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Emergency Medical Transportation (EMT)

Service Description

EMT services provide emergency transportation to a facility and are available to all Colorado Medicaid members.

EMT services were compared to Medicare and 6 other states (Wisconsin, Oklahoma, Alabama, Arkansas, Montana, and California).

Panel Size

The panel size analysis (Figure 1) considers the number of utilizers per provider for the EMT service category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The increasing panel size in urban areas is caused by an increase in utilization of EMT services during this time.

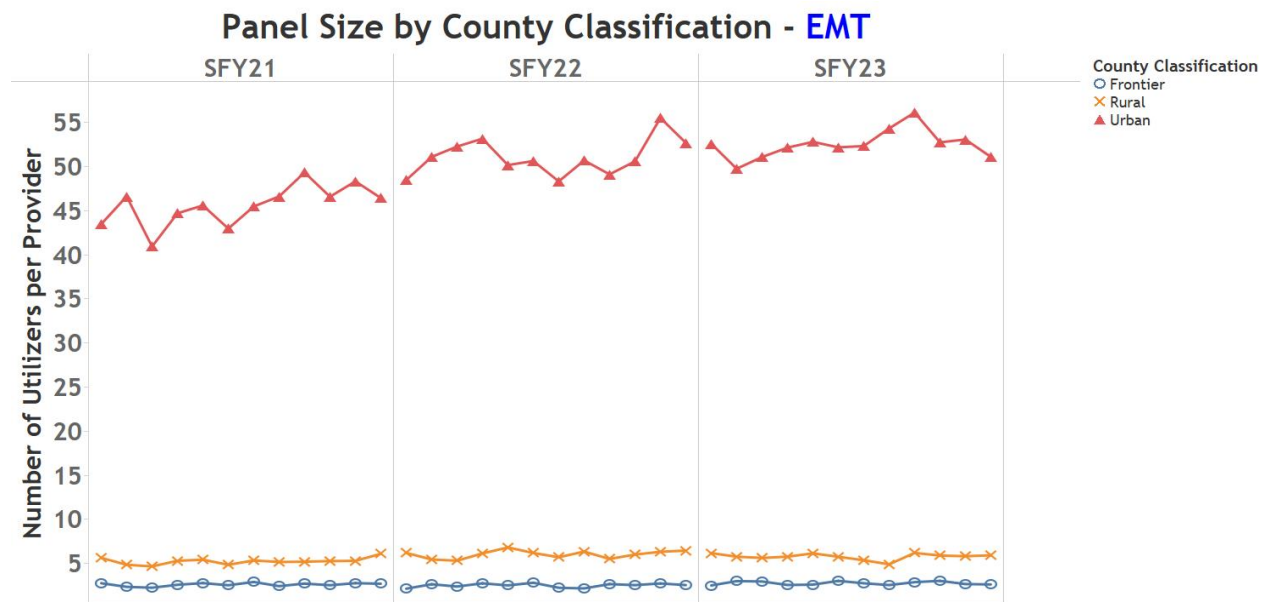


Figure 1

Provider Participation¹

The provider participation rate (Figure 2) identifies the percentage of providers in Colorado that serve Medicaid members for the EMT service category. In the calendar year 2022, 13% of providers statewide served Medicaid members.

¹ This metric was provided by the Center for Improving Value in Health Care (CIVHC) based on calendar year data (same as other service categories).

Provider Participation 2022 - EMT
Statewide Rate: 13%

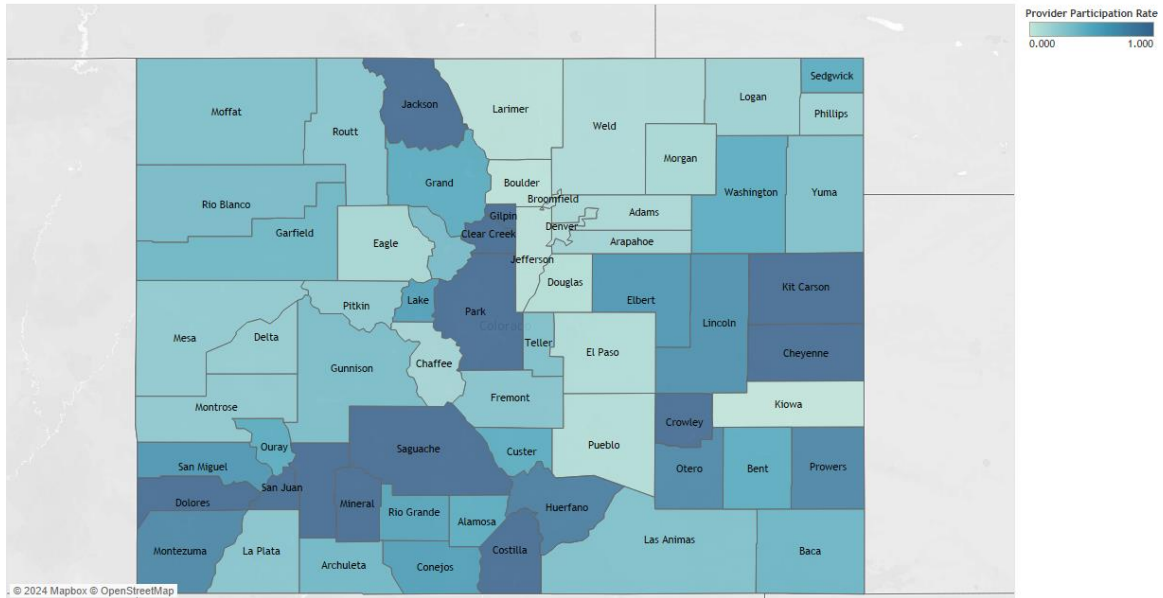


Figure 2

The statewide provider participation rate for EMT services decreased by more than 50% from 2020 to 2022 (Figure 3).

Provider Participation - EMT

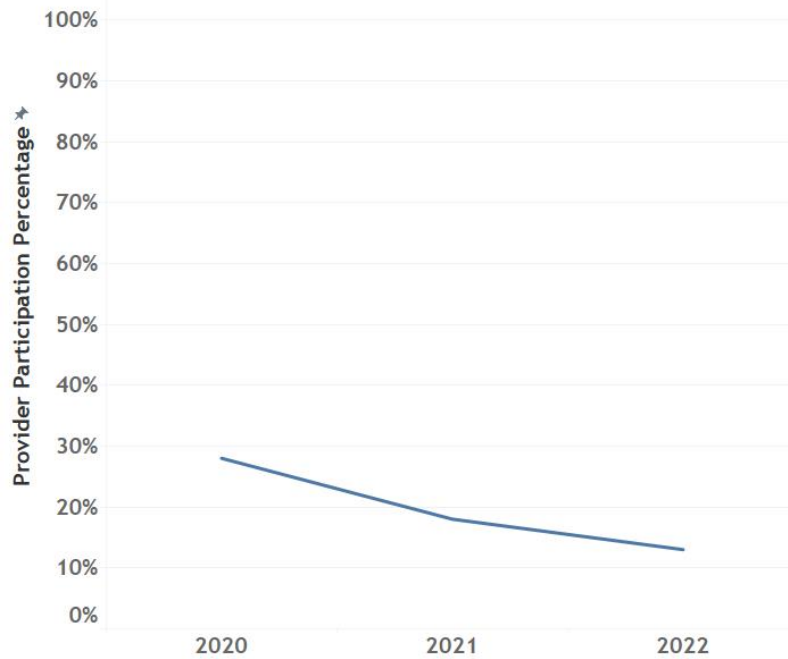


Figure 3

Penetration Rate

The penetration rate analysis (Figure 4) considers the number of members that utilized services in the EMT category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

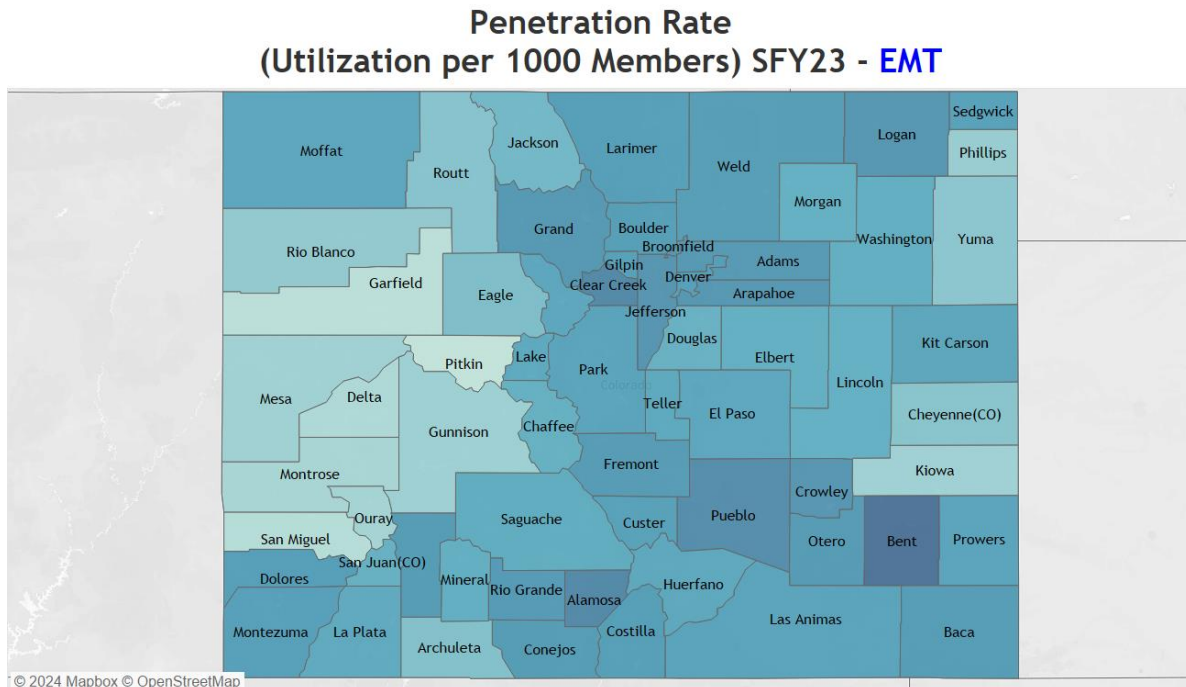


Figure 4

Special Provider

The special provider analysis (Figure 5) considers the percentage of active providers with only one Medicaid member for the EMT service category during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). Two providers had dramatic decreases in the numbers of members they served over these three fiscal years. One of these two providers had a 48.7% decrease in members served from SFY21 to SFY22 and a 97.5% decrease in members served from SFY22 to SFY23. The other provider had a 75% decrease in members served from SFY21 to SFY22 and another 75% decrease in members served from SFY22 to SFY23.

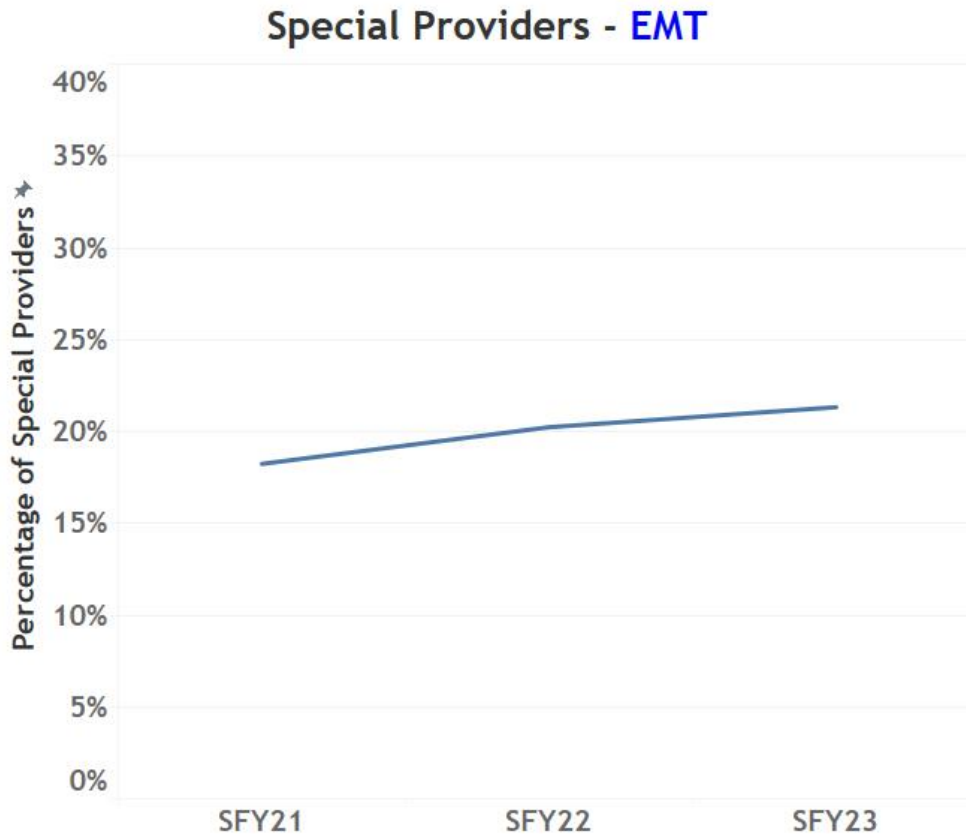


Figure 5

Price Per Service²

The price per service analysis (Figure 6) shows the average allowed amount for the EMT service category during calendar years 2020-2022 (January 1, 2020 - December 31, 2022) based on the line level claim data for each procedure code. The statewide Medicaid reimbursement rate for EMT services increased by 77% from 2020 to 2022, rising from \$119 in 2020 to \$211 in 2022.

²This metric was provided by the Center for Improving Value in Health Care (CIVHC) based on calendar year data (same as other service categories). Suppression is used on this metric if there are less than 30 utilizing members or less than 11 claims.

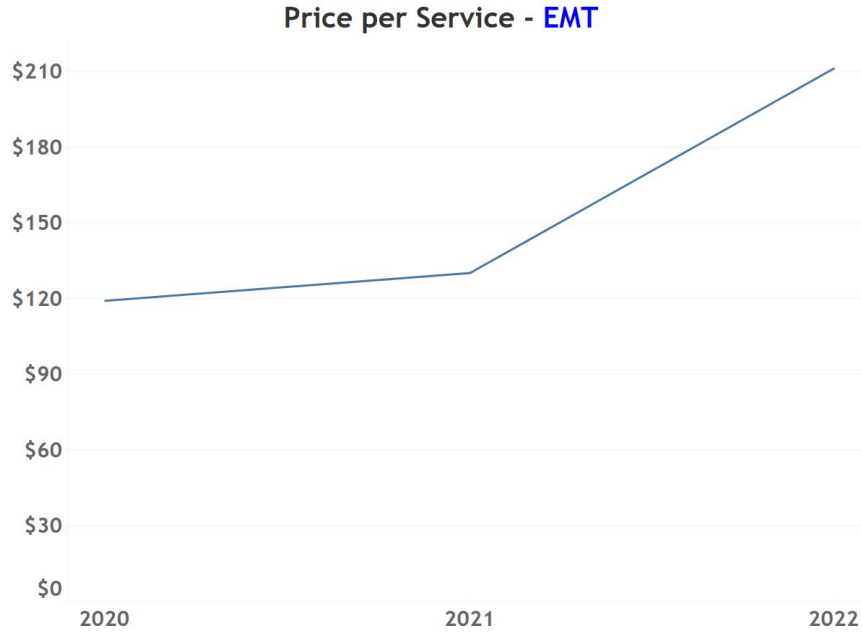


Figure 6

The payer rate (Figure 7) refers to the average allowed amount by different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicare paid more than twice as much as Medicaid, while commercial insurance paid more than 10 times as much as Medicaid for EMT services. This large difference is driven by the high percentage of out-of-network claims (53.73%) paid by commercial insurance; in contrast, the percentage of out-of-network claims paid by Medicaid was only 1.64%.

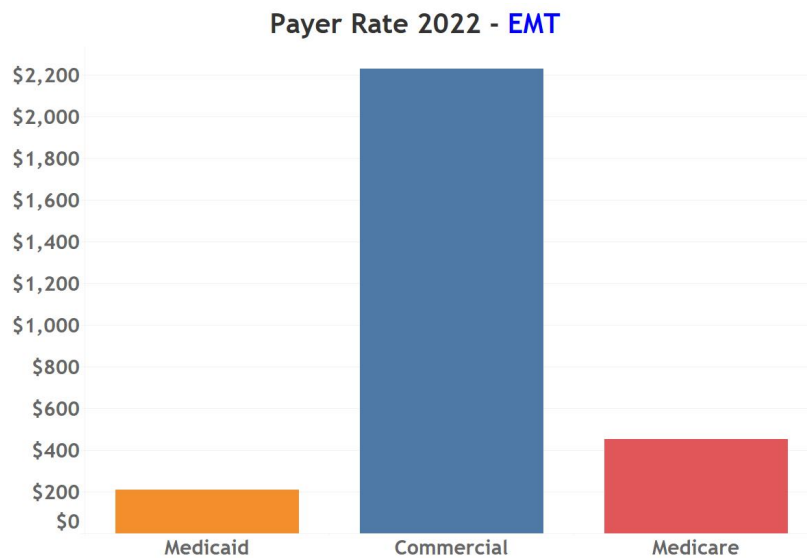


Figure 7

Non-Emergent Medical Transportation (NEMT)

Service Description

NEMT services provide transportation to and from Medicaid benefits and services, and are available to all Medicaid members who receive full State Plan benefits.

NEMT services were compared to 14 other states (Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Illinois, Montana, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, Wisconsin) and Medicare.

Email to NEMT Providers Regarding Fraud Investigation

[Click here](#) to view the email that was sent out on October 26, 2023 to NEMT providers from HCPF.

Qualified Residential Treatment Programs (QRTP)

Service Description

QRTPs are facilities that provide residential trauma-informed treatment designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances. When appropriate, QRTP treatment facilitates the participation of family members, including siblings, in the child's treatment program and documents outreach to family members, including siblings. QRTP is a new service category as of 2021. Due to federal rule changes restricting the ability to reimburse RCCFs, many RCCFs transitioned into QRTPs. QRTP services were compared to 4 other states (Iowa, North Dakota, Kansas, and Nebraska).

Panel Size

The panel size analysis (Figure 8) considers the number of utilizers per provider for the QRTP category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The decreasing trend for the urban category is caused by an increase in providers for this service category.

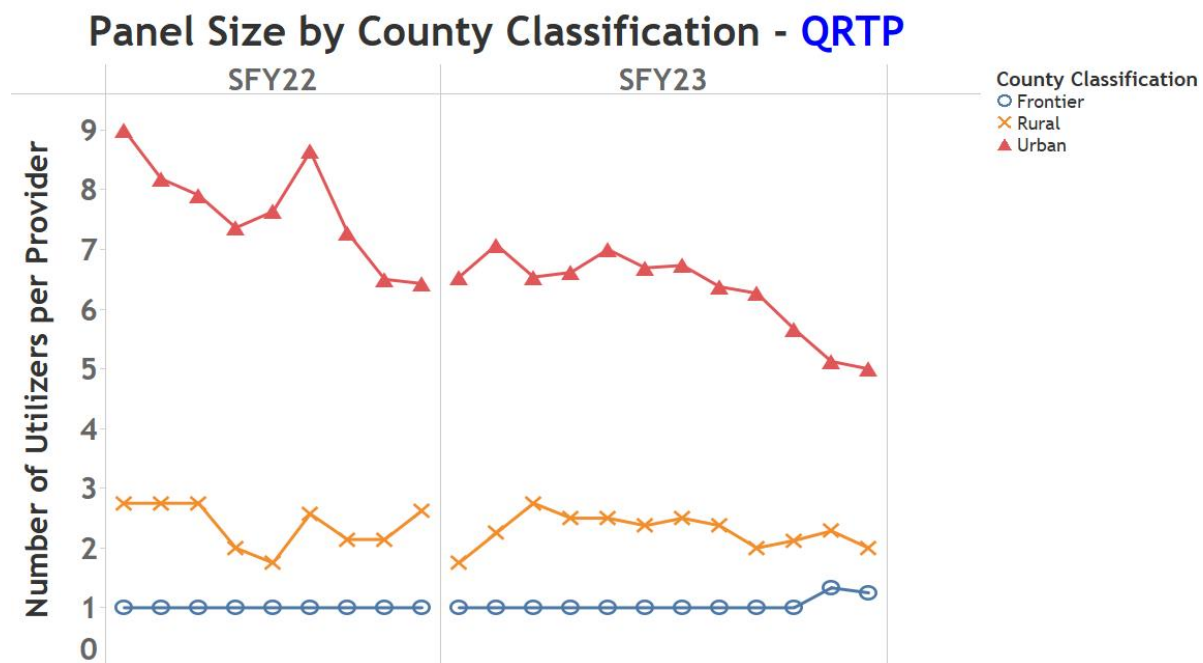


Figure 8

Penetration Rate

The penetration rate analysis (Figure 9) considers the number of members that utilized services in the QRTP category per every 1000 Medicaid members in every

county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

Penetration Rate (Utilization per 1000 Members) SFY23 - QRTP

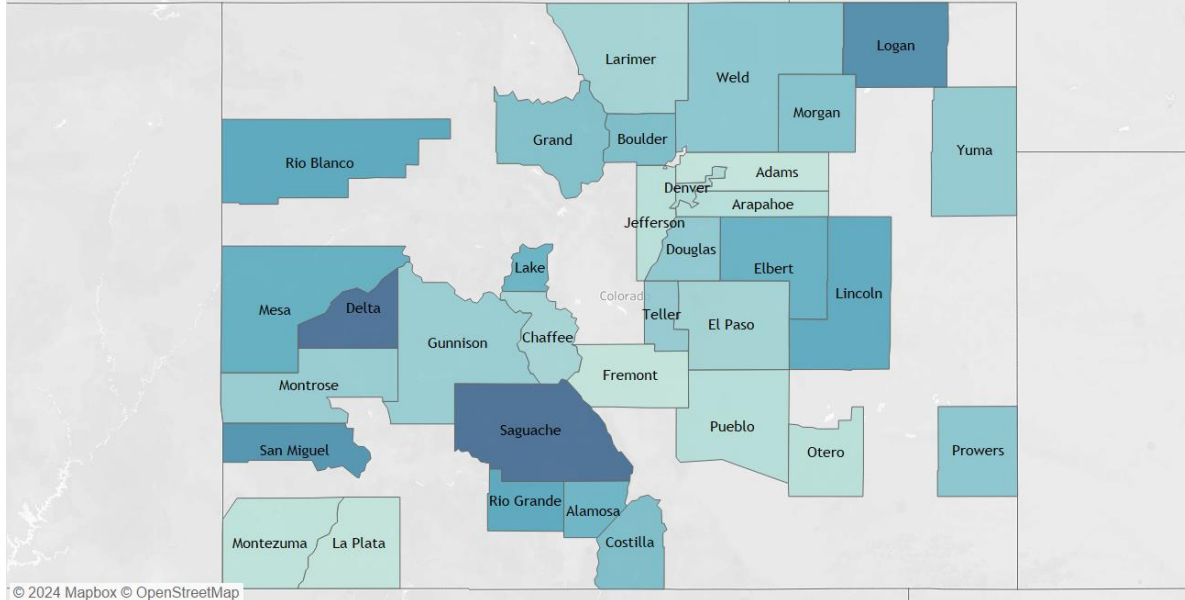


Figure 9

Psychiatric Residential Treatment Programs (PRTF)

Service Description

PRTFs provide comprehensive mental health treatment to children and adolescents (youth) who, due to mental illness, substance abuse, or severe emotional disturbance, need treatment that can most effectively be provided in a residential treatment facility. PRTF services are provided under the direction of a physician.

PRTF services were compared to 6 other states (Arizona, Georgia, Ohio, Oklahoma, Oregon, and Washington).

Panel Size

The panel size analysis (Figure 10) considers the number of utilizers per provider for the PRTF category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). For PRTF, the panel size in both urban and rural areas experienced a large increase from SFY22 to SFY23. These increases were caused by increases in the numbers of utilizers in rural and urban areas while the provider numbers remained consistent.

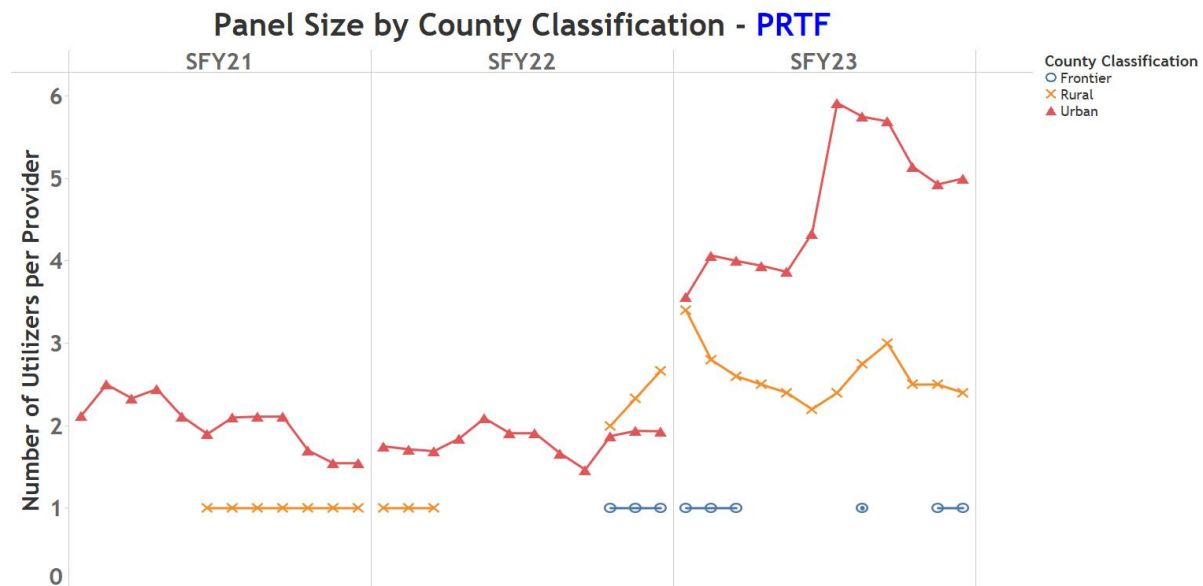


Figure 10

Provider Participation

The provider participation rate (Figure 11) identifies the percentage of providers in Colorado that serves Medicaid members for the PRTF service category. In the calendar year 2022, 52% of statewide providers served Medicaid members.

