brown	Senator Bridges
Rep. Barron	Senator Frizell	Rep. Gilchrist
Rep. Sirota	Senator Mullica	Senator Kirkmeyer
Rep. Taggart		

Each team will mark each statement true, false, or true with a caveat.

The point is to find where our assumptions and the evidence part company.

WHERE THE MONEY GOES – HCPF DICUSSION

What are we optimizing for?

Mark your top three. We will discuss discuss what the room chose

Over the next three years, what should Colorado's Medicaid program be judged on? These are drawn from what members have already raised. Add your own on the blank line.

- ☐ Slowing general fund cost growth
- ☐ Preserving access to care
- ☐ Improving health outcomes and value
- ☐ Administrative efficiency and reducing duplication
- ☐ Protecting specific populations
- ☐ Legislative visibility and accountability
- ☐ Program integrity
- ☐ Drawing down available federal funds
- ☐ Something else: _____

We do not have to agree. A contested list is far more useful than none.

TRADE-OFFS

Trade-offs – how this works

40 minutes: Three optional service groups

Optional services are the ones Colorado chose to cover and could choose to change. We will work three of them all the way through – not to decide anything, but to understand our reasoning that the December report will need.

10 min	**Each group takes one service**	Work the six questions on the next slide
15 min	**Debate your conclusion**	Including the case against your own conclusion
15 min	**Report back**	Your reasoning, and any conditions you attached

No recommendation is adopted and no vote is taken. Disagreement gets recorded, not resolved.

Your three services

Each costs the state about the same – and almost nothing else about them matches

ADULT DENTAL Total paid $215M Federal match 65%	**$75M** State share	**206,233** Members	**$364** State cost per member
PRIVATE DUTY NURSING Total paid $117M Federal match 50%	**$59M** State share	**861** Members	**$68,090** State cost per member
TARGETED CASE MANAGEMENT Total paid $147M Federal match 50%	**$73M** State share	**81,346** Members	**$903** State cost per member

Same cost to the general fund. Two hundred and forty times the difference in how many Coloradans are served.

Source: HCPF optional services dataset, August 3, 2026 · FY 2025-26

The six questions each group answers

The worksheet on your table mirrors these

1 **What does it cost?**

Total, and the share the state actually pays

2 **Who uses it?**

How many Coloradans, and which ones

3 **What is the federal match?**

What Colorado keeps if this changes

4 **What does the evidence say?**

Downstream cost if the service goes away

5 **What would a change actually save?**

State dollars, after the federal share

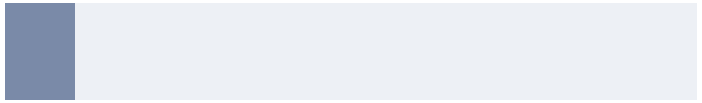
6 **What would have to be true?**

The conditions that would make it defensible

Questions 3 and 5 are the ones most often skipped – and they change the answer more than any of the others.

Why question 3 changes the answer

A dollar cut is not a dollar saved

A service at a 50% federal match	Cut $10 million		**Colorado keeps $5 million**
A service at a 90% federal match	Cut $10 million		**Colorado keeps $1 million**
A service funded entirely by the state	Cut $10 million		**Colorado keeps $10 million**

Same headline cut. Three very different results for the general fund – which is why the match rate belongs in the conversation before the conclusion, not after.

Assigned services

Your worksheet is on the table. Nothing is adopted today.

ADULT DENTAL

$75M state · 206,233 members

$364 per member

Senator Amabile

Senator Frizell

Rep. Gilchrist

PRIVATE DUTY NURSING

$59M state · 861 members

$68,090 per member

Senator Bridges

Rep. Brown

Rep. Taggart

TARGETED CASE MANAGEMENT

$73M state · 81,346 members

$903 per member

Rep. Barron

Senator Kirkmeyer

Senator Mullica

Rep. Sirota

Each of these costs the general fund about the same. Almost nothing else about them matches.

Source: HCPF optional services dataset, FY 2025-26

Report back

What we are capturing

Your reasoning

Not just what you concluded – how you got there

The conditions you attached

What would have to be true for this to work

Where your group disagreed

Recorded, not resolved

What you could not answer

Missing data becomes the next request

ADMINISTRATION - HCPF

WRAPPING UP

The remaining schedule

Seven meetings to December 11th

MEETING 6 *August 20th or 27th*	**Long-term services and supports**	The largest cost area, in full
MEETING 7 September 2	**Delivery, payment and operations**	Managed care, rate review, behavioral health
MEETING 8 September 17	**Financing**	Provider taxes, state-directed payments, federal drawdown, program integrity
MEETING 9 *Early October*	**What we learned – and what to do about it**	Findings from Meetings 5–8, what Coloradans told us, the first options/decisions
MEETING 10 *Mid-October*	**Testing and prioritizing the options**	Impact and fiscal reads on each, tested against the priorities – members continue to prioritize
MEETING 11 *Mid-November*	**Recommendations and draft report**	Impact and fiscal assessments, minority positions, section-by-section review
MEETING 12 By December 8	**Adoption**	Final votes, recorded per recommendation

A new topic is added to a meeting only by displacing something, and the displacement is named by the requestor.

What we settled today

A review before we move to public comment

1. The priorities we named
2. What we ranked – with an owner and a date for each
3. The next meeting date

PUBLIC COMMENT