



COLORADO

Department of Health Care
Policy & Financing

Expanding the Substance Use Disorder Continuum of Care

1115(a) Substance Use Disorder

**Fourth Annual
SUD Stakeholder Forum**

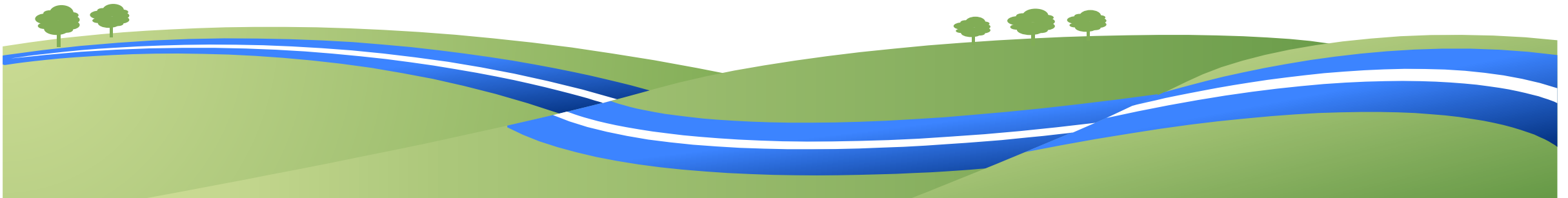
October 16, 2024

Agenda

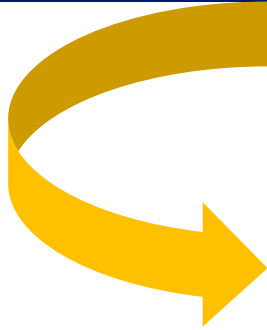
- Overview
- Goals of the 1115 Demonstration
- Completed Key Deliverables & Events
- Outline of Milestones
- Review of Progress toward Milestones 1 through 6
- Questions

Overview

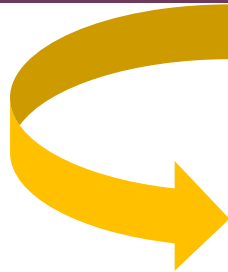
- The Department of Health Care Policy & Financing (HCPF) received Federal approval to cover Substance Use Disorder (SUD) services in Institutions for Mental Disease (IMDs) and other settings.
- Colorado received approval from Centers for Medicare & Medicaid Services (CMS) through an **1115 SUD Demonstration Waiver**.
- Colorado filed a State Plan Amendment (SPA) to modify our State Medicaid coverage.
- Providers must follow the American Society of Addiction Medicine's (ASAM) nationally recognized guidelines which provide evidence-based SUD level of care (LOC) standards for placement, continued stay, transfer, admission and interventions



Each year the State of Colorado must submit an annual report to CMS



The Third Demonstration Year (DY3) of the 1115 SUD Waiver was completed



The following presentation is a summary of the DY3 report

Goals of the 1115 Demonstration

- 1 Increase treatment options for opioid use disorders (OUD) and other SUDs
- 2 Increase retention in treatment for OUD and other SUDs
- 3 Reduce overdose deaths
- 4 Reduce use of emergency department and inpatient hospital settings for OUD and other SUD treatment
- 5 Reduce readmissions to the same or higher level of care
- 6 Improve access to care for physical health conditions for those with OUDs or other SUDs