Provider Participation 2022 - PRTF
Statewide Rate: 52%

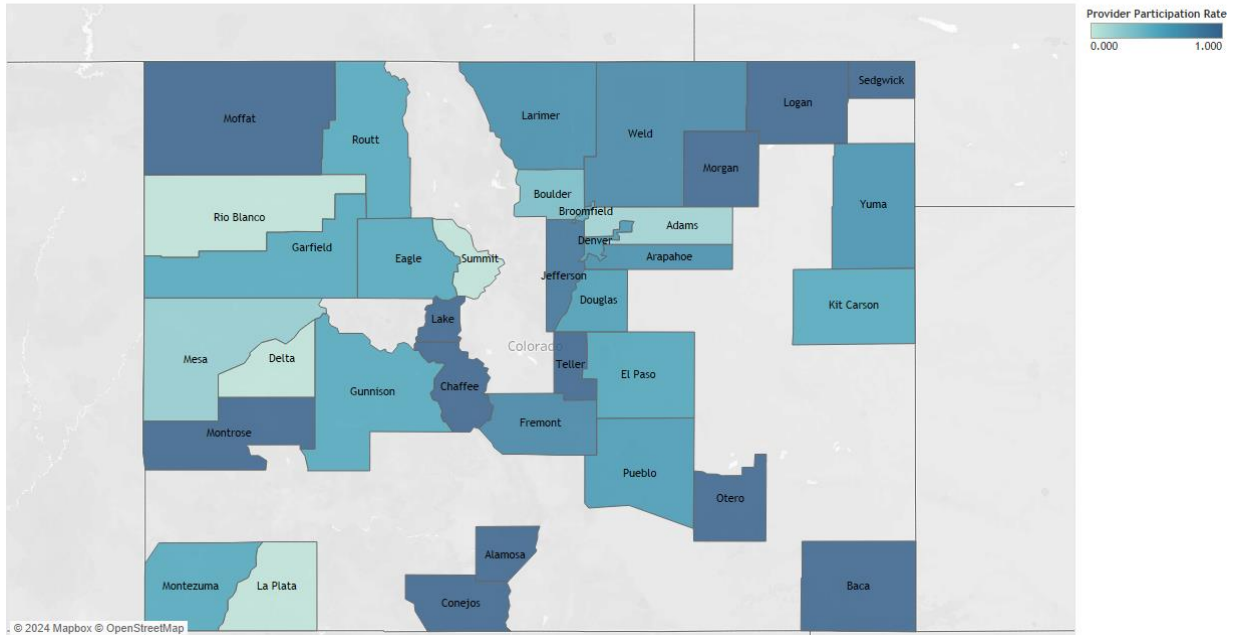


Figure 11

The statewide provider participation rate for the PRTF service category remained the same at 56% in 2020 and 2021, but had a slight drop to 52% in 2022 (Figure 12).

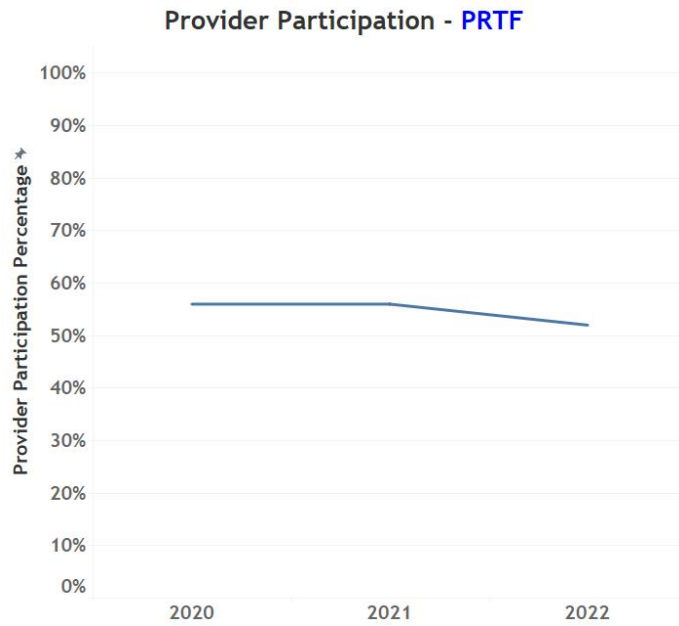


Figure 12

Penetration Rate

The penetration rate analysis (Figure 13) considers the number of members that utilized services in the PRTF category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

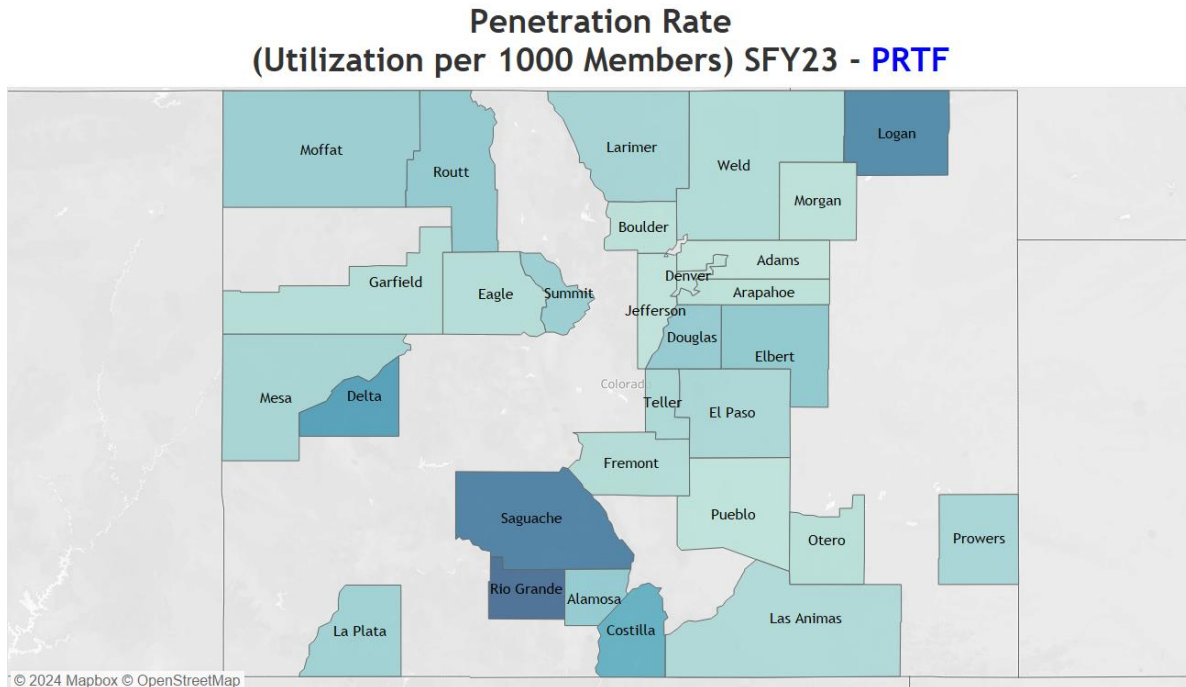


Figure 13

Price Per Service

The price per service analysis (Figure 14) shows the average allowed amount for the PRTF service category during calendar years 2020-2022 (January 1, 2020 - December 31, 2022) based on the line level claim data for each procedure code. The statewide Medicaid price per service for the PRTF service category decreased by 14% from 2020 to 2021, followed by a 62% increase from 2021 to 2022, changing from \$369 in 2020 to \$318 in 2021, and reaching \$514 in 2022.

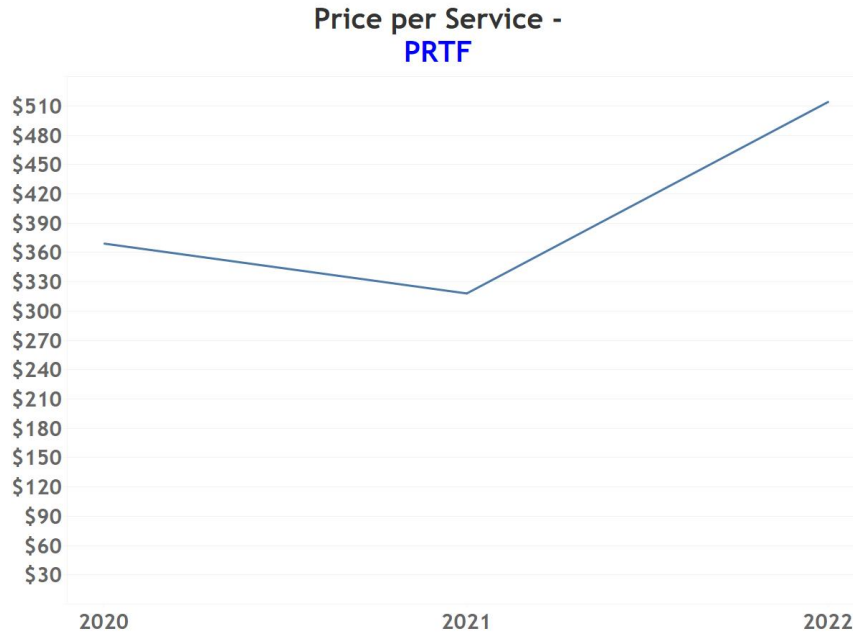


Figure 14

The payer rate (Figure 15) refers to the average allowed amount from different payers (i.e., Medicaid or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid paid 46% less than commercial insurance companies for PRTF services. As PRTF services are for members under the age of 21, there is no Medicare data.

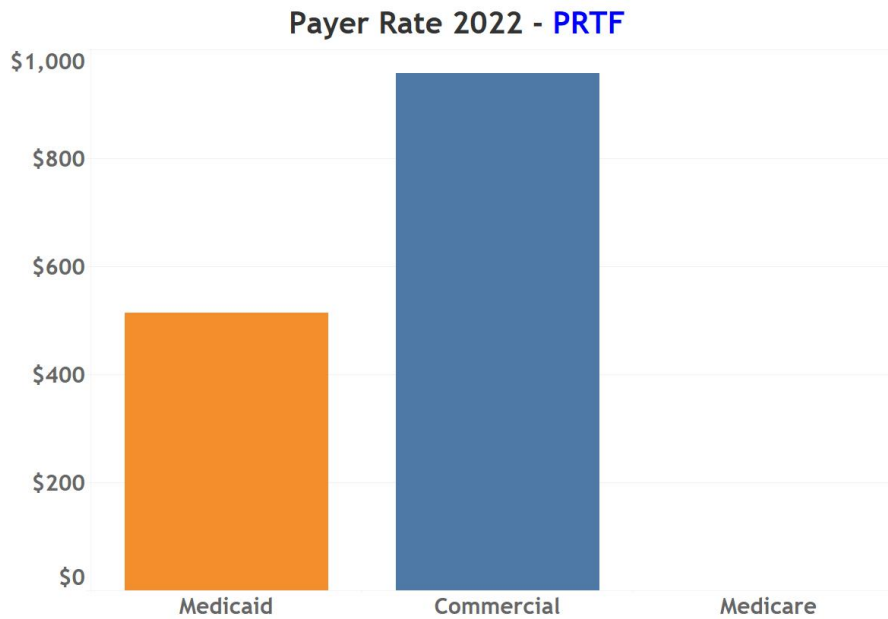


Figure 15

Physician Services - Sleep Studies

Service Description

Sleep studies and polysomnography refer to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with six or more hours of recording with physician review, interpretation and report. The studies are performed to diagnose a variety of sleep disorders and to evaluate a patient's response to therapies such as continuous positive airway pressure (CPAP). Polysomnography is distinguished from sleep studies by the inclusion of sleep staging. Sleep studies and polysomnography are typically provided by hospitals, clinics, independent laboratories, or Independent Diagnostic Testing Facilities (IDTF). IDTFs enroll with Colorado Medicaid as Provider Type 16 (Clinic) or Provider Type 25 (Non-physician practitioner - group). Sleep studies and polysomnography fall under Physician Services and are available, as medically necessary, to all Medicaid members who receive full State Plan benefits.

Sleep study services were compared to Medicare.

Panel Size

The panel size analysis (Figure 16) considers the number of utilizers per provider for the sleep studies category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The significant reduction in panel size across urban areas can be attributed to a decrease in utilization. Conversely, the slight increase in panel size within rural and frontier areas is explained by an overall increase in utilization from January to June 2023.

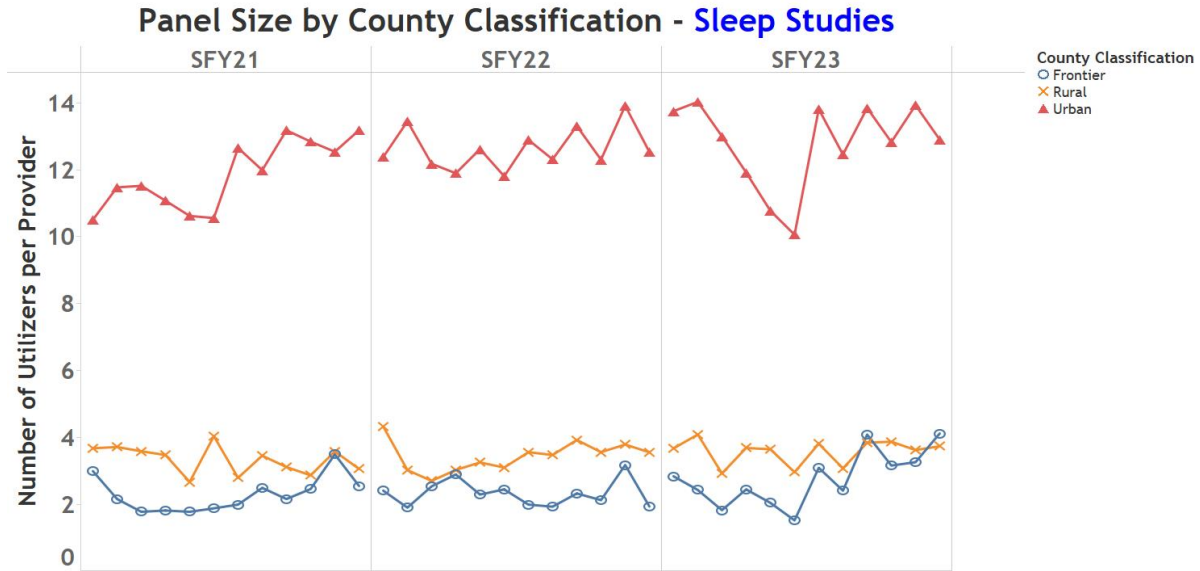


Figure 16

Provider Participation

The provider participation rate (Figure 17) identifies the percentage of providers in Colorado that serves Medicaid members for the sleep studies service category. In the calendar year 2022, 11% of providers statewide served Medicaid members. A darker blue color indicates a higher provider participation rate.

Provider Participation 2022 - Sleep Studies Statewide Rate: 11%

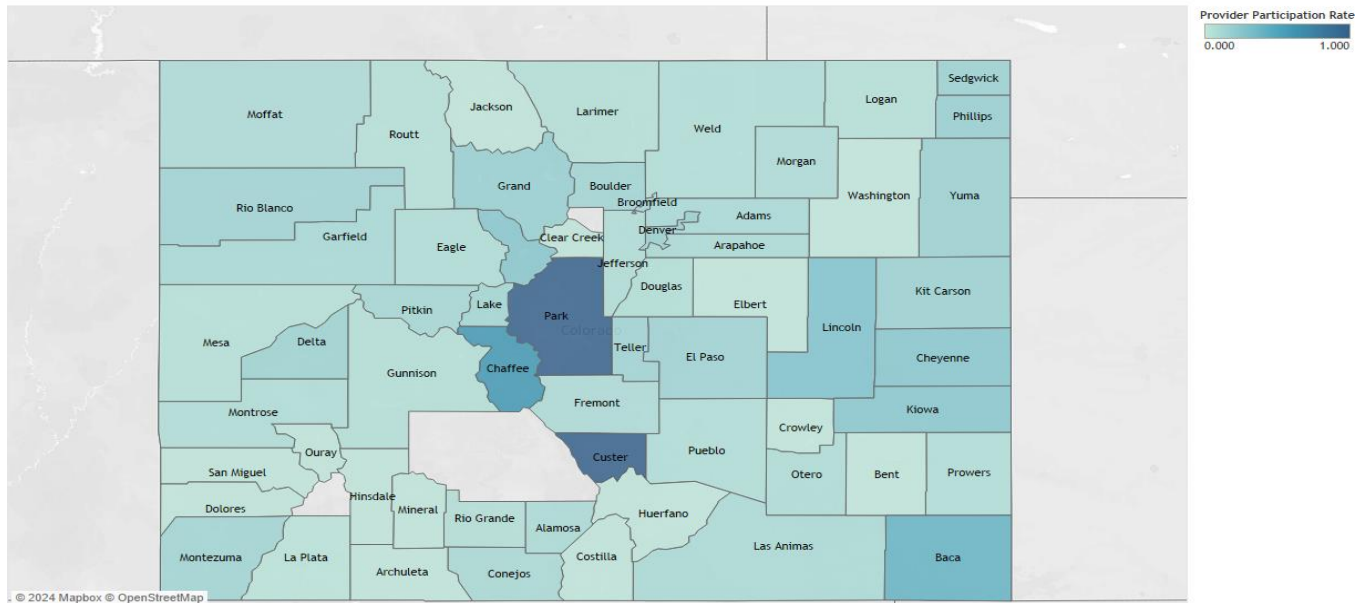


Figure 17

Although the statewide provider participation rate for the sleep studies service category remained low from 2020 to 2022, it had a very slight increase from a 9% participation in 2020 to 11% in 2022 (Figure 18).

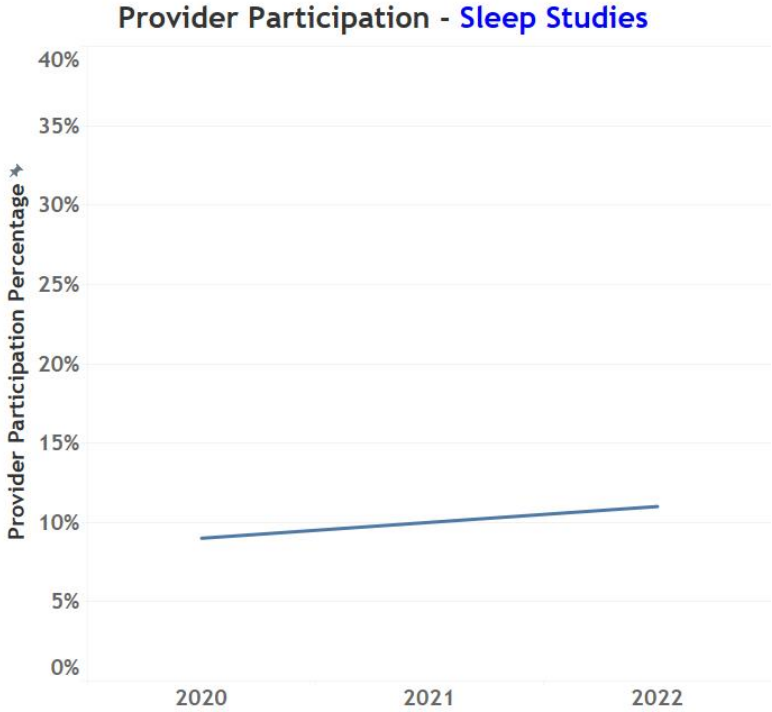


Figure 18

Penetration Rate

The penetration rate analysis (Figure 19) considers the number of members that utilized services in the sleep studies category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

Penetration Rate (Utilization per 1000 Members) SFY23 - Sleep Studies

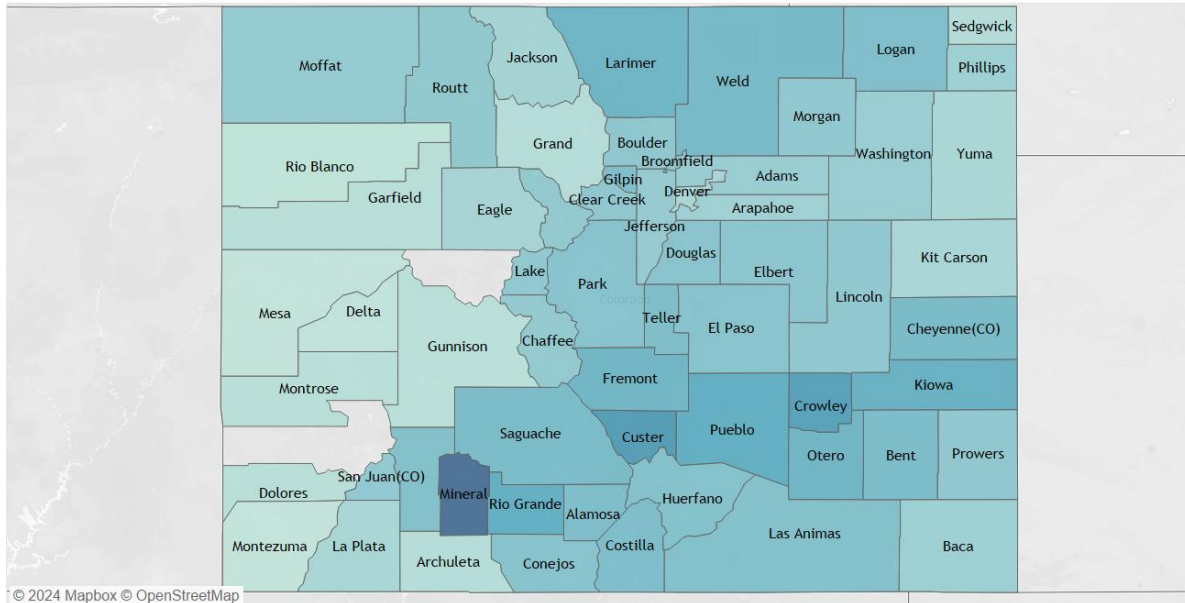


Figure 19

Special Provider

The special provider analysis (Figure 20) considers the percentage of active providers with only one Medicaid member for the sleep studies service category during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).

The percentage of special providers increased in SFY22 but then decreased in SFY23. Specifically, one provider had a non-negligible decrease in the number of members served during SFY21-SFY22. This provider had a 89% decrease in members served from SFY21 to SFY22.

Special Providers - Sleep Studies

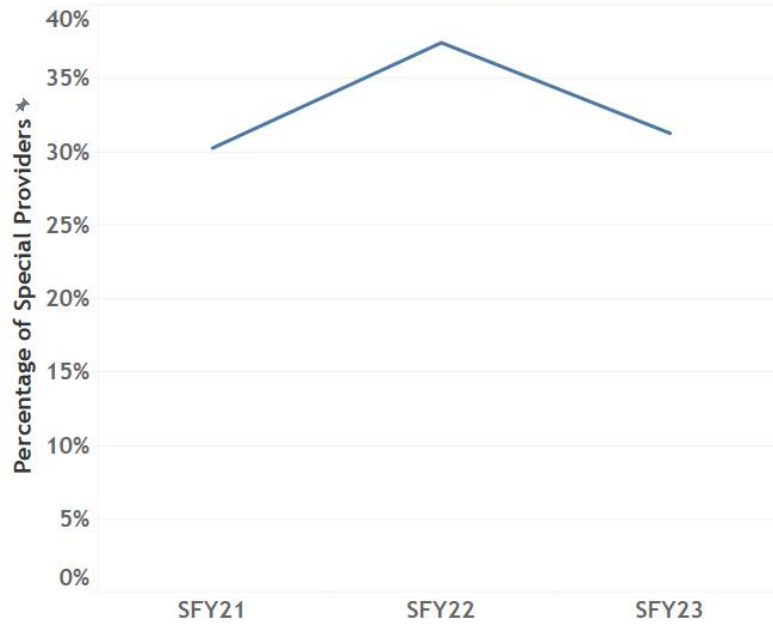


Figure 20

Physician Services - EEG Ambulatory Monitoring Codes

Service Description

Electroencephalogram (EEG) is a test that measures the electrical activity in the brain using small, metal discs. EEGs can help diagnose brain disorders, especially epilepsy or other seizure disorders. Ambulatory EEG monitoring is an EEG that is recorded at home. Ambulatory EEGs are typically provided by hospitals, clinics, or Independent Diagnostic Testing Facilities (IDTF). IDTFs enroll with Colorado Medicaid as Provider Type 16 (Clinic) or Provider Type 25 (Non-physician practitioner - group). Ambulatory EEGs fall under Physician Services and are available, as medically necessary, to all Medicaid members who receive full State Plan benefits.

EEG ambulatory monitoring services were compared to Medicare.

Panel Size

The panel size analysis (Figure 21) considers the number of utilizers per provider for the EEG ambulatory monitoring category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023).

