

Where did the money go?

The Department's General Fund appropriation grew from between FY2021 and FY2026. Community-based long-term care accounts for \$1.26 billion of that, acute care and pharmacy \$849 million, behavioral health \$202 million. Below are eight explanations for why. Mark each one.

Explanation	What the Department's packet says	Mark one
A benefit was used far more than forecast.	Community First Choice was projected to save \$45 million general fund. Homemaker and personal care utilization grew past what the enhanced federal match offsets. The Department calls this the primary contributor.	☐ main driver ☐ real but minor ☐ not yet convinced
The state changed who may be paid.	CFC widened paid family caregiving and agency-delivered care. Homemaker growth sits with adults who had waiver access but were not using the service; personal care growth sits with children, whose parents may now be paid.	☐ main driver ☐ real but minor ☐ not yet convinced
The state removed its own controls.	Prior authorization for outpatient psychotherapy was removed by statute in 2022 (SB22-156). The Department says it no longer has that tool to manage utilization in its most commonly billed behavioral health service.	☐ main driver ☐ real but minor ☐ not yet convinced
Price and product mix, not volume.	Pharmacy rose from \$987 million to \$1.83 billion, up 86%, led by specialty drugs. SUD residential went from \$92 million to \$356 million, with participants up 14% while cost per member per month rose 102%.	☐ main driver ☐ real but minor ☐ not yet convinced
Federal policy moved the baseline underneath us.	Rebates under the Medicaid Drug Rebate Program fell after the Inflation Reduction Act and ARPA. The same prescriptions now cost the state more, and the Department says it has little authority to act.	☐ main driver ☐ real but minor ☐ not yet convinced
Growth outran oversight.	Peer and support services went from 9.25 hours per person a year in FY2022-23 to 24.75 in FY2025-26; one code rose from \$8.8 million to \$51.8 million. The Department's own review finds them delivered without adequate clinical oversight.	☐ main driver ☐ real but minor ☐ not yet convinced
The forecast was built wrong.	The Department states the original CFC forecast "did not sufficiently align policy and fiscal assumptions" and did not anticipate how providers would respond. The gap is between projection and outturn.	☐ main driver ☐ real but minor ☐ not yet convinced
The money is going to the middle.	More of each dollar to administration, case management, contracts and vendors than to service. Note: the Department's materials do not identify this as a driver of the growth. Case management was \$161.2 million in FY2025-26 across 96,259 members.	☐ main driver ☐ real but minor ☐ not yet convinced

The one I most want tested before October 7, and what would settle it:

A note on comparing numbers. The Department's memo warns that its General Fund appropriation figures and the program spending figures in its fact sheets are not comparable, because the fact sheets include all fund sources. Ask which one you are being shown before setting two numbers against each other.

Which side of the line?

A first reading, not a decision, and not a vote to cut anything. These are drawn from the Department's own list of state-driven expansions since 2017, plus two changes now under way. For each, mark where it sits on the Department's working distinction – or that you cannot separate the two, or need to know more. A number of behavioral health expansions are not listed, because the Department states their cost cannot be separated from behavioral health capitation.

Benefit, change or reduction	FY2025-26 estimate	Mark one
Cover All Coloradans (HB22-1289)	\$120.5m total funds · \$87.7m general fund	☐ keeps people healthy and safe ☐ supports a full life ☐ both ☐ need to know more
Home care wage increase of 8.1% (SB19-238)	\$109.1m total funds · \$53.2m general fund	☐ keeps people healthy and safe ☐ supports a full life ☐ both ☐ need to know more
Community Choice Medicaid Benefit (SB23-289)	\$139m total funds · \$22m general fund	☐ keeps people healthy and safe ☐ supports a full life ☐ both ☐ need to know more
Medicaid buy-in after age 65 (SB20-033)	\$29m total funds · \$0 general fund	☐ keeps people healthy and safe ☐ supports a full life ☐ both ☐ need to know more
Pharmacy and outpatient copays removed (SB23-222)	\$12.2m total funds · \$3.7m general fund	☐ keeps people healthy and safe ☐ supports a full life ☐ both ☐ need to know more
Antipsychotic exception to the drug list (SB24-110)	\$13.7m total funds · \$3.4m general fund	☐ keeps people healthy and safe ☐ supports a full life ☐ both ☐ need to know more
Twelve-month postpartum coverage (SB21-194)	\$6.5m total funds · \$3.25m general fund	☐ keeps people healthy and safe ☐ supports a full life ☐ both ☐ need to know more
Personal care and homemaker under CFC, including paid family caregiving	Projected to save \$45m general fund; growth has exceeded the enhanced match	☐ keeps people healthy and safe ☐ supports a full life ☐ both ☐ need to know more
Post-eligibility treatment of income on the DD waiver – a reduction already under way	About 3,100 members, average \$550 a month · saves \$6.3m general fund in FY2026-27, \$13.1m in FY2027-28	☐ keeps people healthy and safe ☐ supports a full life ☐ both ☐ need to know more

The two I would protect no matter what

The one I would look at first, and why

Three cautions travel with every line you draw. The Department's own: these figures are “an approximate range of expenditure, not a precise estimate of savings that would be achieved by repealing legislation.” Some reductions cost more than they save – one that moves the cost somewhere more expensive is a transfer with interest. And the federal match makes the arithmetic counterintuitive: reductions in the expansion population return roughly a dime on the dollar, while real general fund savings come from children and people with disabilities.