Completed Key Deliverables and Events

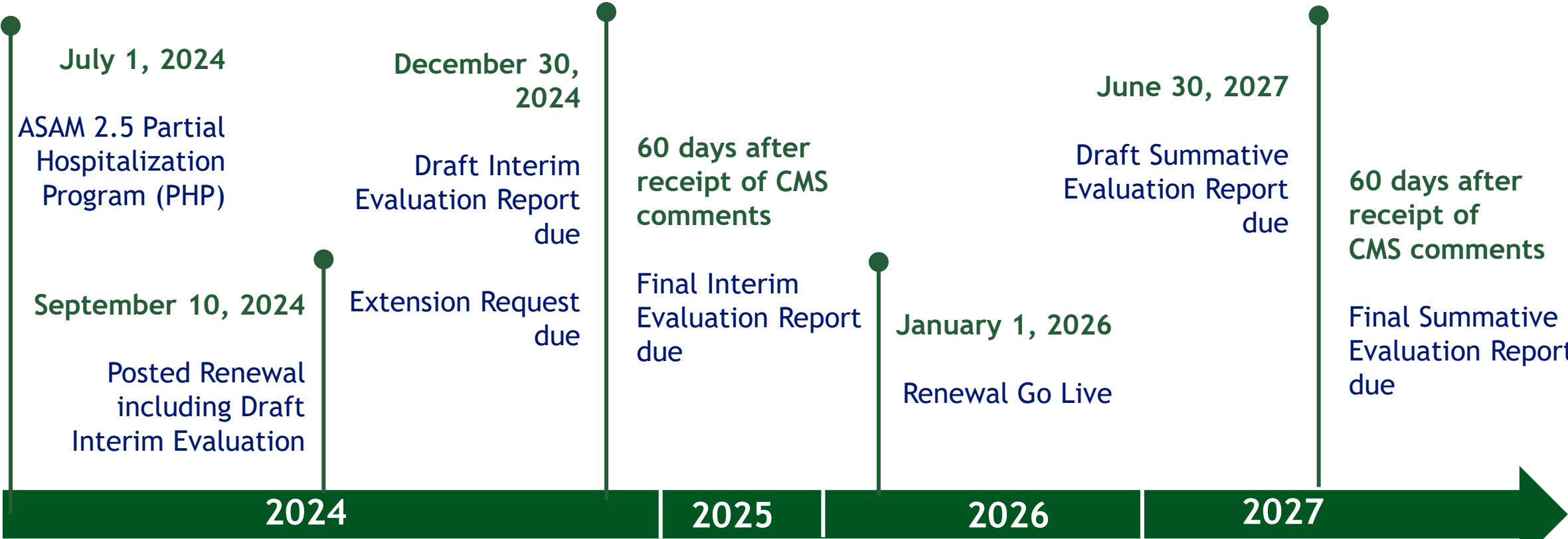


Quarterly & Annual Reports To Date: ten quarterly reports and three annual reports submitted to CMS

Program Documentation & CMS Approved Deliverables can be accessed at

<https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81176>

Ongoing Key Deliverables and Events



Three quarterly reports and one annual report each year

Outline of Milestones

- 1 Access to critical levels of care for SUDs
- 2 Widespread use of evidence-based, SUD-specific patient placement criteria
- 3 Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities
- 4 Sufficient provider capacity at each level of care, including medication-assisted treatment (MAT)
- 5 Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD
- 6 Improved care coordination and transitions between levels of care

Milestone 1

Access to Critical Levels of Care for SUDs

CMS Requirements

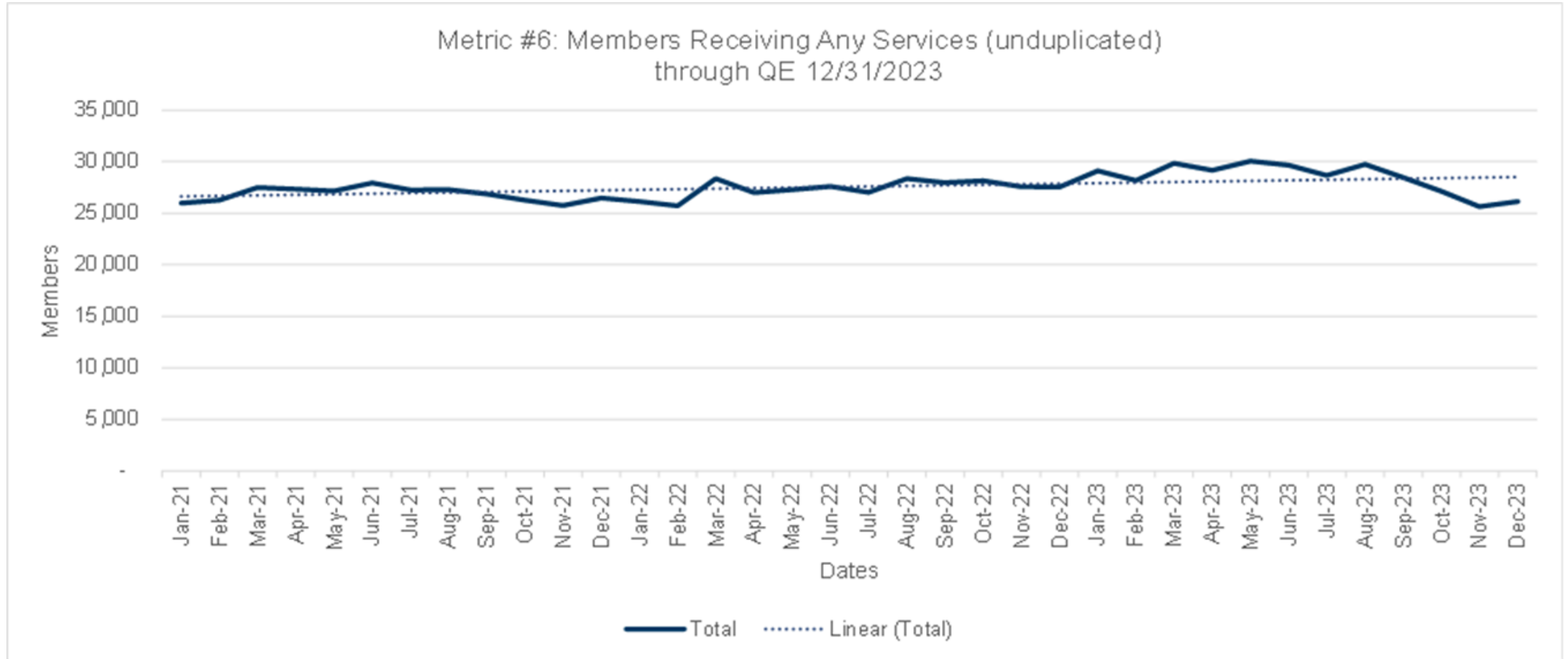
- Coverage of:
 - Outpatient (including early intervention)
 - Intensive Outpatient services (IOP)
 - MAT (Medication Assisted Treatment) medications, counseling and other services with sufficient provider capacity to meet needs of Medicaid beneficiaries in the state
 - Intensive levels of care in residential and inpatient settings
 - Medically supervised Withdrawal Management (WM)