Panel Size by County Classification - EEG Ambulatory Monitoring

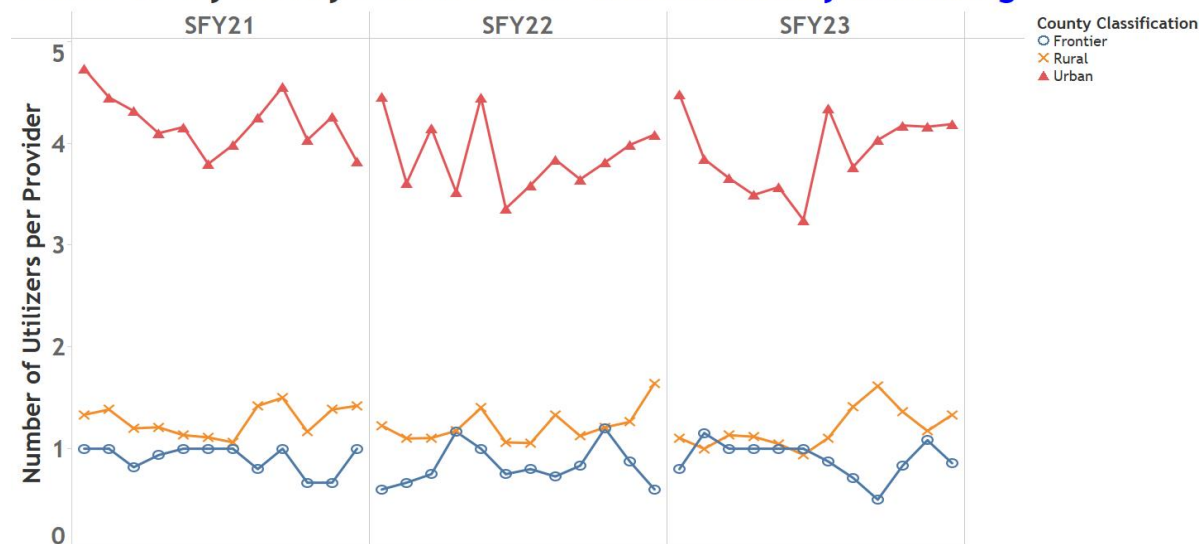


Figure 21

Provider Participation

The provider participation rate (Figure 22) identifies the percentage of providers in Colorado that serves Medicaid members for the EEG ambulatory monitoring

service category. In the calendar year 2022, 32% of statewide providers served Medicaid members.

Provider Participation 2022 - EEG Ambulatory Monitoring
Statewide Rate: 32%

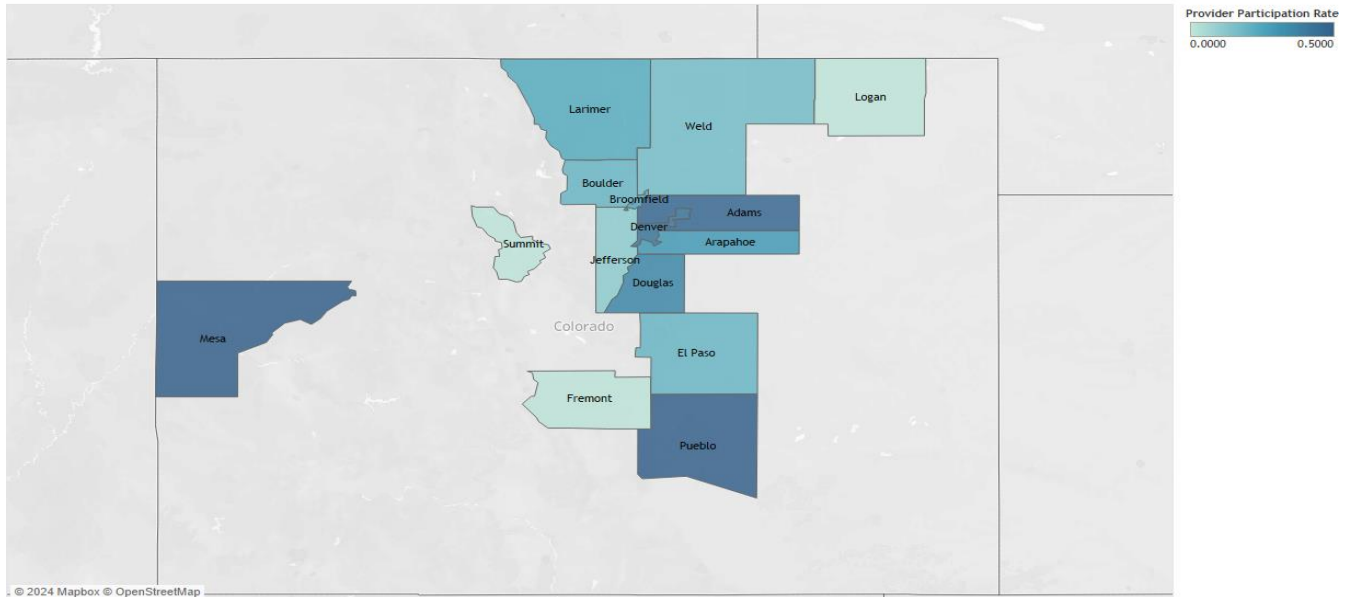


Figure 22

The statewide provider participation rate for the EEG ambulatory monitoring service category decreased by 28% from 2020 to 2022 (Figure 23).

Provider Participation - EEG Ambulatory Monitoring

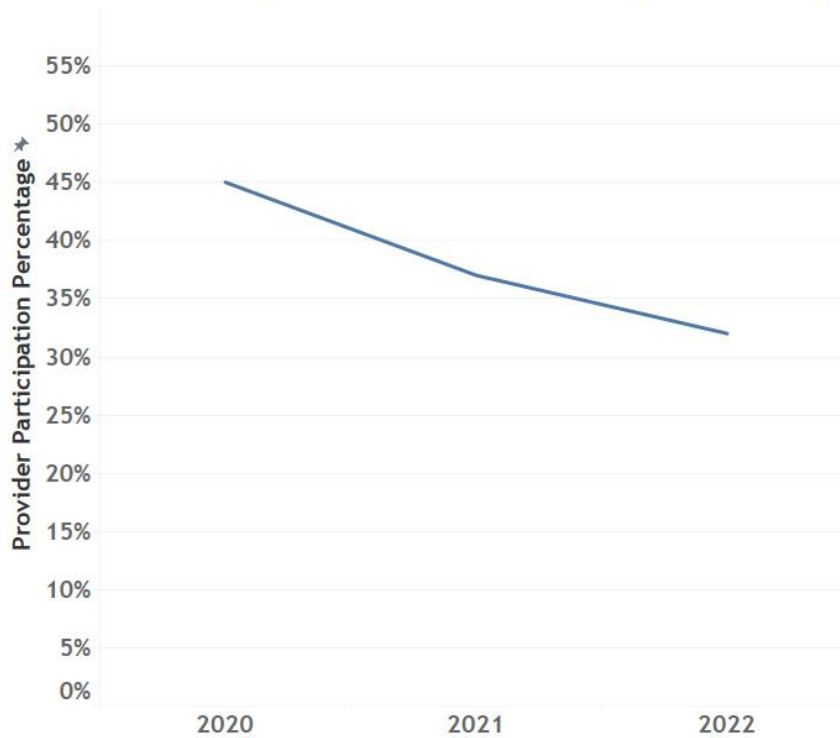


Figure 23

Penetration Rate

The penetration rate analysis (Figure 24) considers the number of members that utilized services in the EEG ambulatory monitoring category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

Penetration Rate (Utilization per 1000 Members) SFY23 - EEG Ambulatory Monitoring

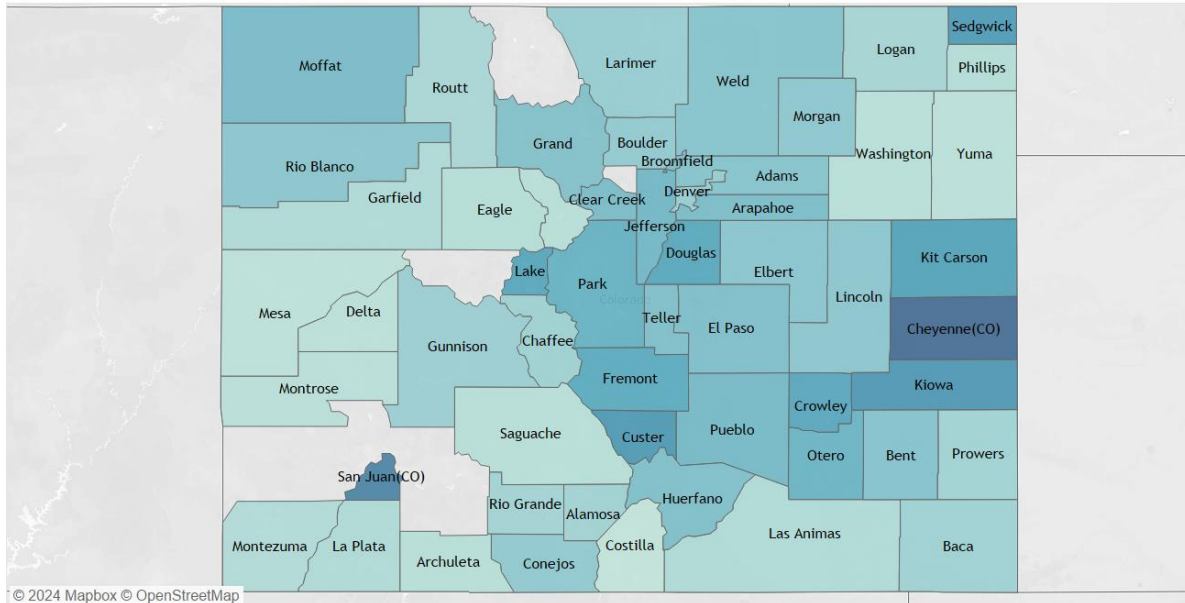


Figure 24

Special Provider

The special provider analysis (Figure 25) considers the percentage of active providers with only one Medicaid member for the EEG ambulatory monitoring service category during fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The special provider percentage decreased from FY21 to FY23. Despite the declining trend, one provider had a non-negligible drop in the number of members it served over these three state fiscal years. This provider had a 55.6% decrease in members served from SFY21 to SFY22 and a 75% decrease in members served from SFY22 to SFY23.

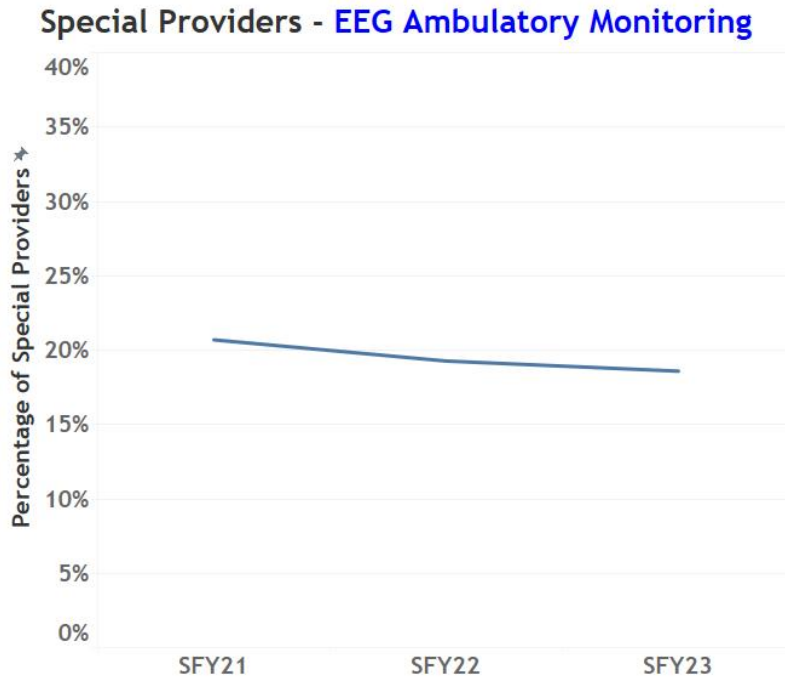


Figure 25

Price Per Service

The price per service analysis (Figure 26) shows the average allowed amount for the EEG ambulatory monitoring service category during calendar years 2020-2022 (January 1, 2020 - December 31, 2022) based on the line level claim data for each procedure code.

The statewide Medicaid price per service for the EEG ambulatory monitoring service category increased by 8% from 2020 to 2022, rising from \$295 in 2020 to \$320 in 2022.

**Price per Service -
EEG Ambulatory Monitoring**

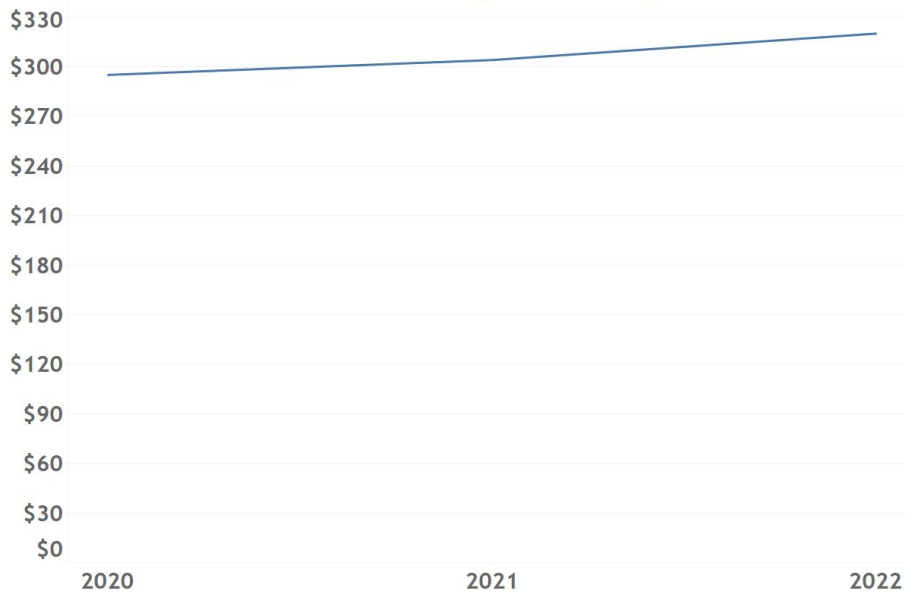


Figure 26

The payer rate (Figure 27) refers to the average allowed amount from different payers (i.e., Medicaid, Medicare, or commercial insurance companies) for the same service category. In the calendar year of 2022, Medicaid paid slightly higher than Medicare, while commercial insurance companies paid more than 3 times as much as Medicaid for EEG ambulatory monitoring services.

Payer Rate 2022 - EEG Ambulatory Monitoring

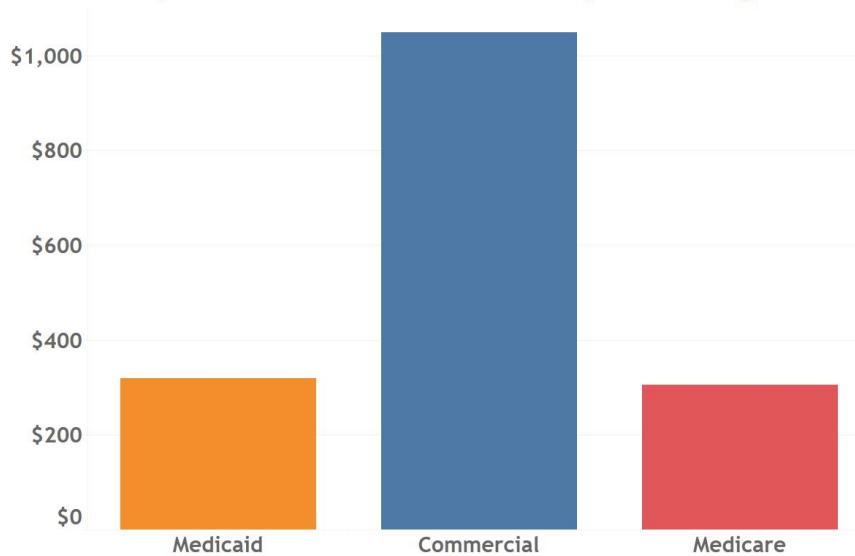


Figure 27

Fee-for-service (FFS) Behavioral Health Substance Use Disorder (SUD) Codes

Service Description

Substance Use Disorder (SUD) coverage includes the continuum of care services delivered in accordance with ASAM (American Society of Addiction Medicine) criteria. This continuum includes preventative care; outpatient care; high intensity outpatient care; residential and inpatient hospital care; and Medication Assisted Treatment (MAT), Screening, and Assessments.

SUD codes were compared to 5 other states (Maryland, Massachusetts, Missouri, Ohio, Washington) and Washington D.C.

Panel Size

The panel size analysis (Figure 28) considers the number of utilizers per provider for the FFS Behavioral Health SUD category in each RAE region during state fiscal years 2021 - 2023 (July 1, 2020 - June 30, 2023). This visual shows that there were notable fluctuations month-to-month across SFY 2021 - SFY 2023, especially among urban regions, where the panel size ranged from 2.1 to 8.3. This was driven by fluctuations in the number of active providers and utilizers. For instance, there was a significant decrease in active providers and an increase in utilization from the beginning to the end of SFY 2023, which explains the increasing panel size. Fluctuations were also observed in rural areas, where panel size ranged from 0.7 to 6.0, though the shifts in utilizers to providers were less pronounced. In contrast, the number in frontier areas ranged from 0.5 to 2.0 and remained relatively constant, though some months had zero utilization.

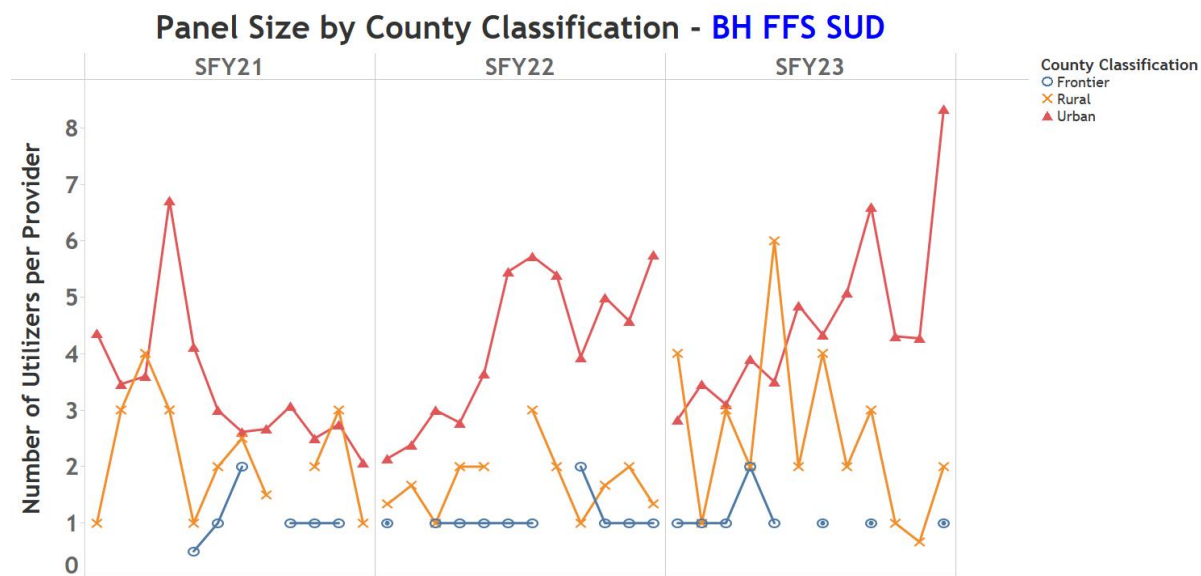


Figure 28

Penetration Rate

The penetration rate analysis (Figure 29) considers the number of members that utilized services in the FFS Behavioral Health SUD category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

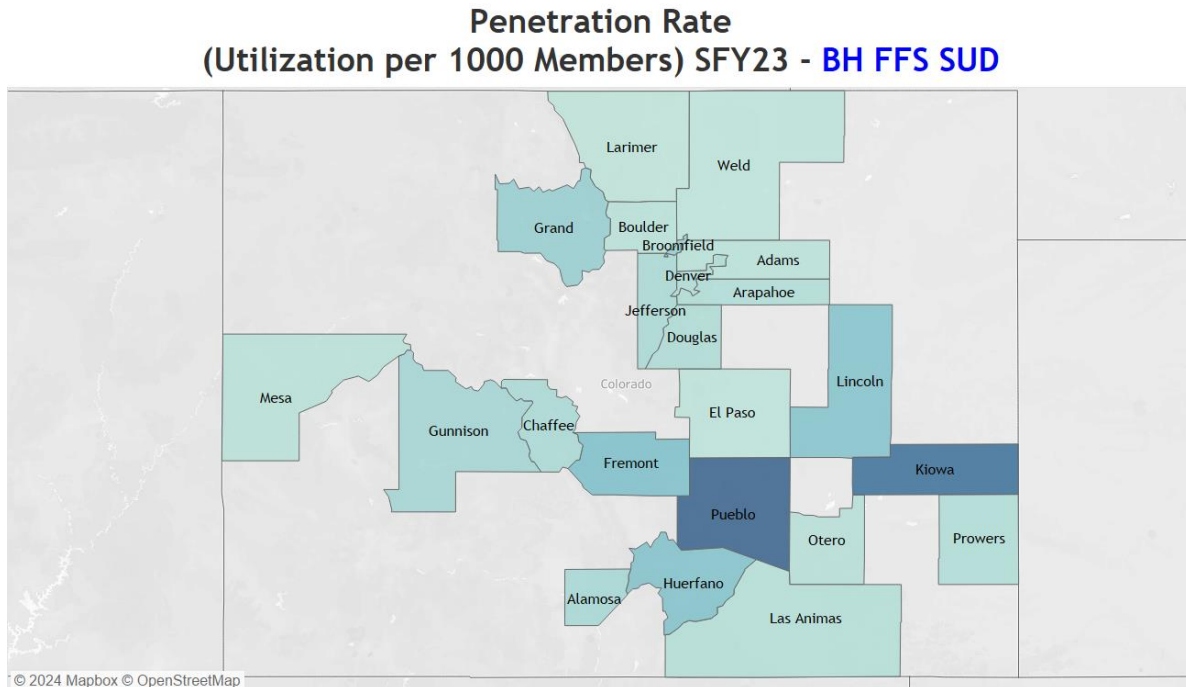


Figure 29

Telemedicine Accessibility

The first part of the telemedicine analysis (Figure 30) considers the percentage of individual members who received at least one service through telemedicine in the FFS BH SUD service category during state fiscal years (SFY) 2021 - 2023. Across these years, the percentage of individual members that utilized telemedicine FFS BH SUD services was moderately high. This percentage increased slightly from SFY21 - SFY22, then decreased 3.85% from SFY22 - SFY23.

Members Utilizing Telemedicine Services - BH FFS SUD

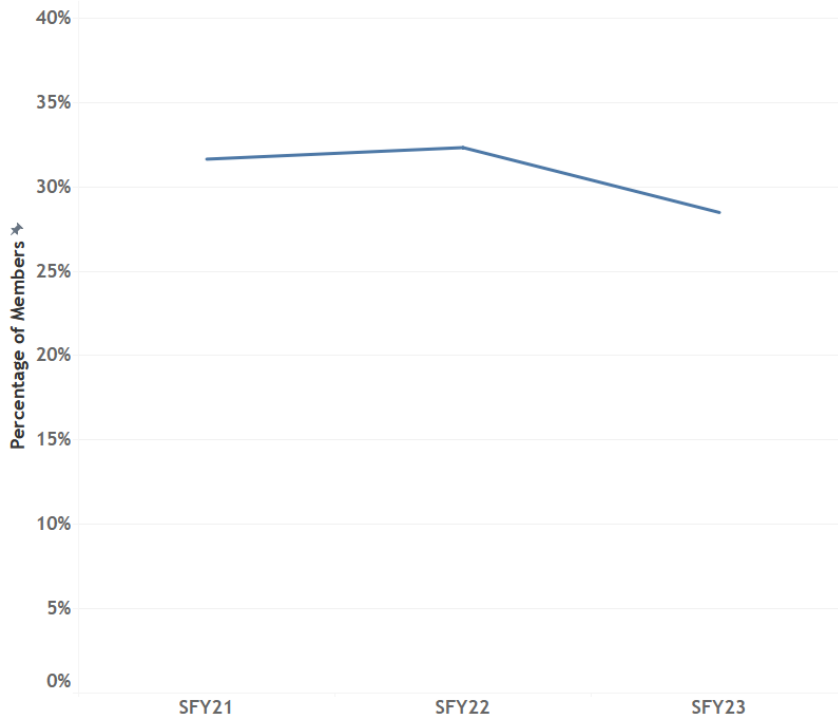


Figure 30

The second part of the telemedicine analysis (Figure 31) considers the percentage of total visits that were delivered through telemedicine across state fiscal years (SFY) 2021 - 2023. From SFY 2021-2023, the percentage of total visits that were delivered through telemedicine for FFS BH SUD services was low. This percentage decreased from SFY21 - SFY22, then increased 2.24% from SFY22 - SFY23.

Across SFY 2021 - 2023, the percentage of individual members that utilized at least one telemedicine FFS BH SUD service had an inverse relationship with the overall percentage of telemedicine visits. For SFY21 - SFY22, members that utilized telemedicine, total visits, and telemedicine visits all increased. However, total visits increased at a faster rate than telemedicine visits. Thus, the percentage of telemedicine visits decreased in Figure 31, although the percentage of members utilizing telemedicine in Figure 30 increased. From SFY22 - SFY23, members that utilized telemedicine, total visits and telemedicine visits all decreased. However, total visits decreased at a faster rate than telemedicine visits. Thus, the percentage of telemedicine visits increased during FY22 - FY23, although the percentage of individual members that utilized telemedicine in Figure 30 decreased.

Telemedicine as a Percentage of Total Visits - BH FFS SUD

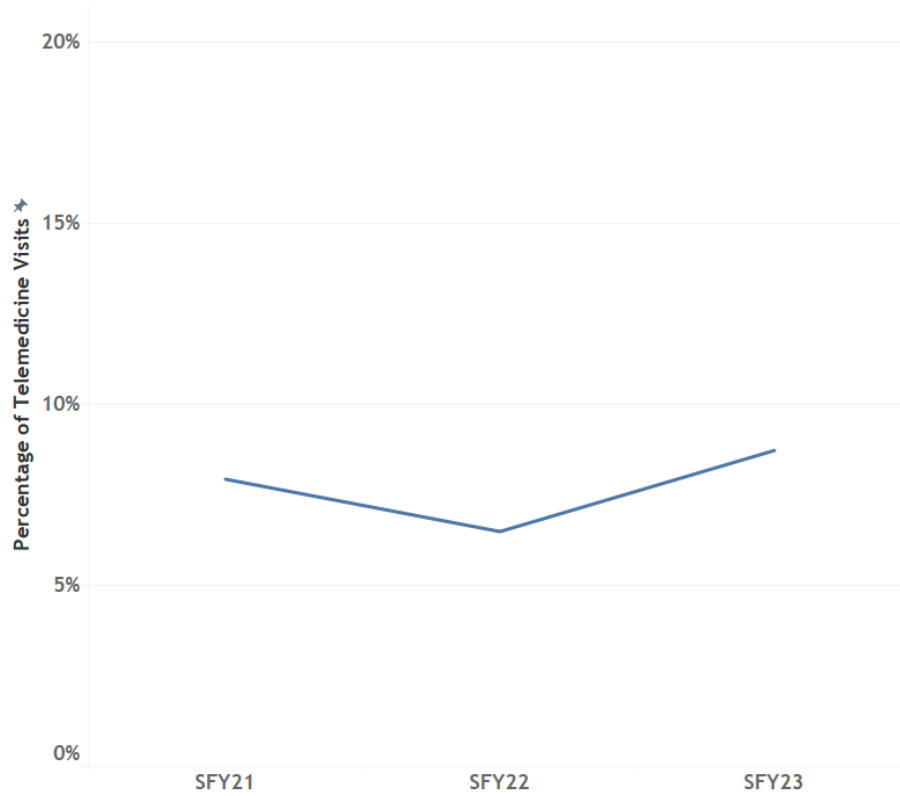


Figure 31

Home Health Services

Service Description

Home health services consist of skilled nursing, certified nurse aide (CNA) services, physical (PT) and occupational therapy (OT) services and speech/language pathology (SLP) services. Home health services are a mandatory State Plan benefit offered to Colorado Medicaid members who need intermittent skilled care. Providers that render home health services must be employed by a class A licensed home health agency. Home health services are provided in home and community settings.

Home health services were compared to 8 other states (Idaho, Illinois, Louisiana, North Carolina, Nebraska, Ohio, Washington, Wisconsin).

Panel Size

The panel size analysis (Figure 32) considers the number of utilizers per provider for the Home Health category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). This visual shows a noticeable increase in urban areas ranging from 81.0 to 113.8. This was caused by a slight drop in active providers but a large increase in utilization. For both frontier and rural areas, this metric remained stable over the same period ranging between 5.2 and 7.0.

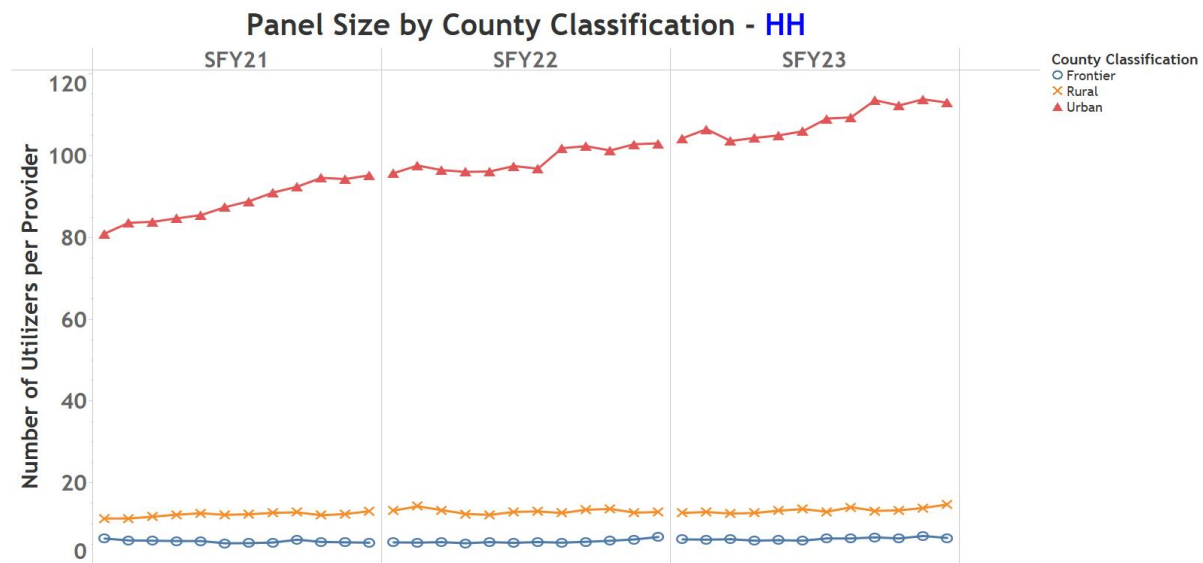


Figure 32

Provider Participation

The provider participation rate (Figure 33) identifies the percentage of providers in Colorado that serves Medicaid members for the home health service category. In the calendar year 2022, 3% of providers statewide served Medicaid members.

Provider Participation 2022 - HH
Statewide Rate: 3%

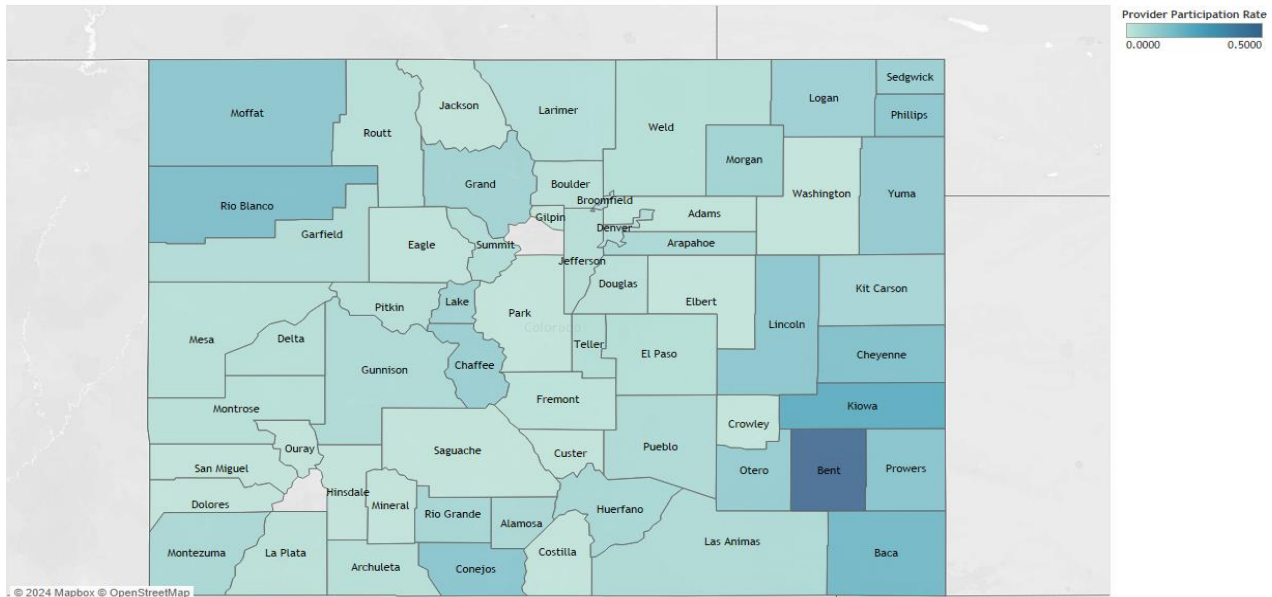


Figure 33

The statewide provider participation rate for the home health service category remained constant at 3% from 2020 to 2022 (Figure 34).

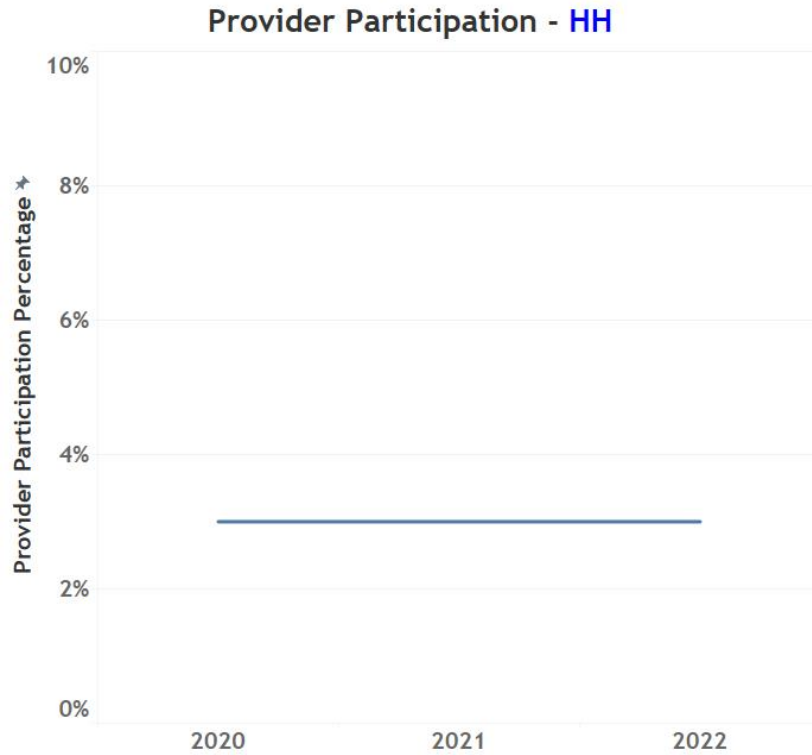


Figure 34

Penetration Rate

The penetration rate analysis (Figure 35) considers the number of members that utilized services in the home health category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

Penetration Rate (Utilization per 1000 Members) SFY23 - HH

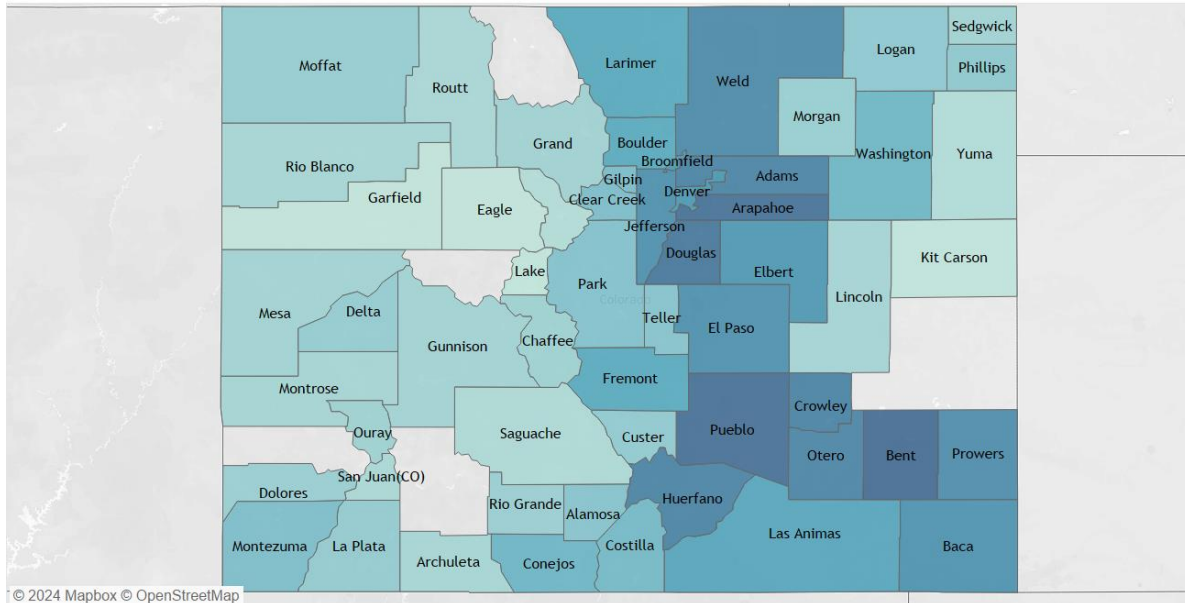


Figure 35

Telemedicine Accessibility

The first part of the telemedicine analysis (Figure 36) considers the percentage of individual members who received at least one service through telemedicine in the home health service category during state fiscal years 2021 - 2023. Although there was a modest increase over the years, the percentage of members that utilized HH telemedicine services remained remarkably low, marginally exceeding 1% in state fiscal year 2023.

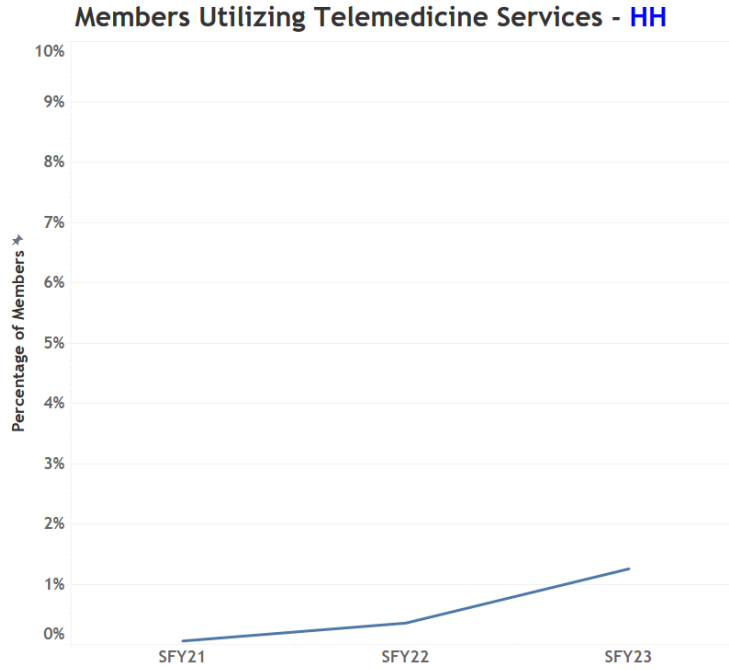


Figure 36

The second part of the telemedicine analysis (Figure 37) considers the percentage of total visits that were delivered through telemedicine across state fiscal years 2022 - 2023. Despite a modest rise over the years, the percentage of home health visits delivered through telemedicine persisted at an exceptionally low level, hovering just above 0%.

Telemedicine as a Percentage of Total Visits - HH

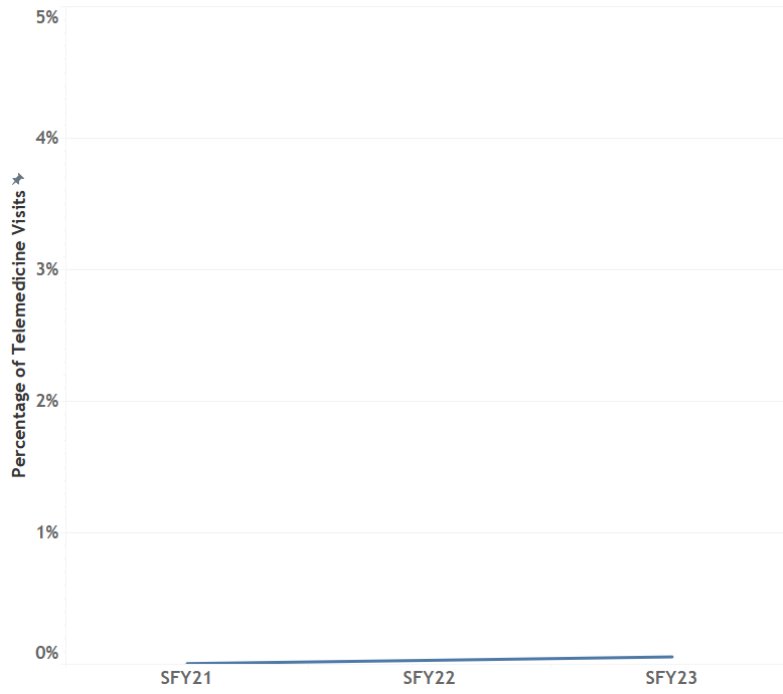


Figure 37

Pediatric Personal Care (PPC)

Service Description

PPC services consist of 17 personal care tasks performed by a non-medically trained caregiver for children ages 0-20 and provided in the member's home. The PPC benefit was implemented in October 2015. PPC services are the lowest level of care in the home health care continuum for children. Colorado is one of three states that provides pediatric personal care services outside of waiver benefits.

PPC services were compared to 6 other states (Washington, Pennsylvania, Arizona, Wisconsin, Nevada, Utah).

Panel Size

The panel size analysis (Figure 38) considers the number of utilizers per provider for the PPC category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). In rural areas, this metric predominantly remained at 1.0, with only a couple months registering 2.0. Similarly, in frontier areas, it consistently remained at 1.0 before the service concluded in December 2022. The average panel size over these three years for urban areas showed a slight increasing trend. However, monthly variations were significant due to the limited number of providers (7 active providers).

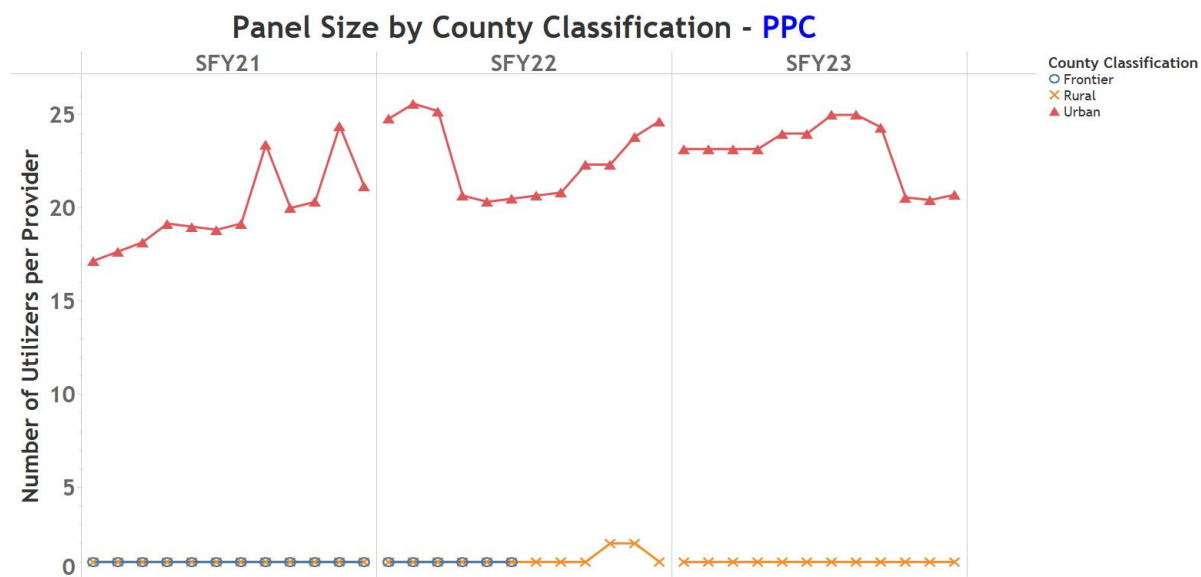


Figure 38

Provider Participation

The provider participation rate (Figure 39) identifies the percentage of providers in Colorado that serves Medicaid members for the pediatric personal care service

category. In the calendar year 2022, 99% of statewide providers served Medicaid members.

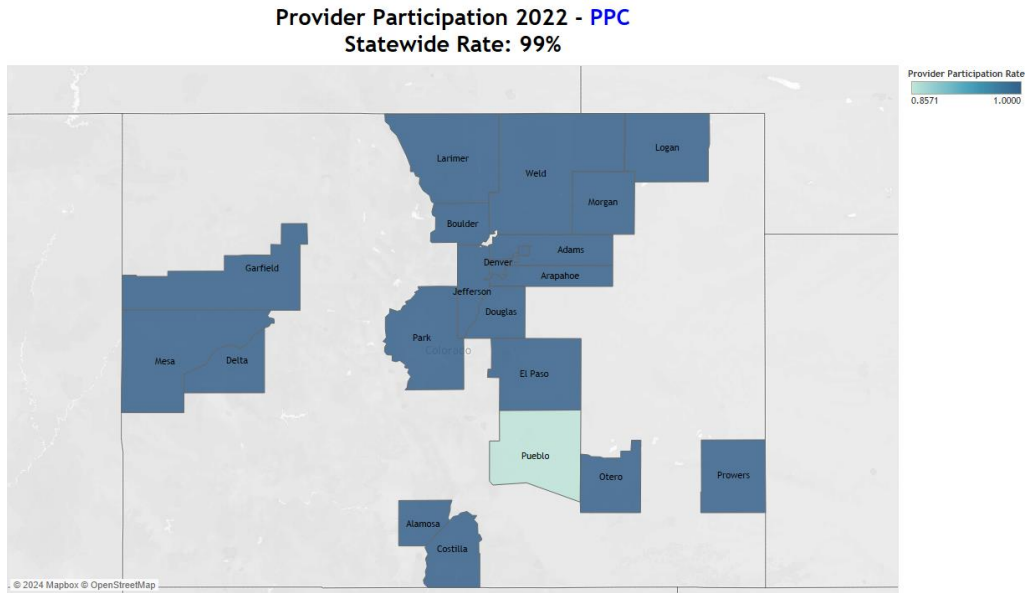


Figure 39

The statewide provider participation rate for the pediatric personal care service category remained relatively stable from 2020 to 2022, ranging between 99% and 100% (Figure 40).

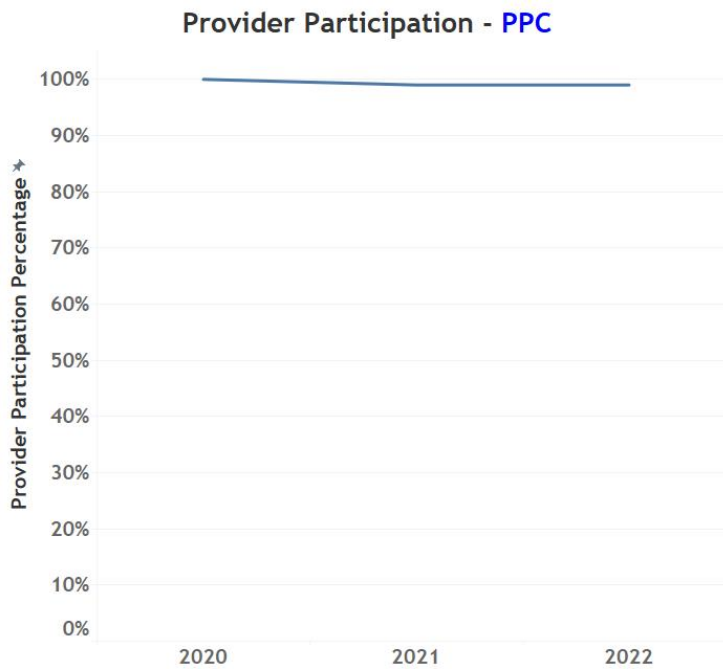


Figure 40

Penetration Rate

The penetration rate analysis (Figure 41) considers the number of members that utilized services in the PPC category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

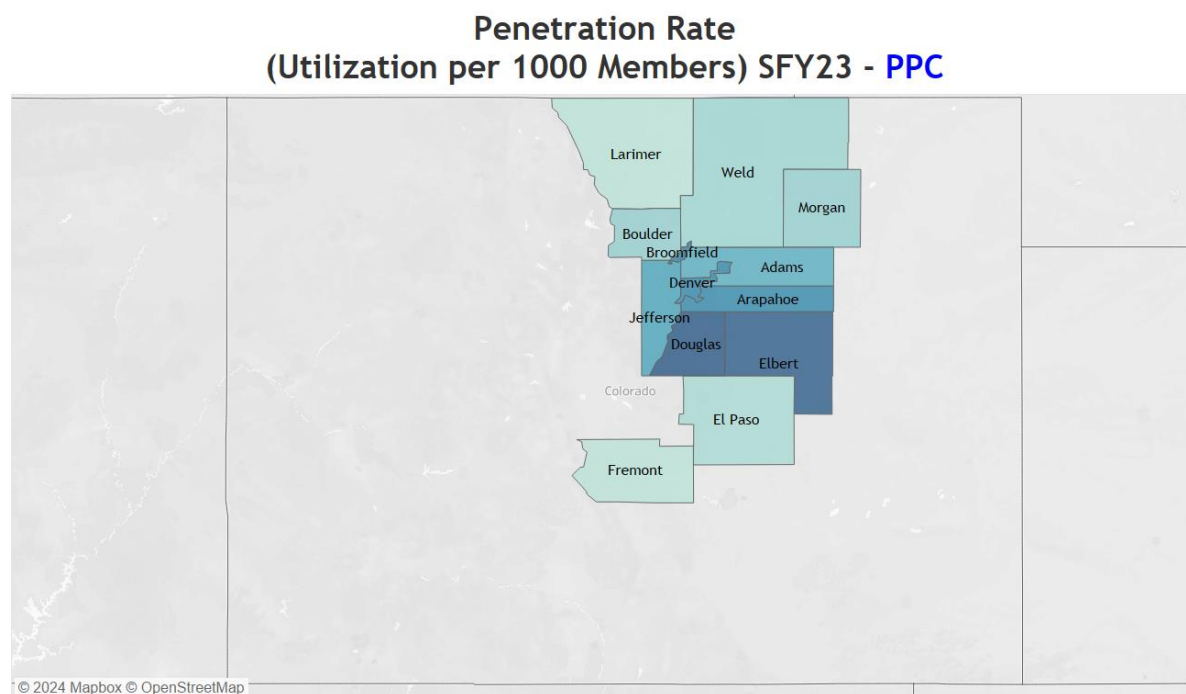


Figure 41

Private Duty Nursing (PDN)

Service Description

PDN services consist of continuous skilled nursing care provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) for Colorado Medicaid members who are dependent on medical technology. PDN services are meant to provide care to members who need a higher level of care than is available in the home health benefit. PDN services are performed by an RN or LPN in the member's home. The PDN benefit is an optional benefit provided through Medicaid agencies; Colorado is one of 25 states that reimburses for PDN services.

PDN services were compared to 7 other states (California, Illinois, Louisiana, North Carolina, Nebraska, Washington, Massachusetts).

Panel Size

The panel size analysis (Figure 42) considers the number of utilizers per provider for the PDN category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). Both frontier and rural areas maintained a very stable panel size through these years. In contrast, urban areas exhibited a constantly decreasing trend in this metric over the same period due to a decline in number of members using PDN services.

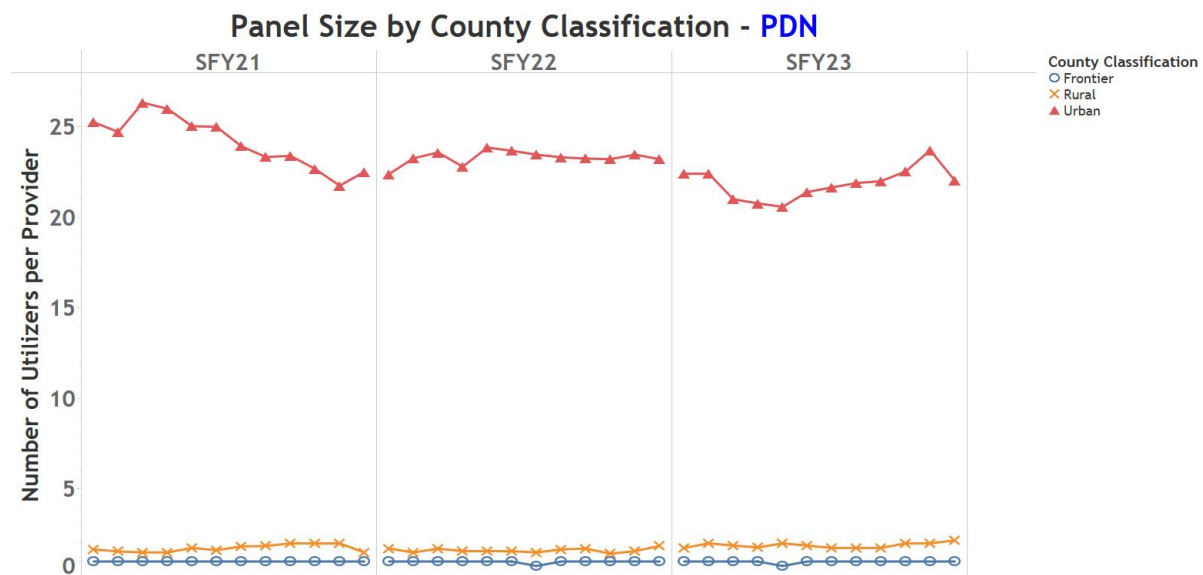


Figure 42

Provider Participation

The provider participation rate (Figure 43) identifies the percentage of providers in Colorado that serves Medicaid members for the private duty nursing service category. In the calendar year 2022, 23% of statewide providers served Medicaid members.

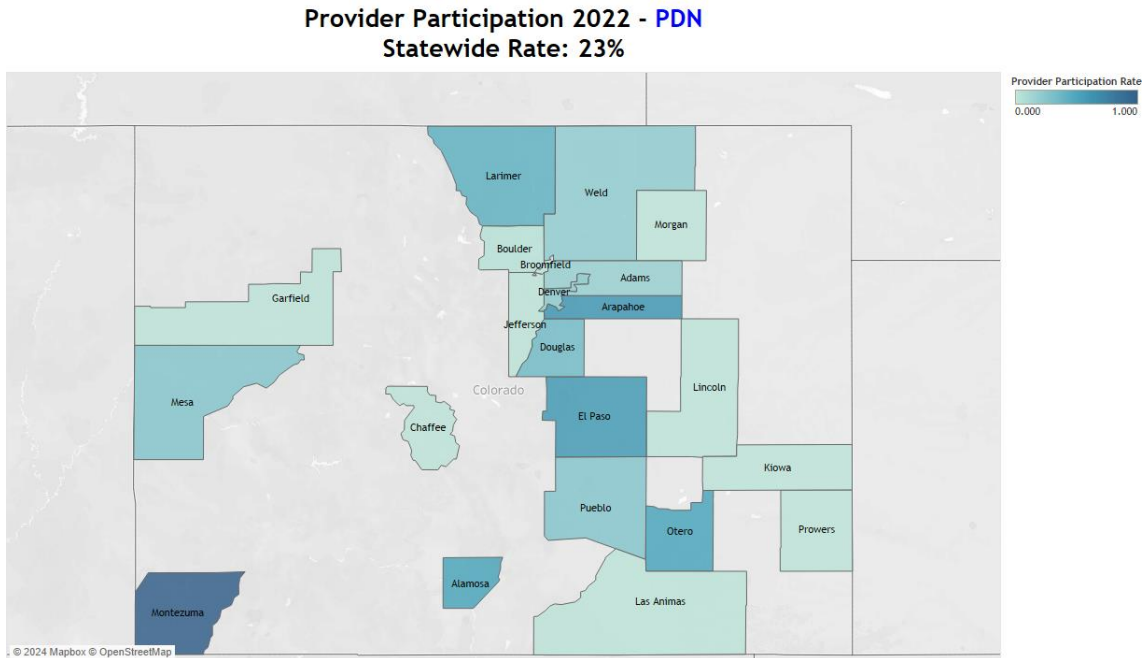


Figure 43

The statewide provider participation rate for the private duty nursing service category remained relatively stable from 2020 to 2022, consistently ranging between 21% and 23% (Figure 44).

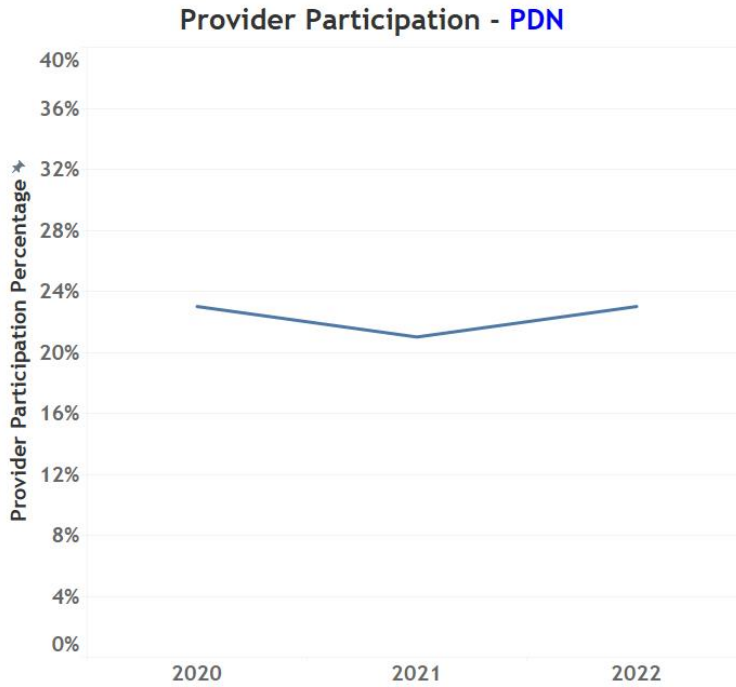


Figure 44

Penetration Rate

The penetration rate analysis (Figure 45) considers the number of members that utilized services in the PDN category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

Penetration Rate (Utilization per 1000 Members) SFY23 - PDN

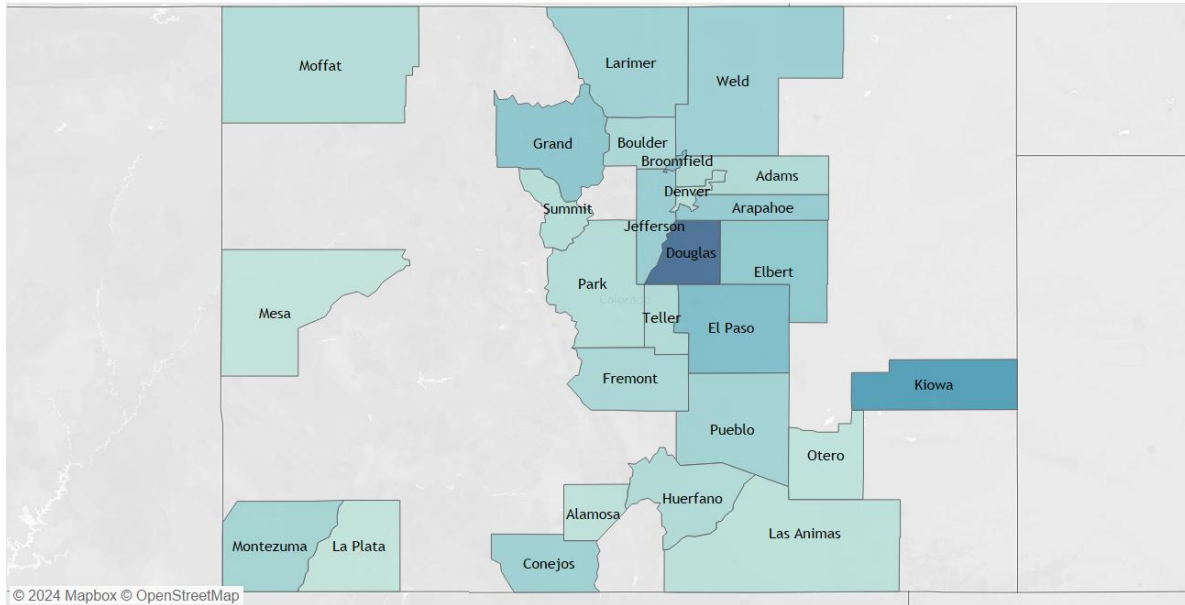


Figure 45

Home & Community Based Services - ADL Assistance and Delivery Models

Service Description

This service provides personal assistance in personal functional activities required by an individual for continued wellbeing which are essential for health and safety, such as help with bathing, dressing, toileting, eating, housekeeping, meal preparation, laundry, and shopping.

- Homemaker (Basic/Enhanced/Remote Supports)
- In Home Support Services (Health Maintenance/Homemaker/Personal Care/Relative Personal Care)
- Personal Care
- Personal Care (Relative/Remote Supports)
- Consumer Directed Attendant Support Services (CDASS)
- Medication Reminder
- Respite
- Protective Oversight

Panel Size

The panel size analysis (Figure 46) considers the number of utilizers per provider for the HCBS ADL Assistance and Delivery Models category in each RAE region during state fiscal years 2021-2023 (July 1, 2021 - June 30, 2023). A darker blue color indicates a higher penetration rate. The overall trend over these three years for each region type is slightly increasing.

Panel Size by County Classification - HCBS ADL Assistance and Delivery Models

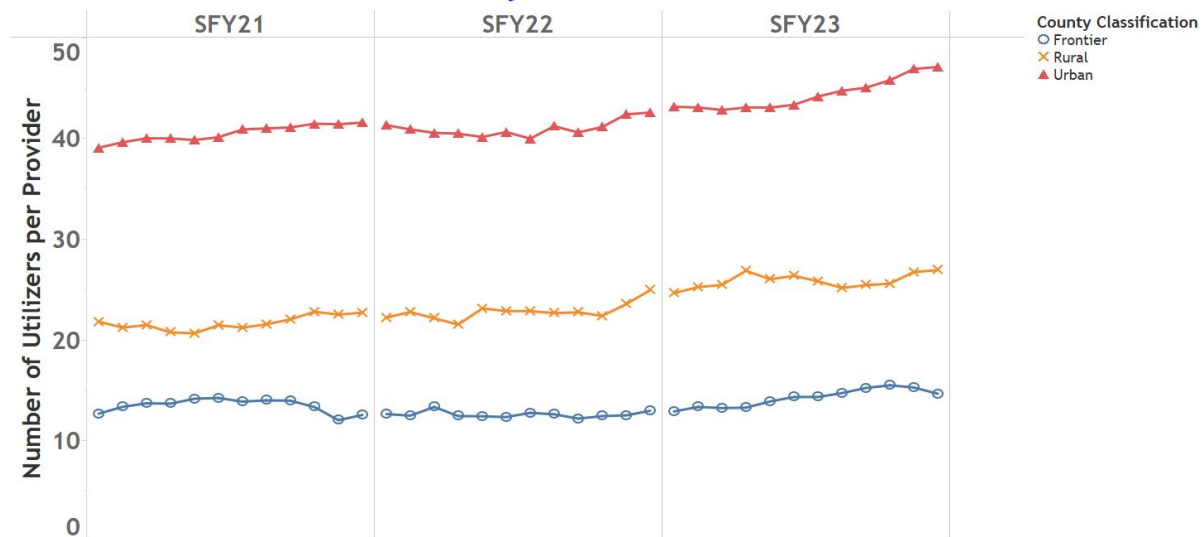


Figure 46

Provider Participation

The Provider Participation Rate (Figure 47) identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS ADL Assistance and Delivery Models service category. In the calendar year 2022, 99% statewide providers served Medicaid members.

Provider Participation 2022 - HCBS ADL Assistance and Delivery Models
Statewide Rate: 99%

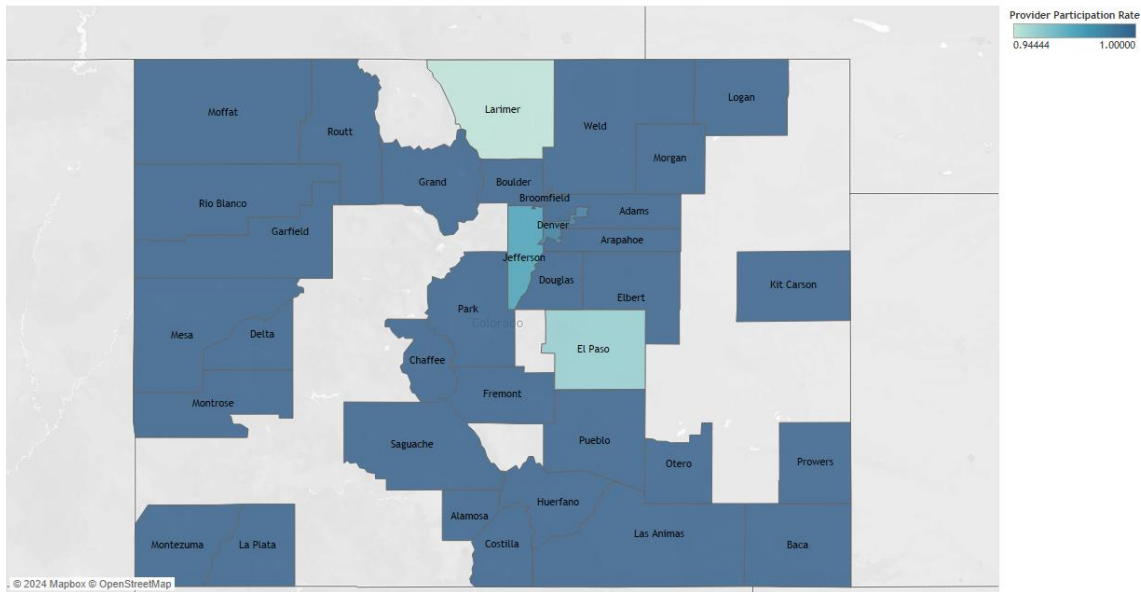


Figure 47

The statewide provider participation rate for the HCBS ADL Assistance and Delivery Models service category remained relatively stable from 2020 to 2022, consistently ranging between 99% and 100% (Figure 48).

Provider Participation - HCBS ADL Assistance and Delivery Models

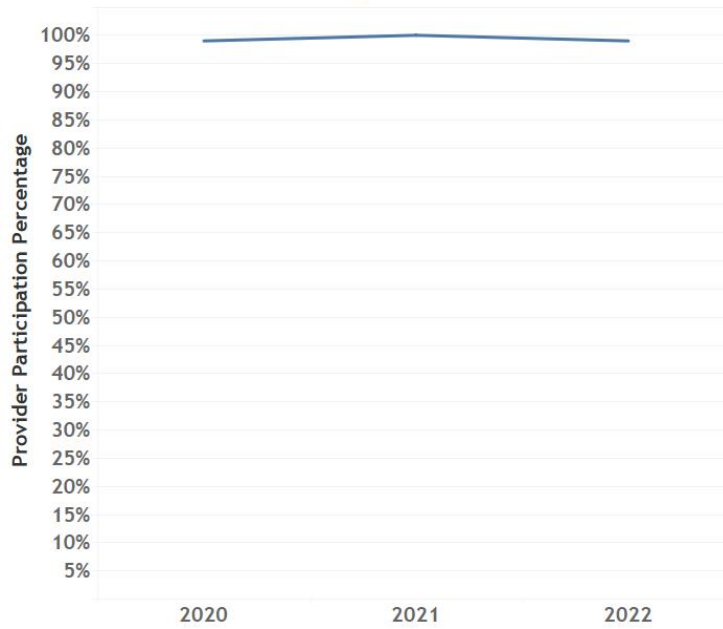


Figure 48

Penetration Rate

The penetration rate analysis (Figure 49) considers the number of members that utilized services in the HCBS ADL Assistance and Delivery Models category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

**Penetration Rate
(Utilization per 1000 Members) SFY23 -
HCBS ADL Assistance and Delivery Models**

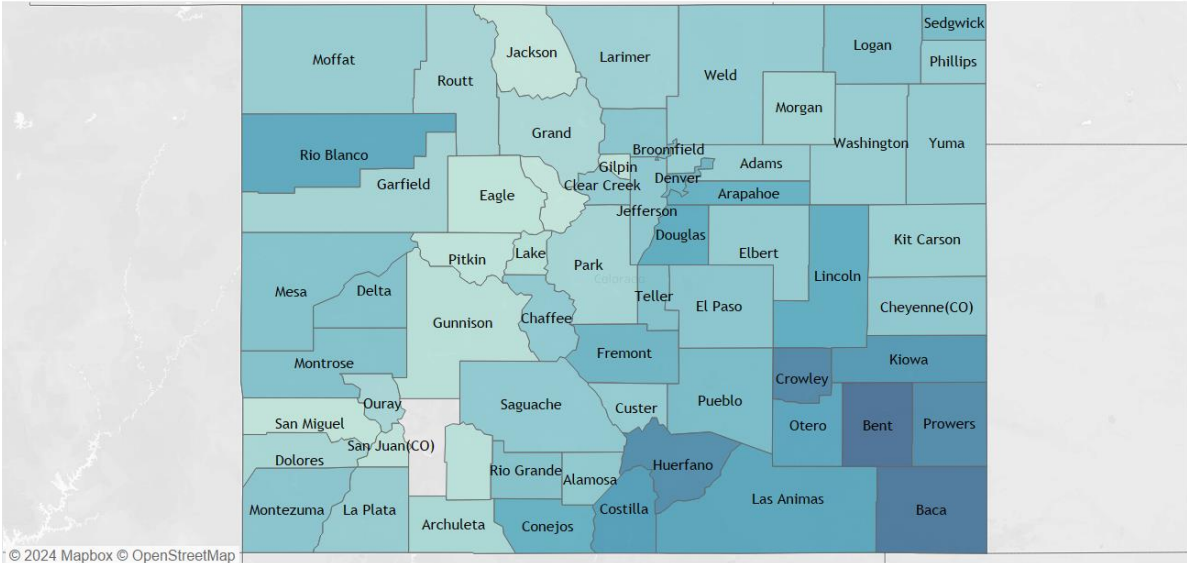


Figure 49

Home & Community Based Services - Behavioral Services

Service Description

These services provide assistance to people with a mental illness or who need behavior support and require long-term support and services in order to remain in a community setting. This includes assessment, behavior support plans, and interventions.

- Behavioral Plan Assessment
- Behavioral Services
- Behavioral Services (Consultation/Counseling/Counseling Group/Line Staff)
- Peer Mentorship
- Consumer Directed Attendant Support Services (CDASS)
- Mental Health Counseling
- Substance Use Counseling

Panel Size

The panel size analysis (Figure 50) considers the number of utilizers per provider for the HCBS behavioral services category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The overall trend over these three years for each region type is increasing.

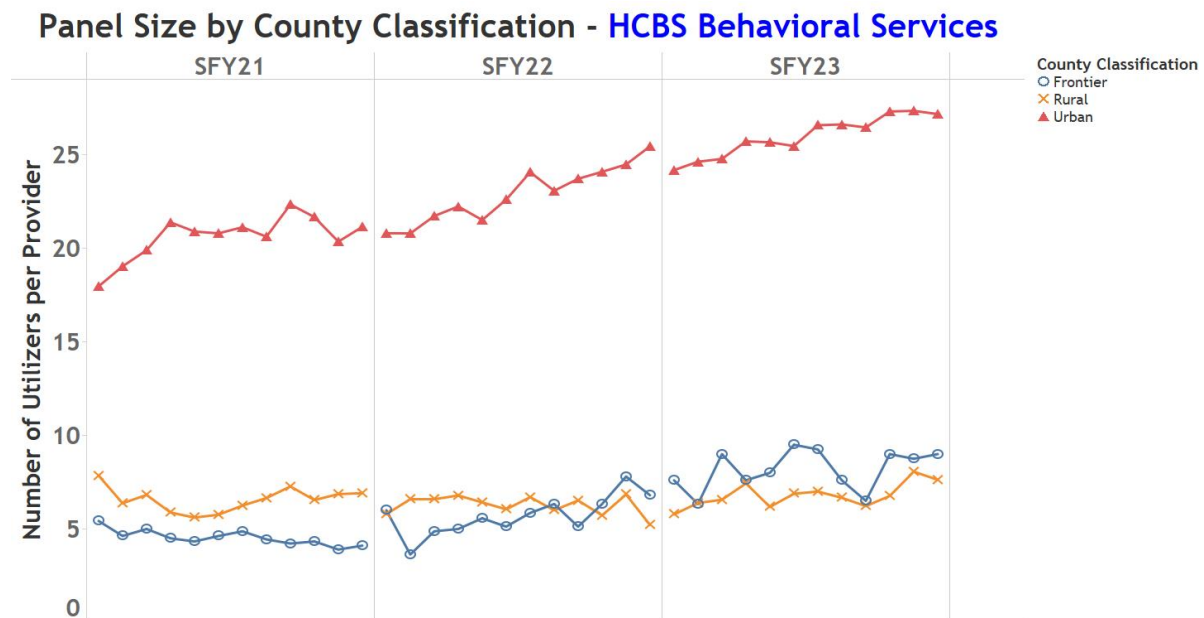


Figure 50

Provider Participation

The Provider Participation Rate (Figure 51) identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Behavioral Services

service category. In the calendar year 2022, 95% of statewide providers served Medicaid members.

Provider Participation 2022 - HCBS Behavioral Services
Statewide Rate: 95%

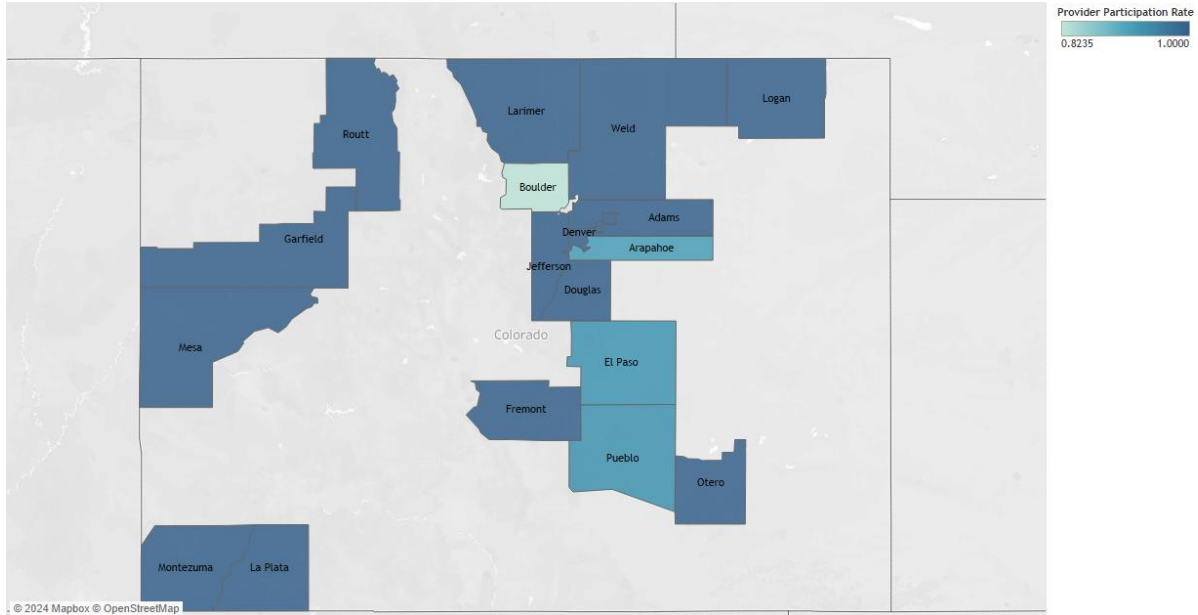


Figure 51

The statewide provider participation rate for the HCBS Behavioral Services service category remained relatively stable from 2020 to 2022, consistently ranging between 97% and 95% (Figure 52).

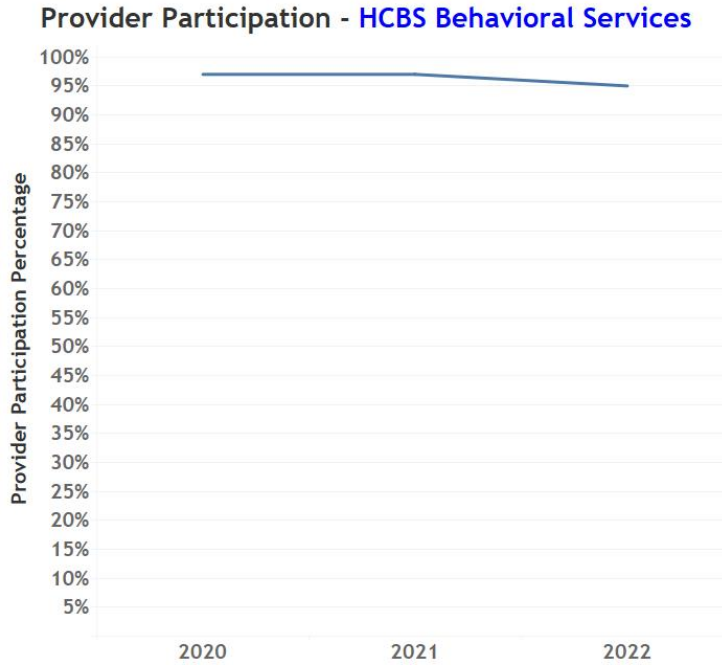


Figure 52

Penetration Rate

The penetration rate analysis (Figure 53) considers the number of members that utilized services in the HCBS behavioral services category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

**Penetration Rate
(Utilization per 1000 Members) SFY23 -
HCBS Behavioral Services**

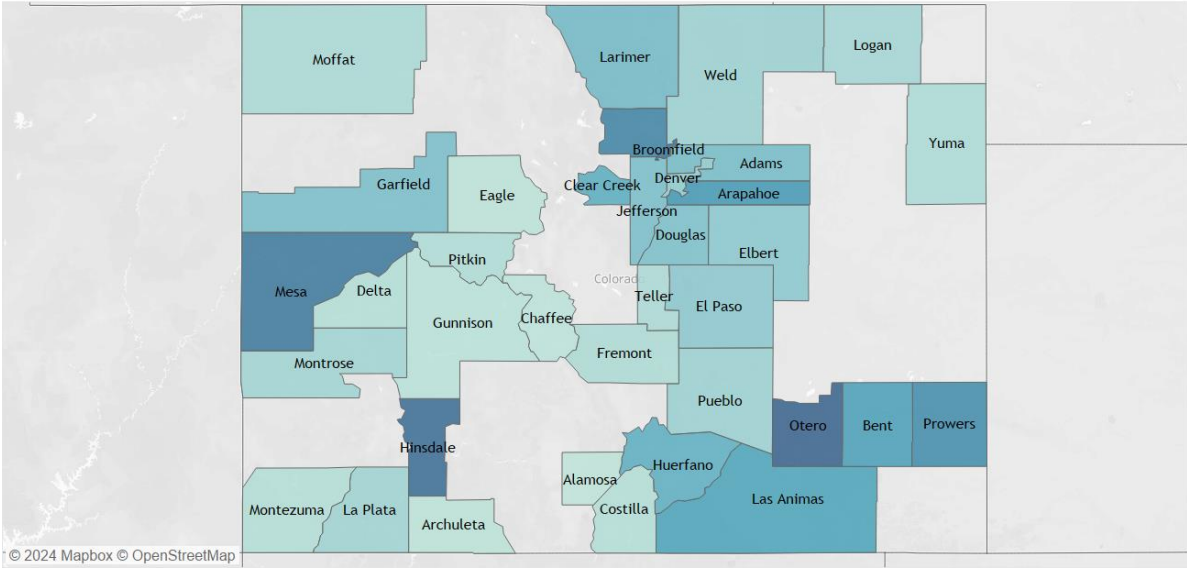


Figure 53

Home & Community Based Services - Community Access and Integration

Service Description

These services ensure that HCBS participants have access to the benefits of community living and live and receive services in integrated, non-institutional settings.

- Adult Day Service Transportation (Mileage/Mobility Van/Taxi/Wheelchair Van)
- Benefits Planning
- Case Management
- Child and Youth Mentorship (Intensive/Transition Support Services)
- Community Connector
- Independent Living Skills Training
- Life Skills Training
- Mentorship
- Non Medical Transportation, (Mileage/Mobility Van/Taxi/Wheelchair Van/Other)
- Parent Education
- Prevention and Monitoring Intensive/Transition Support Services
- Supported Employment, Job Coaching (Group/Individual)
- Supported Employment, Job Development (Group/Individual)
- Supported Employment, Job Placement (Group/Individual)
- Supported Employment, Workplace Assistance
- Wraparound Plan Intensive/Transition Support Services
- Residential Habilitation Services and Supports (RHSS)
- Individual Residential Services and Supports (IRSS)
- Group Residential Services and Supports (GRSS)
- Supported Living Program (SLP)

Panel Size

The panel size analysis (Figure 54) considers the number of utilizers per provider for the HCBS community access and integration category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The overall trend over these three years for each region type is increasing.

Panel Size by County Classification - HCBS Community Access and Integration

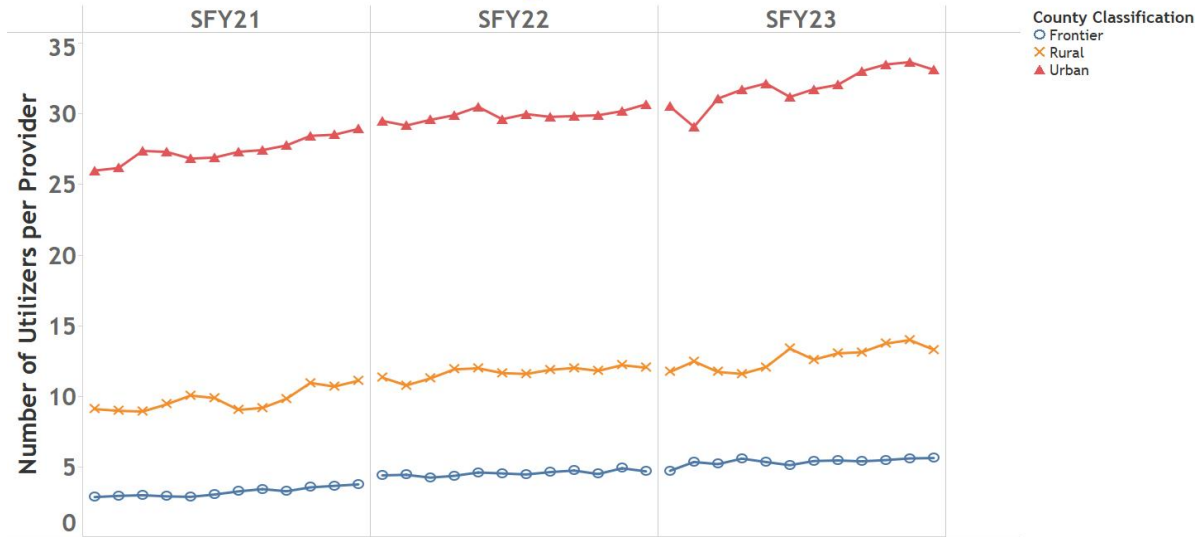


Figure 54

Provider Participation

The Provider Participation Rate (Figure 55) identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Community Access and Integration service category. In the calendar year 2022, 99% of statewide providers served Medicaid members.

Provider Participation 2022 - HCBS Community Access and Integration Statewide Rate: 99%

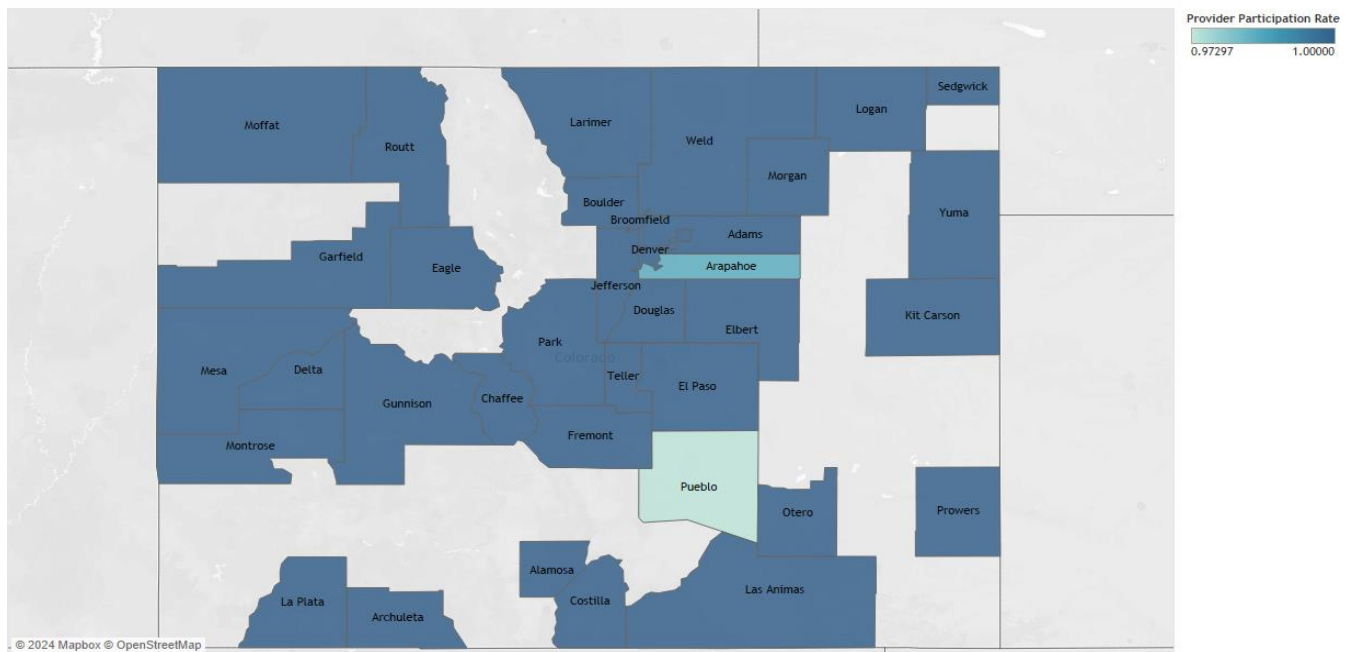


Figure 55

The statewide provider participation rate for the HCBS Community Access and Integration service category remained relatively stable from 2020 to 2022, consistently ranging between 99% and 100% (Figure 56).

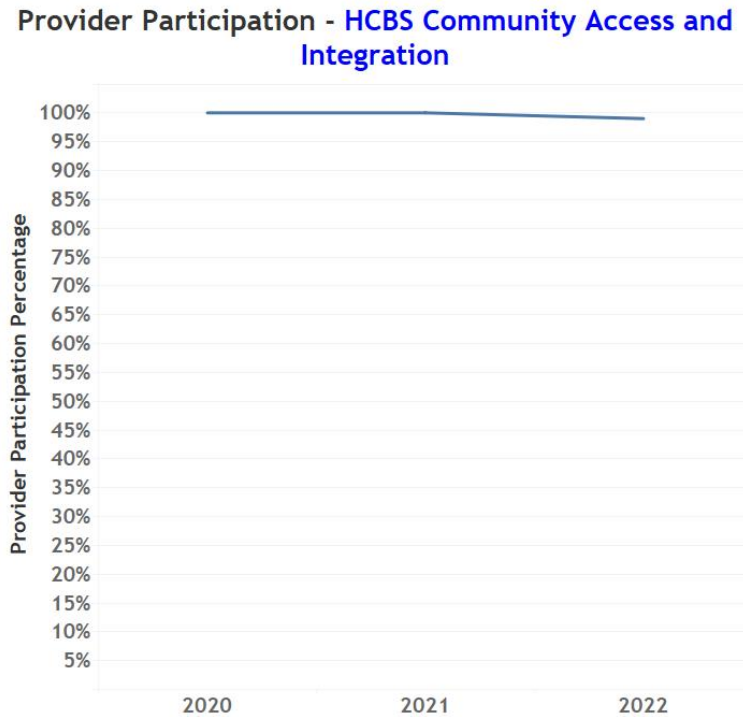


Figure 56

Penetration Rate

The penetration rate analysis (Figure 57) considers the number of members that utilized services in the HCBS community access and integration category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

Penetration Rate (Utilization per 1000 Members) SFY23 - HCBS Community Access and Integration

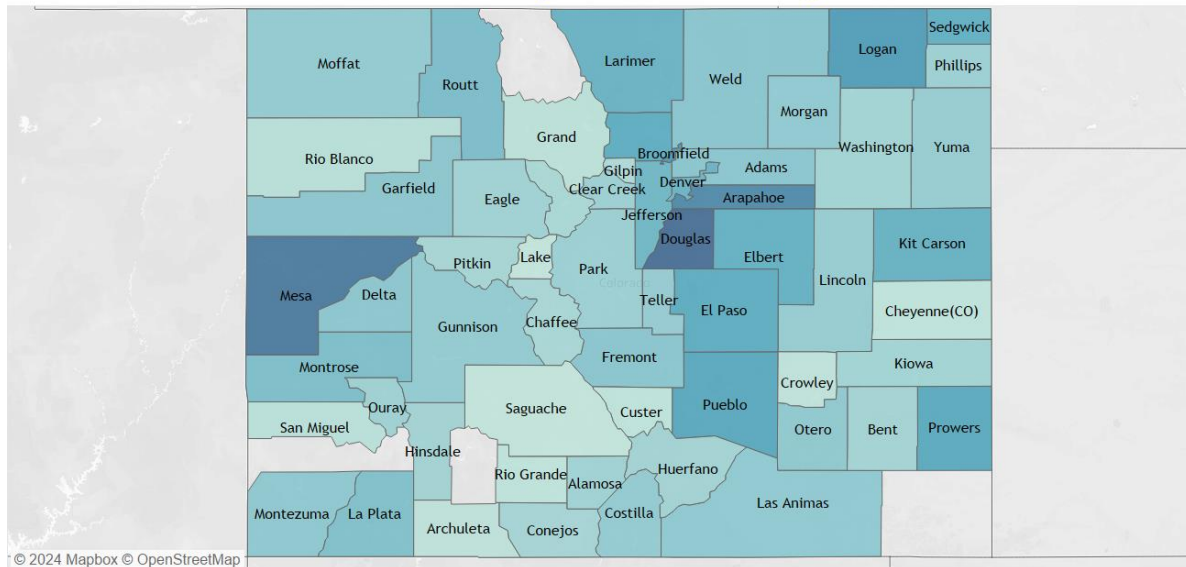


Figure 57

Home & Community Based Services - Consumer Directed Attendant Support Services (CDASS)

Service Description

This is a service-delivery option that allows HCBS waiver participants to direct and manage the attendants who provide their personal care, homemaker, and health maintenance services, rather than working through an agency. Through CDASS, participants are empowered to hire, train and manage attendants of their choice to best fit their unique needs or they may delegate these responsibilities to an authorized representative.

- Enhanced Homemaker
- Health Maintenance
- Homemaker
- Personal Care

Panel Size

The panel size analysis (Figure 58) considers the number of utilizers per provider for the HCBS CDASS category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). A sharp increase for all RAE regions is observed in the panel size visual for HCBS CDASS. This panel size increase occurred in April, 2021 because the number of billing providers agencies (CDASS case management agencies) dropped from 3 to 2 while the number of utilizers remained stable.

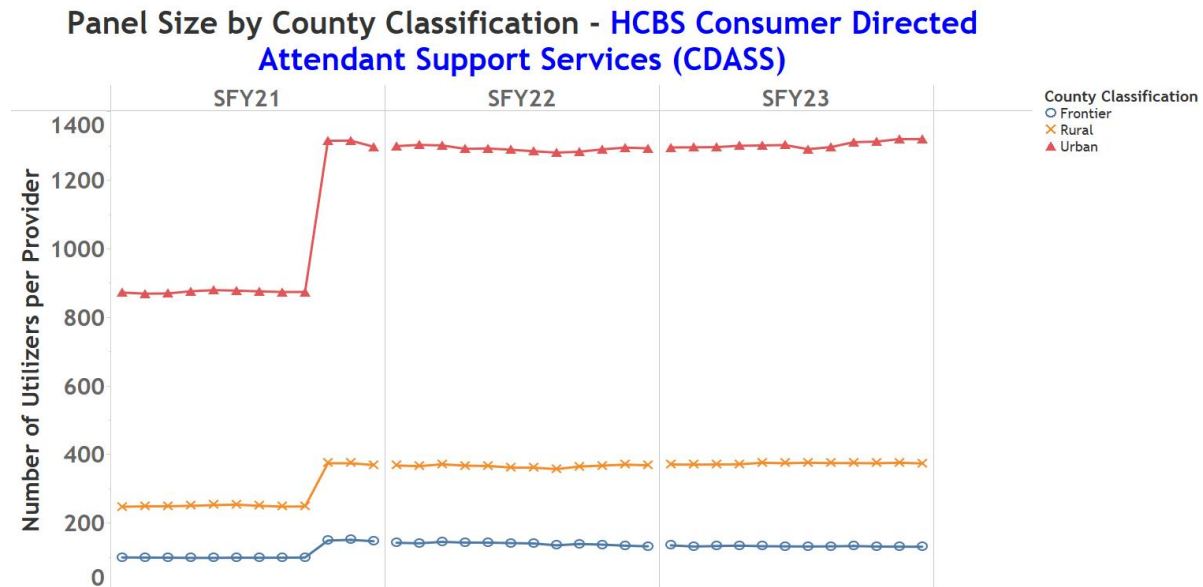


Figure 58

Penetration Rate

The penetration rate analysis (Figure 59) considers the number of members that utilized services in the HCBS CDASS category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

**Penetration Rate
(Utilization per 1000 Members) SFY23 -
HCBS Consumer Directed Attendant Support Services (CDASS)**

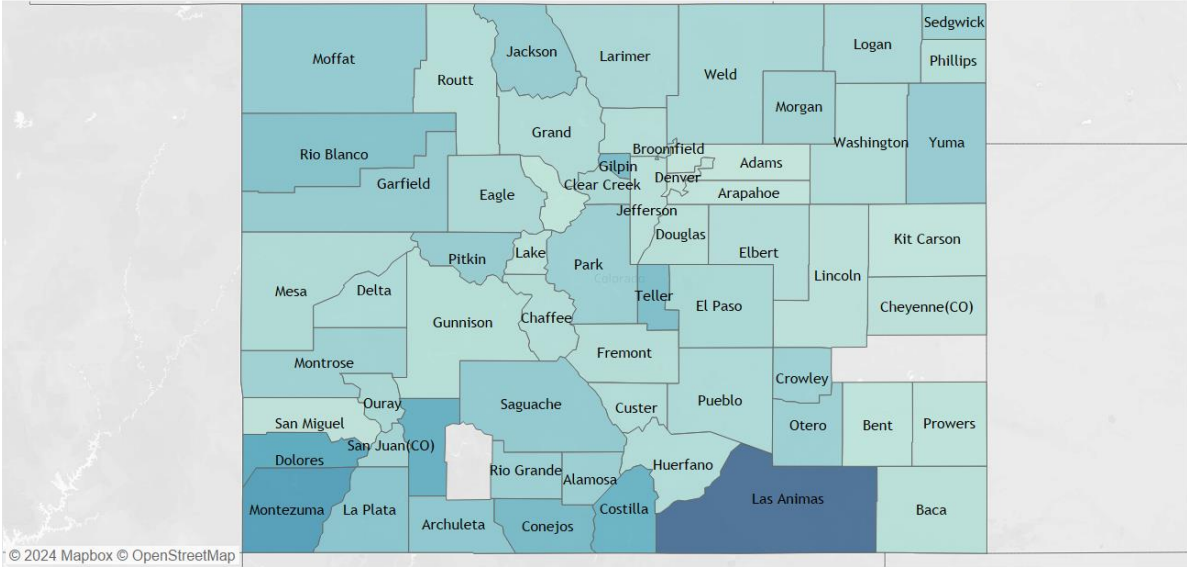


Figure 59

Home & Community Based Services - Day Program

Service Description

Services that provide daily support and activities for HCBS waiver participants, allowing them to participate in community life while receiving necessary assistance. Programs often focus on enhancing independence, social integration, and skill development that take place in a non-residential setting separate from the member's private residence or residential arrangement.

- Adult Day Basic (1/2 Day, 15 min)
- Adult Day Services (15 min, Day)
- Adult Day Specialized
- Day Habilitation, Specialized Habilitation
- Day Habilitation, Supported Community Connections
- Day Habilitation, Supported Community Connections, Individual, All Support Levels Tier 3
- Prevocational Services
- Telehealth Day Habilitation
- Day Treatment

Panel Size

The panel size analysis (Figure 60) considers the number of utilizers per provider for the HCBS day program category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). Across all region types, there was a sharp decrease in both utilizers and providers from July 2020 to August 2020. After this sharp decrease, there was a steady increase in both utilization and providers.

Panel Size by County Classification - HCBS Day Program

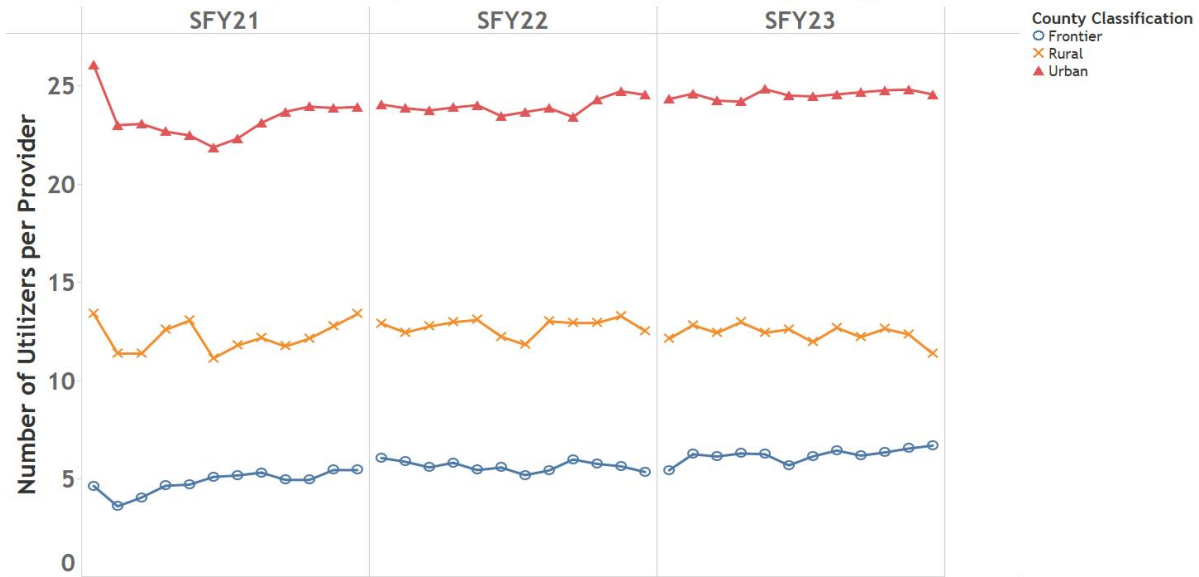


Figure 60

Provider Participation

The Provider Participation Rate (Figure 61) identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Day Program service category. In the calendar year 2022, 99% of statewide providers served Medicaid members.

Provider Participation 2022 - HCBS Day Program Statewide Rate: 99%

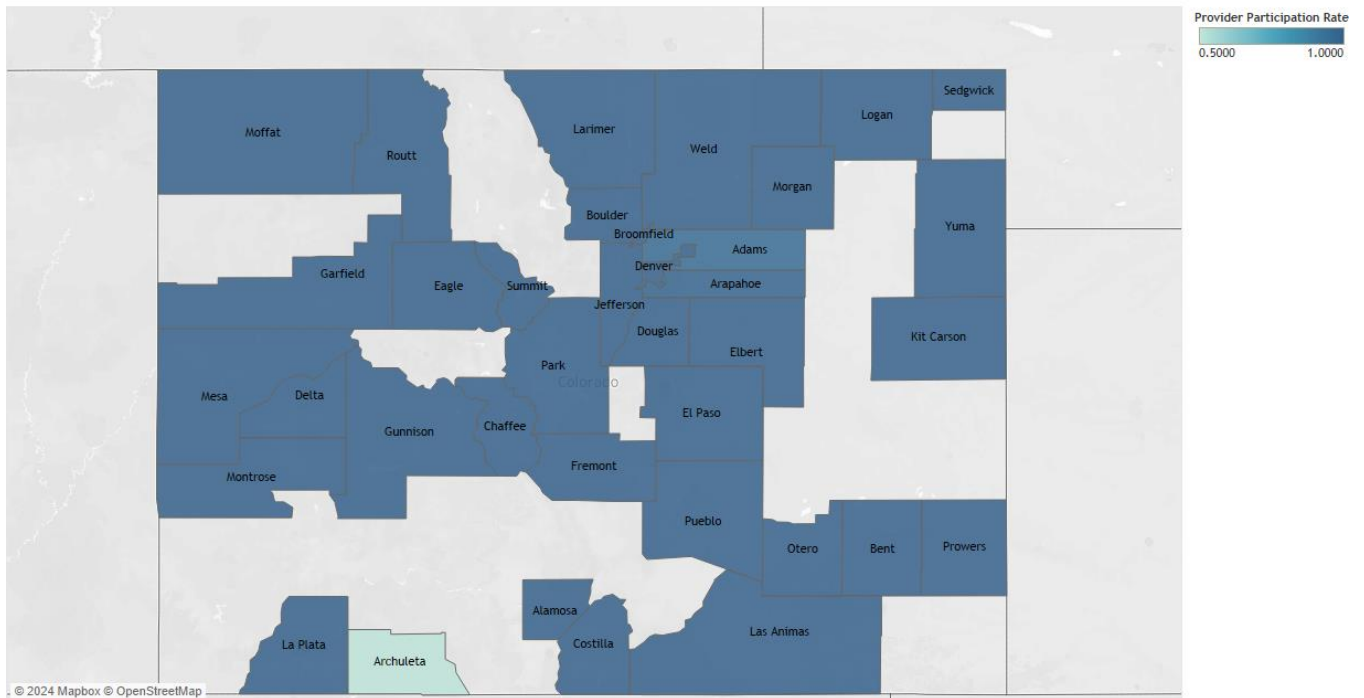


Figure 61

The statewide provider participation rate for the HCBS Day Program service category remained relatively stable from 2020 to 2022, consistently ranging between 97% and 99% (Figure 62).

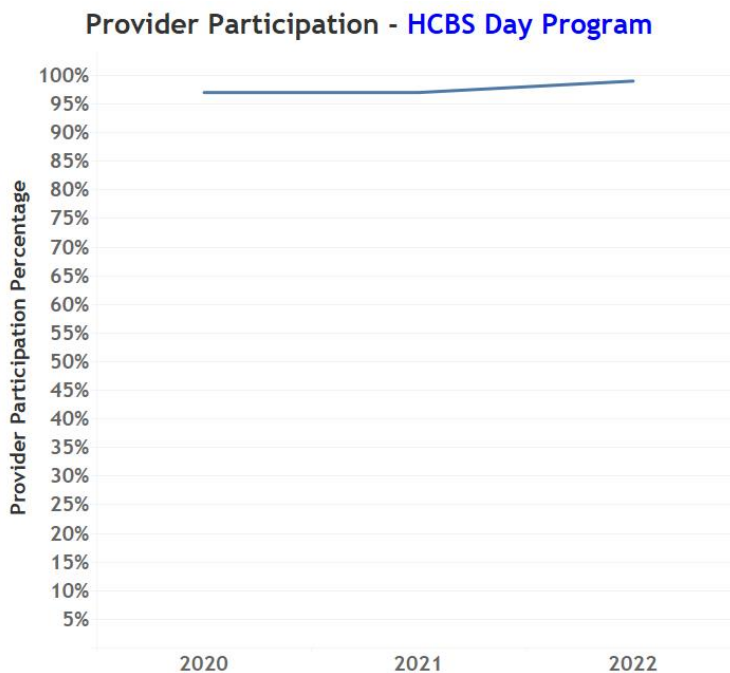


Figure 62

Penetration Rate

The penetration rate analysis (Figure 63) considers the number of members that utilized services in the HCBS day program category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

Penetration Rate (Utilization per 1000 Members) SFY23 - HCBS Day Program

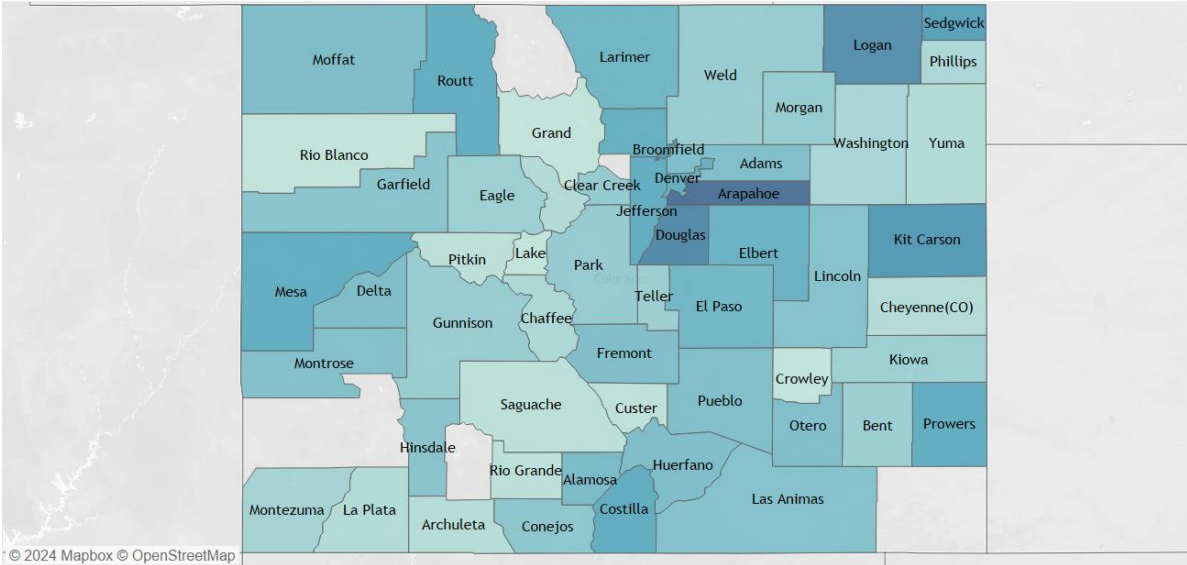


Figure 63

Home & Community Based Services - Professional Services

Service Description

These services refer to a range of support services provided to waiver participants that cover various aspects of care, therapy, and assistance to enhance the individual's well-being and independence.

- Acupuncture
- Art and Play Therapy
- Art and Play Therapy Group
- Chiropractic
- Dental Services (Basic/Major)
- Hippotherapy (Group/Individual)
- Massage Therapy
- Mental Health Counseling (Family/Group/Individual)
- Movement Therapy (Bachelors/Masters)
- Music Therapy
- Music Therapy Group
- Palliative/Supportive Care Skilled, Care Coordination
- Palliative/Supportive Care Skilled, Pain and Symptom Management
- Substance Abuse Counseling (Family/Group/Individual)
- Therapeutic Services, Bereavement Counseling
- Therapeutic Services, Therapeutic Life Limiting Illness Support (Family/Group/Individual)
- Vision

Panel Size

The panel size analysis (Figure 64) considers the number of utilizers per provider for the HCBS professional services category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The panel size visual shows that urban areas experienced a noticeable decrease from SFY21 to SFY22 and SFY23; this occurred because the number of providers for this service increased while utilizers remained relatively stable.

Panel Size by County Classification - HCBS Professional Services

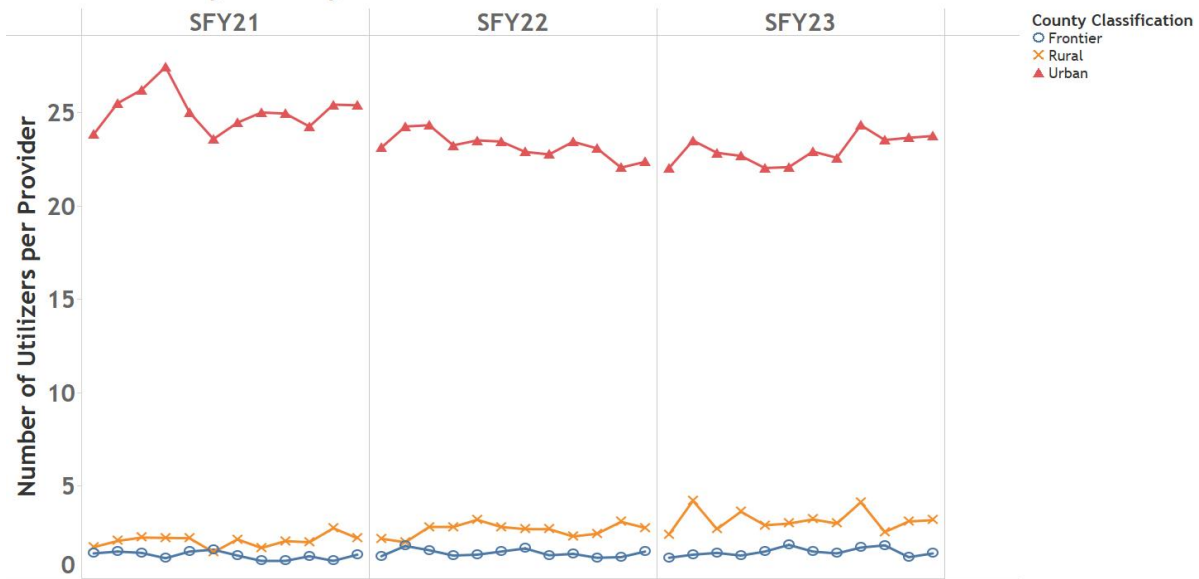


Figure 64

Provider Participation

The Provider Participation Rate (Figure 65) identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Professional Services service category. In the calendar year 2022, 99% of statewide providers served Medicaid members.

Provider Participation 2022 - HCBS Professional Services Statewide Rate: 99%

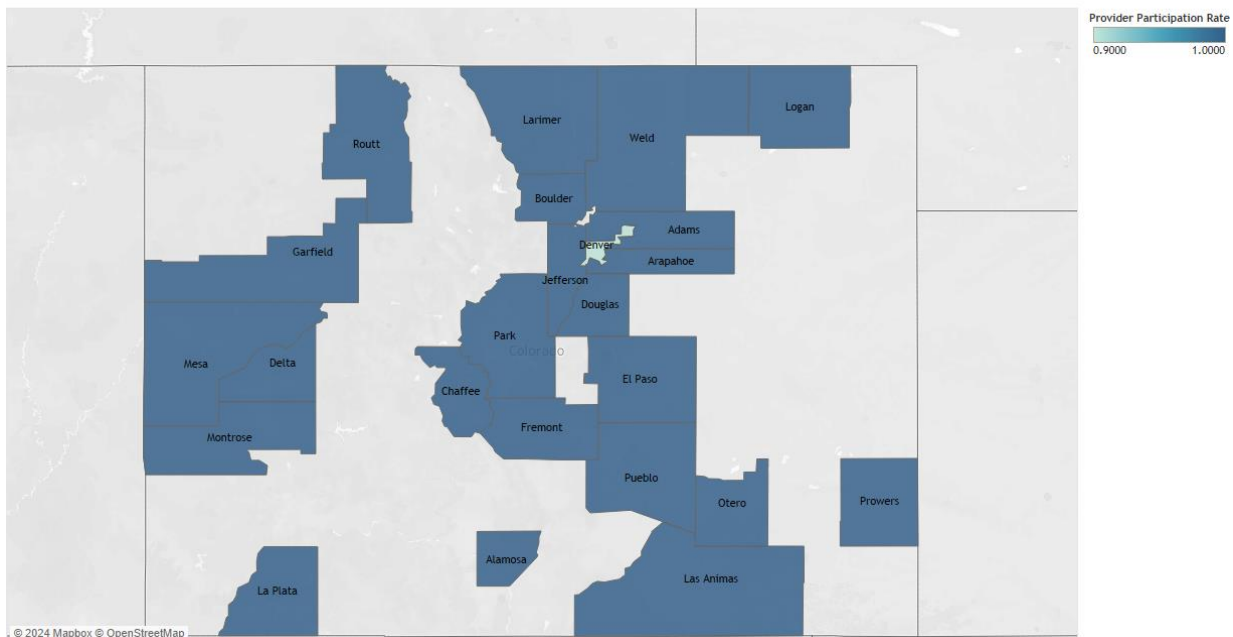


Figure 65

The statewide provider participation rate for the HCBS Professional Program service category remained relatively stable from 2020 to 2022, consistently ranging between 99% and 100% (Figure 66).

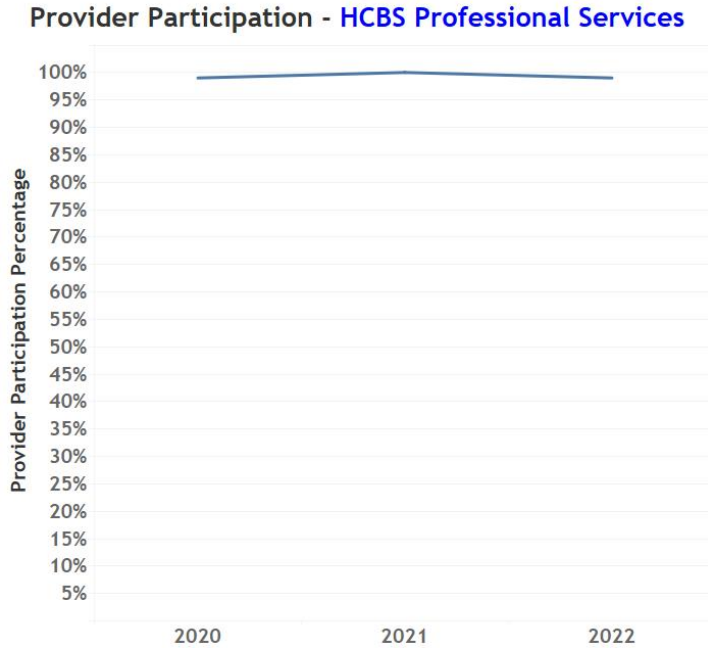


Figure 66

Penetration Rate

The penetration rate analysis (Figure 67) considers the number of members that utilized services in the HCBS professional services per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

**Penetration Rate
(Utilization per 1000 Members) SFY23 -
HCBS Professional Services**

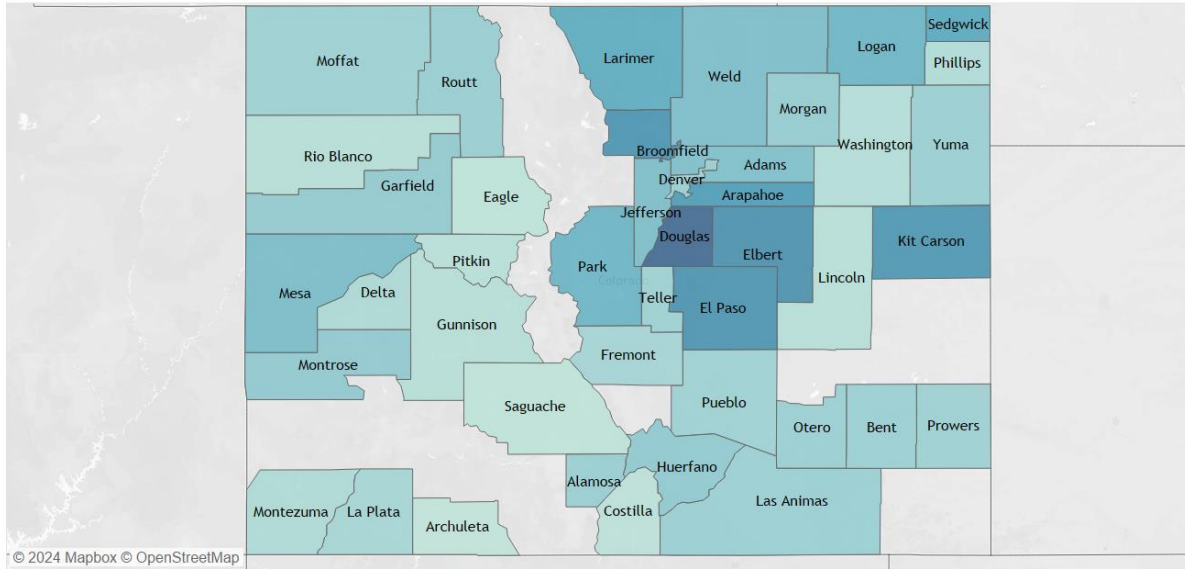


Figure 67

Home & Community Based Services - Residential Services

Service Description

These services aim to promote independence, community integration, and individualized care in a home-like environment. It provides support and assistance with managing household tasks and activities in residential settings, such as in the homes of members, the homes of small groups of individuals living together, or the homes of host families.

- Alternative Care Facility
- Foster Home
- Group Home
- Mental Health Transitional Living Homes Level 1
- Residential Child Care Facility (RCCF)
- Residential Habilitation, Group Residential Services and Supports
- Residential Habilitation, Individual Residential Services and Supports
- Residential Habilitation, Individual Residential Services and Supports, Host Home
- Supported Living Program
- Transitional Living Program

Panel Size

The panel size analysis (Figure 68) considers the number of utilizers per provider for the HCBS residential services category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). Although there was a very minor decrease in panel size across all three regions in the initial months of FY21, the panel size for each region steadily increased thereafter. The urban region has a slight decline towards the end of SFY23.

Panel Size by County Classification - HCBS Residential Services

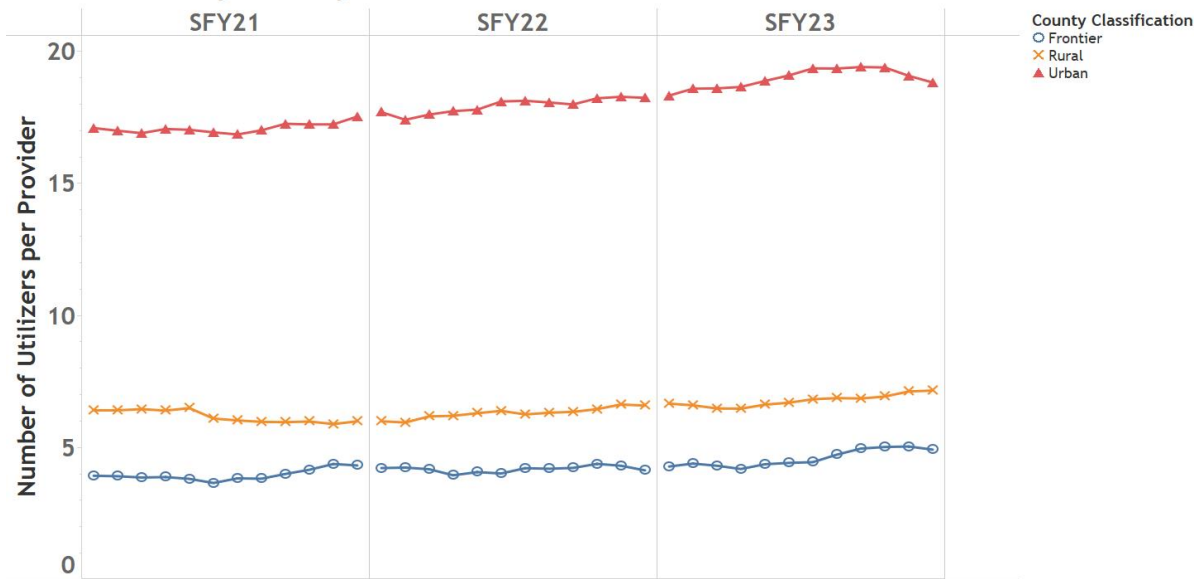


Figure 68

Provider Participation

The Provider Participation Rate (Figure 69) identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Residential Services service category. In the calendar year 2022, 100% of statewide providers served Medicaid members.

Provider Participation 2022 - HCBS Residential Services Statewide Rate: 100%

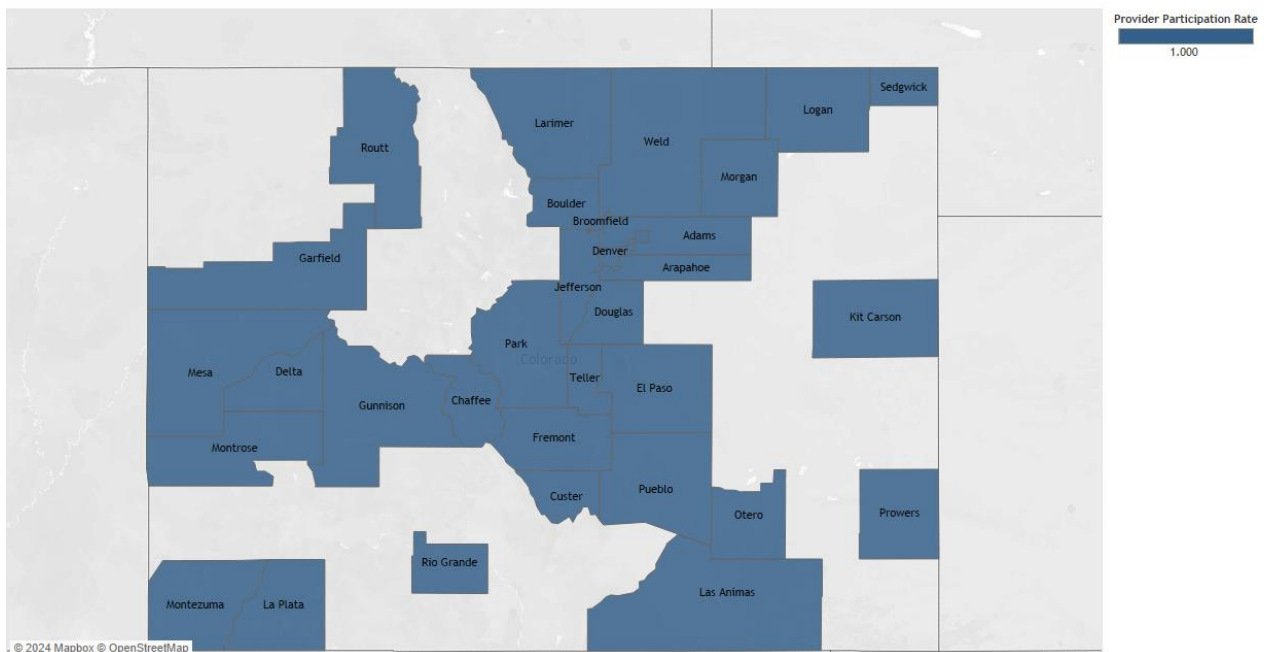


Figure 69

The statewide provider participation rate for the HCBS Residential Program service category remained at 100% from 2020 to 2022 (Figure 70).

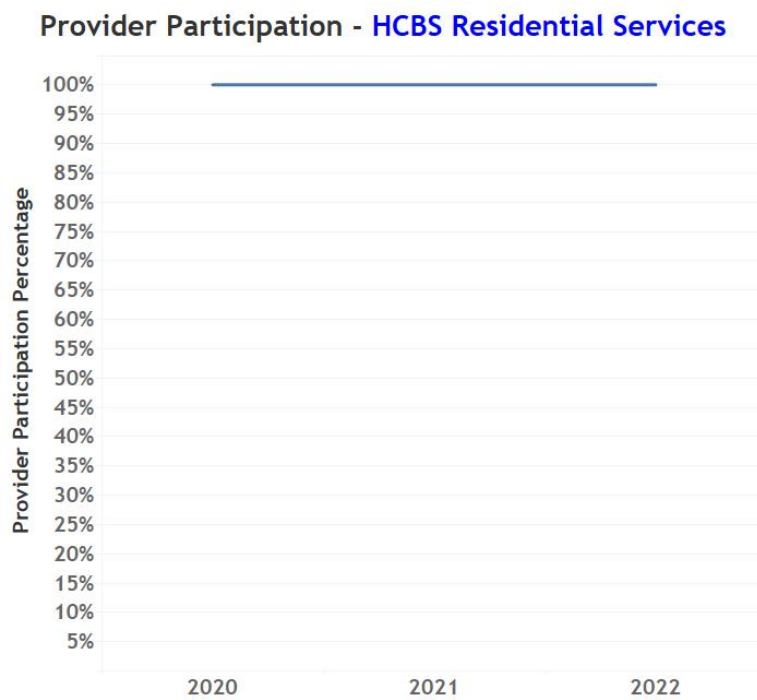


Figure 70

Penetration Rate

The penetration rate analysis (Figure 71) considers the number of members that utilized services in the HCBS residential services category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

**Penetration Rate
(Utilization per 1000 Members) SFY23 -
HCBS Residential Services**

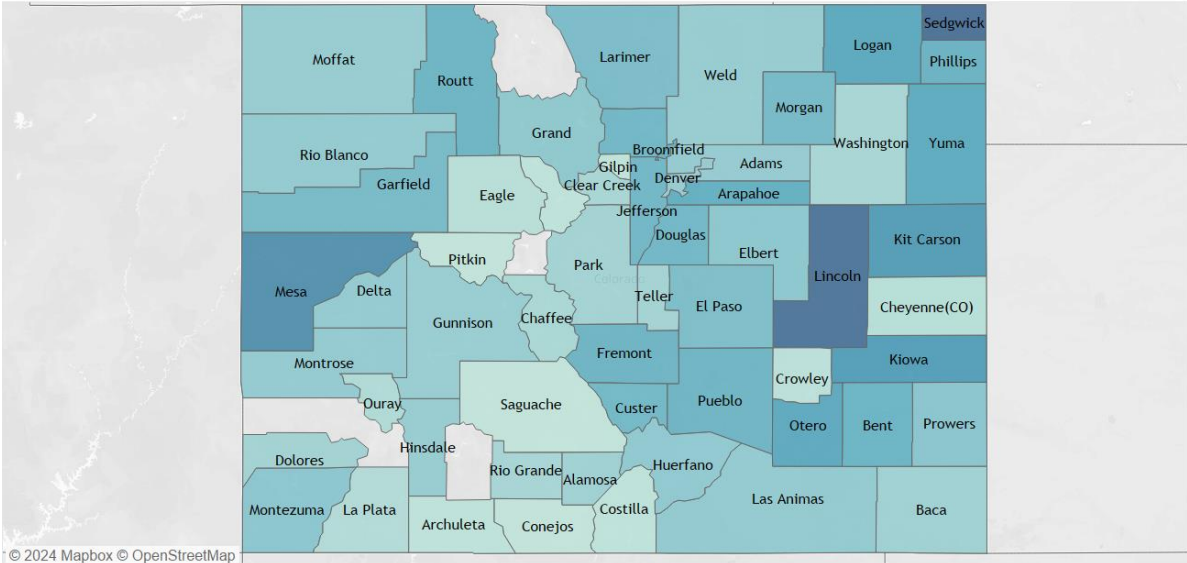


Figure 71

Home & Community Based Services - Respite Services

Service Description

These types of services typically involve temporary relief for individuals who have a disability or chronic health condition and for their primary caregivers, allowing them to rest, attend to personal needs, or take care of other responsibilities while ensuring their loved ones receive appropriate care.

- Respite Care, Alternative Care Facility
- Respite Care, Group
- Respite Care, In Home/Individual/Unskilled Respite (15 Minute Unit)/ Individual- In Family Home (15 Minute Unit)
- Respite Care, Individual - In Residential Settings
- Respite Care, Individual Day - In Residential Settings
- Respite Care, Individual Day/Unskilled (4 Hours or More)/ Individual- In Family Home
- Respite Care, Nursing Facility
- Respite Services, Camp (Group Overnight)
- Respite Services, CNA (4 hours or less)
- Respite Services, CNA (4 hours or more)
- Respite Services, Skilled RN/LPN (4 hours or less)
- Respite Services, Skilled RN/LPN (4 hours or more)
- Youth Day Services (Group/Individual)

Panel Size

The panel size analysis (Figure 72) considers the number of utilizers per provider for the HCBS respite services category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). This visual shows a noticeable increase in the HCBS Respite Services panel size in urban areas. This trend occurred because the number of utilizers increased while the number of providers remained steady. This trend stabilized in FY23. In rural areas, there has been a slight increase in the metric. Meanwhile, in the frontier region, it has remained relatively stable, although there is a minor decreasing trend noted towards the end of FY23.

Panel Size by County Classification - HCBS Respite Services

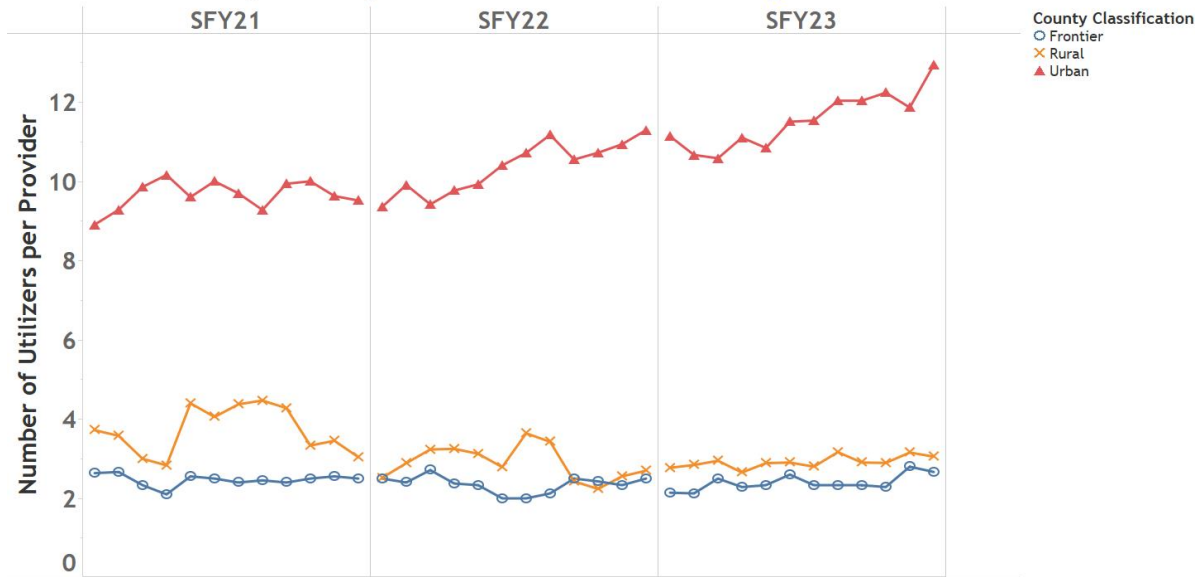


Figure 72

Provider Participation

The Provider Participation Rate (Figure 73) identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Respite Services service category. In the calendar year 2022, 99% of statewide providers served Medicaid members.

Provider Participation 2022 - HCBS Respite Services
Statewide Rate: 98%

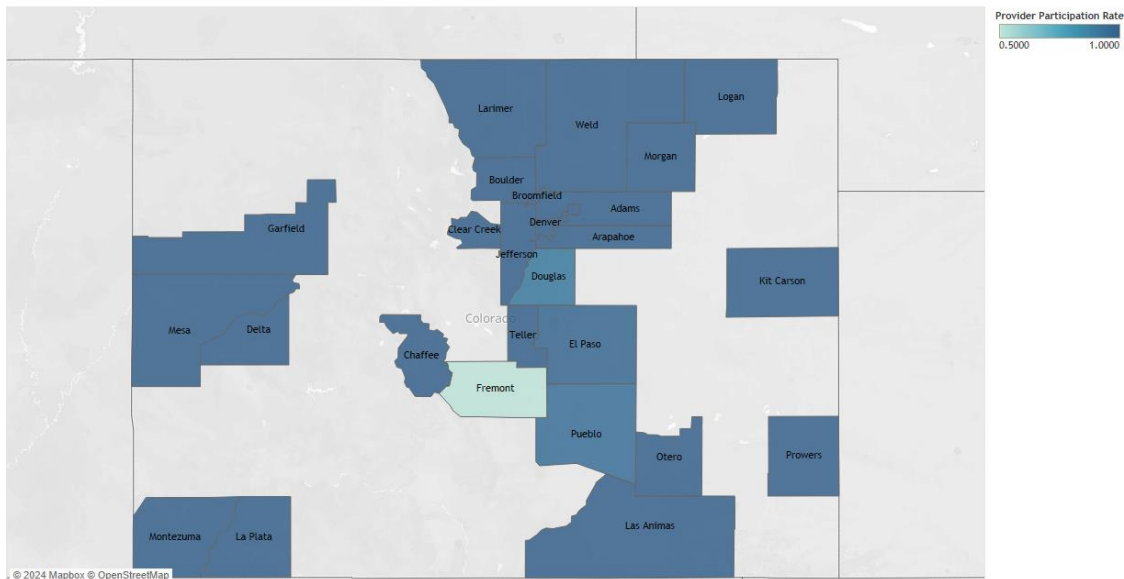


Figure 73

The statewide provider participation rate for the HCBS Respite Services service category remained relatively stable from 2020 to 2022, consistently ranging between 98% and 100% (Figure 74).

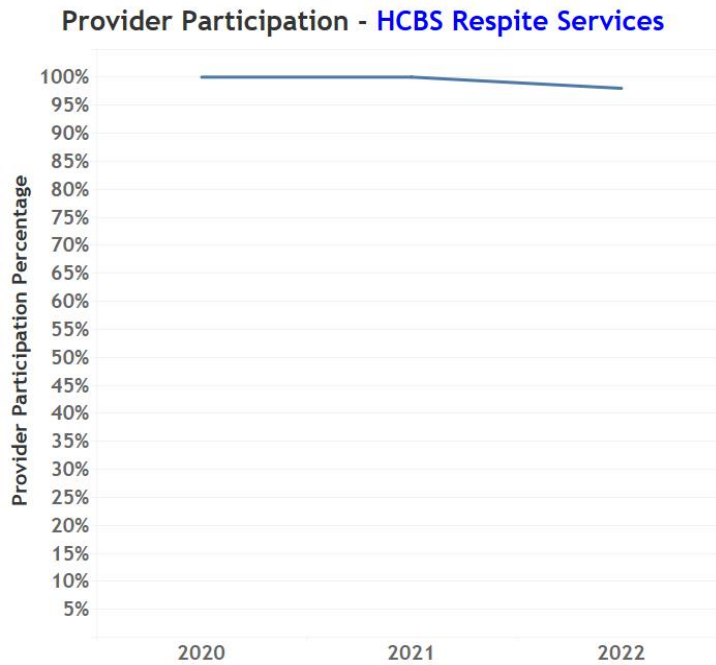


Figure 74

Penetration Rate

The penetration rate analysis (Figure 75) considers the number of members that utilized services in the HCBS respite services category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

**Penetration Rate
(Utilization per 1000 Members) SFY23 -
HCBS Respite Services**

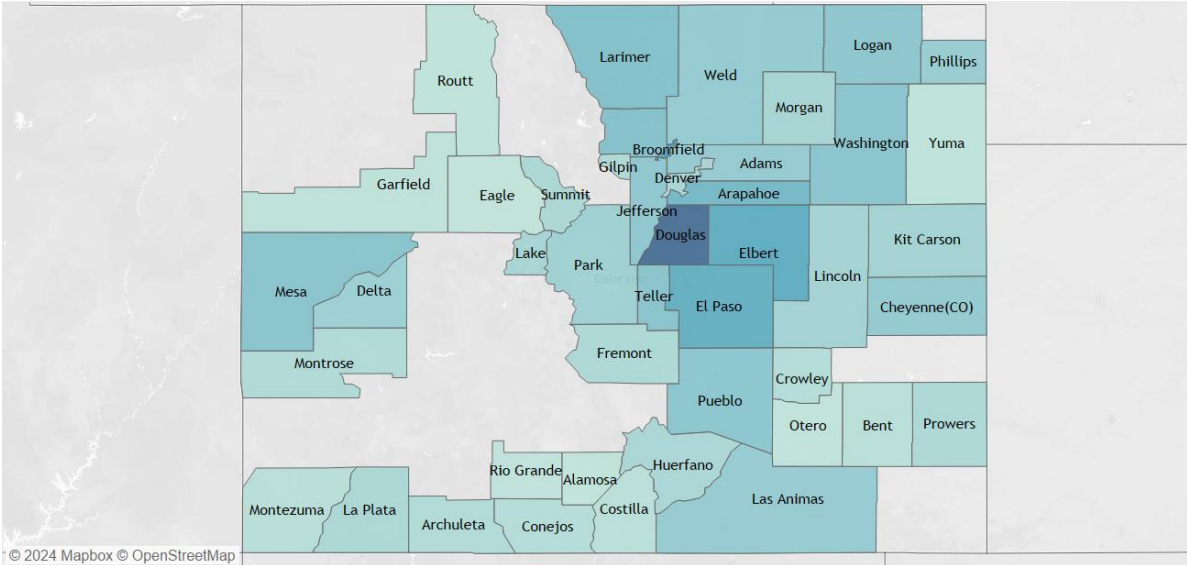


Figure 75

Home & Community Based Services - Technology, Adaptations and Equipment

Service Description

These types of services typically refer to support provided to participants through the use of assistive technology, adaptations, and specialized equipment.

- Adapted Therapeutic Recreational Equipment and Fees
- Assistive Devices
- Assistive Technology
- Home Modification
- Medication Reminder, Install/Purchase/Monitoring
- Personal Emergency Response System
- Personal Emergency Response System, (Install/Purchase/Monitoring/Remote Supports Install/Purchase)
- Remote Supports Technology (Remote Supports Install/Purchase)
- Specialized Medical Equipment and Supplies (Disposable Supplies/Equipment)
- Vehicle Modifications

Panel Size

The panel size analysis (Figure 76) considers the number of utilizers per provider for the HCBS technology, adaptations and equipment category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). The HCBS Technology, Adaptations, and Equipment panel size visual shows a noticeable increasing trend due to a decrease in the number of providers. The decreases in the average number of providers are as follows:

- From SFY21 to SFY22, there was an 8.4% decrease in the number of providers.
- From SFY22 to SFY23, there was a 12.4% decrease in the number of providers.

Panel Size by County Classification - HCBS Technology, Adaptations and Equipment

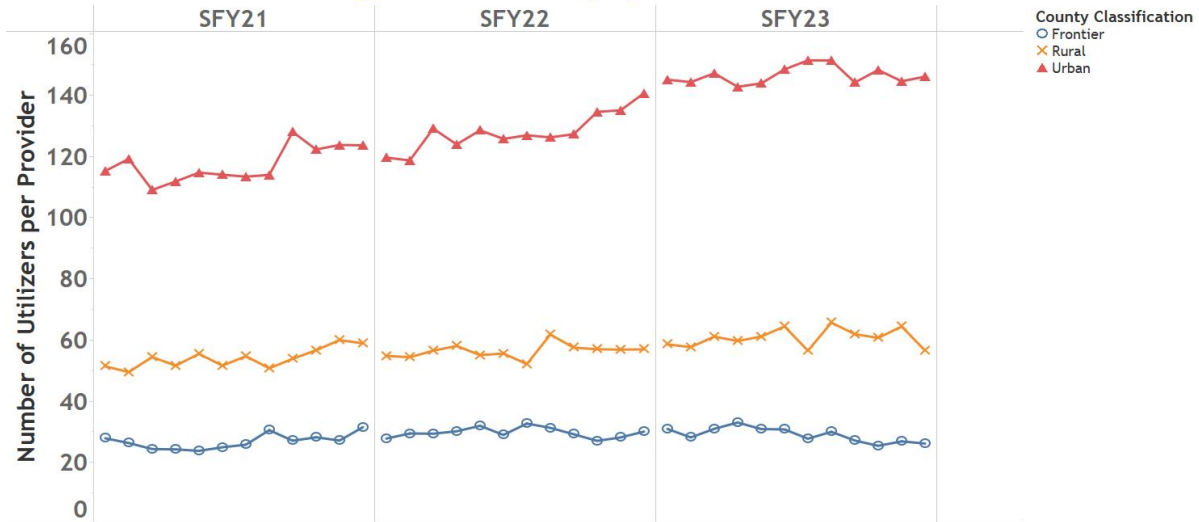


Figure 76

Penetration Rate

The penetration rate analysis (Figure 77) considers the number of members that utilized services in the HCBS technology, adaptations and equipment category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

Penetration Rate (Utilization per 1000 Members) SFY23 - HCBS Technology, Adaptations and Equipment

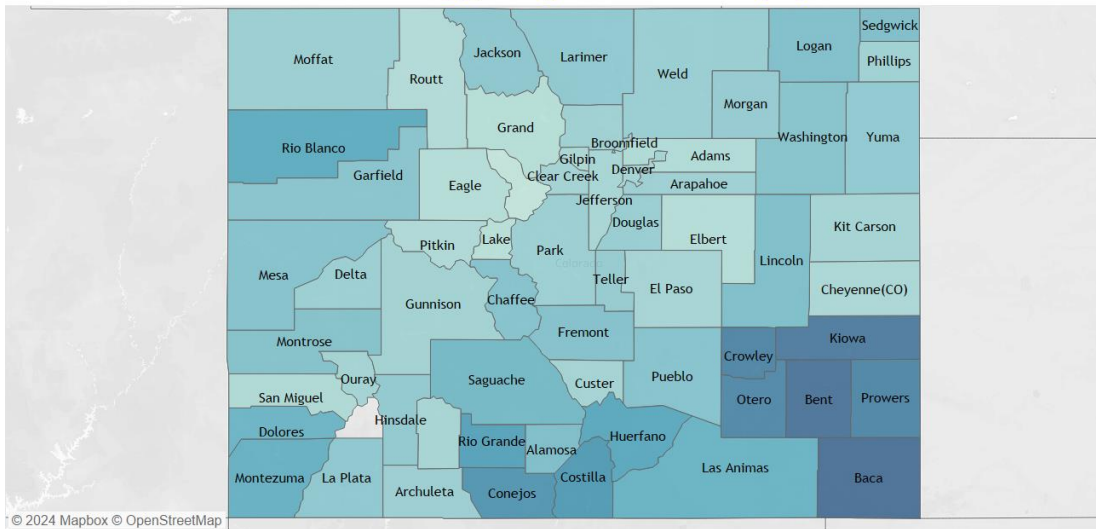


Figure 77

Home & Community Based Services - Transition Services

Service Description

Transition services are designed to assist waiver participants in transitioning from institutional or residential settings to community-based living arrangements. These services aim to support a smooth and successful transition by addressing various aspects of the individual's needs.

- Community Transition Services, Coordinator
- Community Transition Services, Setup Expenses
- Home Delivered Meals
- Home Delivered Meals Post-Hospital Discharge
- Life Skills Training
- Peer Mentorship

Panel Size

The panel size analysis (Figure 78) considers the number of utilizers per provider for the HCBS transition services category in each RAE region during state fiscal years 2021-2023 (July 1, 2020 - June 30, 2023). In the visual, the panel size in rural areas is higher than that in urban areas. This is due to the low number of providers, however, only a few Medicaid members per year qualify for transition services.

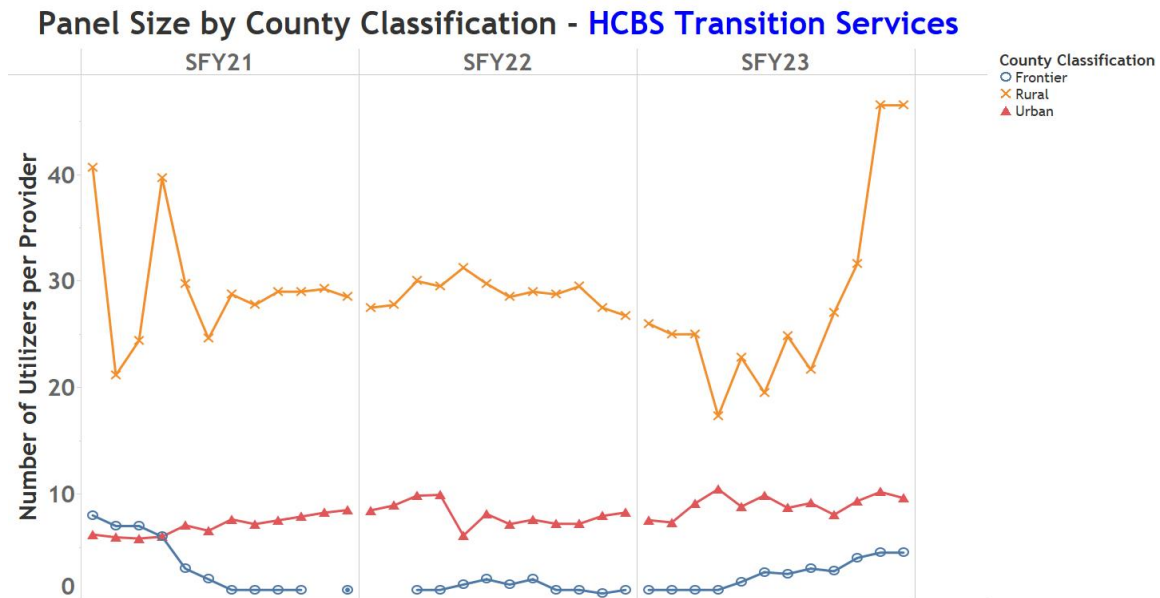


Figure 78

Provider Participation

The Provider Participation Rate (Figure 79) identifies the percentage of providers in Colorado that serves Medicaid members for the HCBS Transition Services service category. In the calendar year 2022, 91% of statewide providers served Medicaid members.

Provider Participation 2022 - HCBS Transition Services
Statewide Rate: 91%

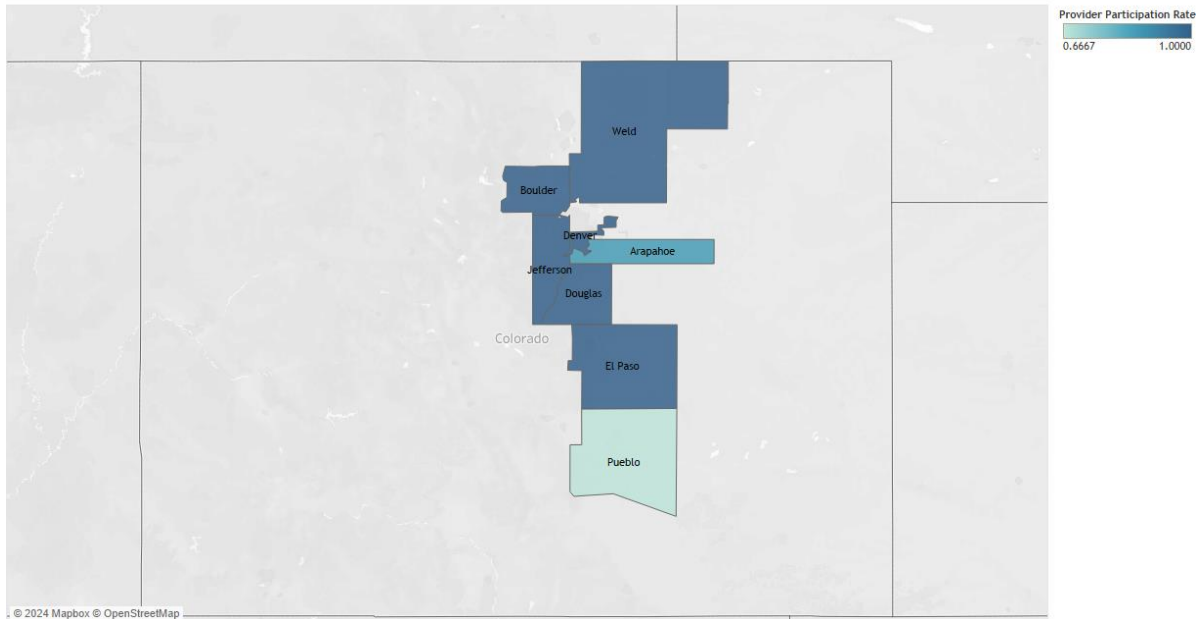


Figure 79

The statewide provider participation rate for the HCBS Transition Services service category remained at 100% in both 2020 and 2021, but experienced a 9% drop to 91% in 2022 (Figure 80).

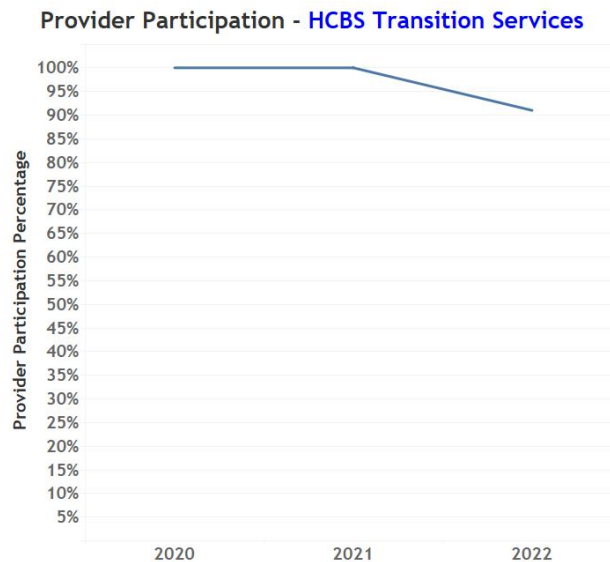


Figure 80

Penetration Rate

The penetration rate analysis (Figure 81) considers the number of members that utilized services in the HCBS transition services category per every 1000 Medicaid members in every county during the state fiscal year 2023 (July 1, 2022 - June 30, 2023). A darker blue color indicates a higher penetration rate.

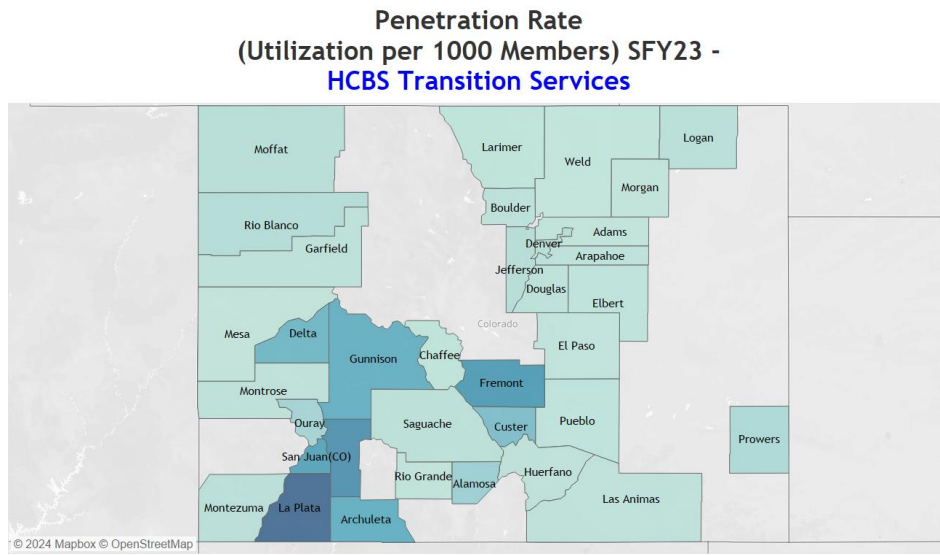


Figure 81