State Activities

- Received CMS approval to implement a statewide eConsult platform, with anticipated go-live Winter 2024.
- An adolescent inpatient detoxification unit opened
- Allocated funds to support two grant recipients to build capacity to provide mobile MAT

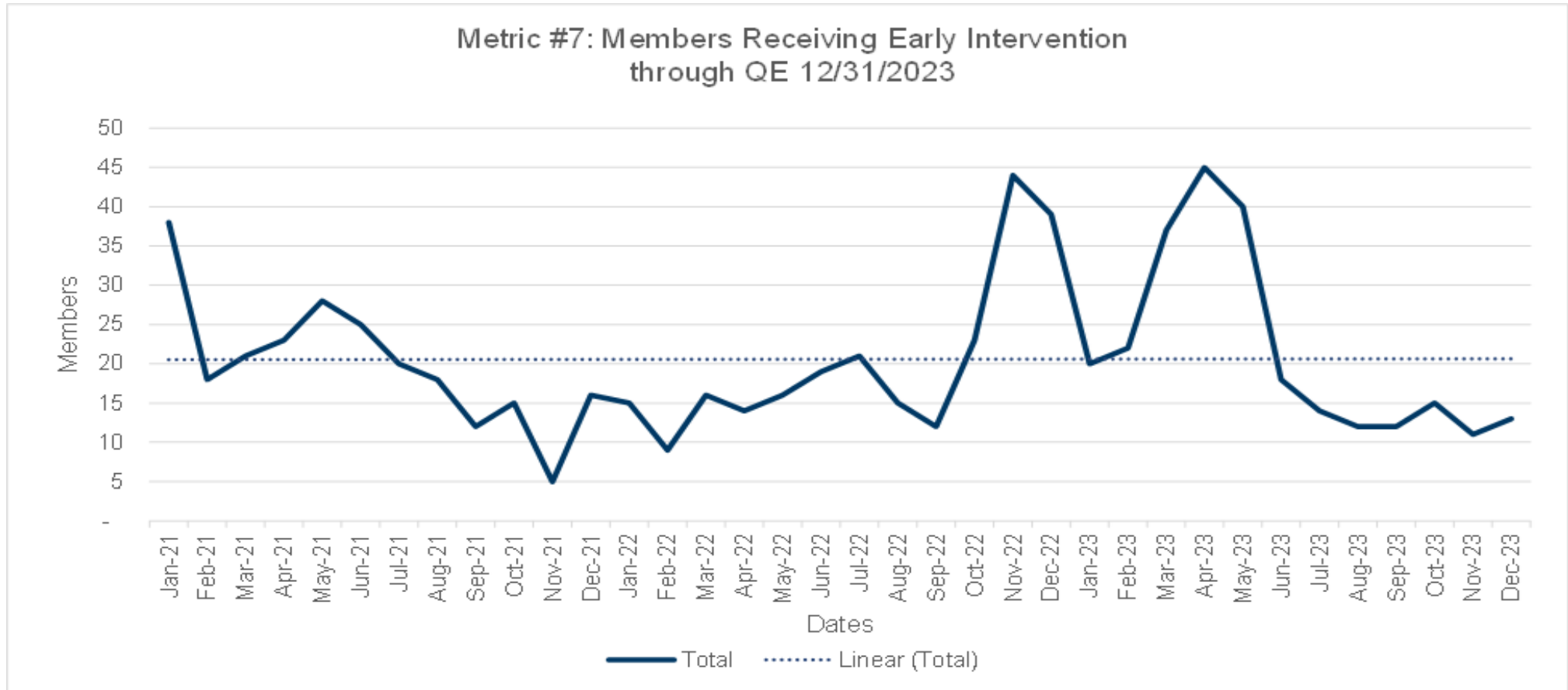
Milestone 1 - Access to Critical Levels of Care for SUDs

Members Receiving SUD Services Decreased



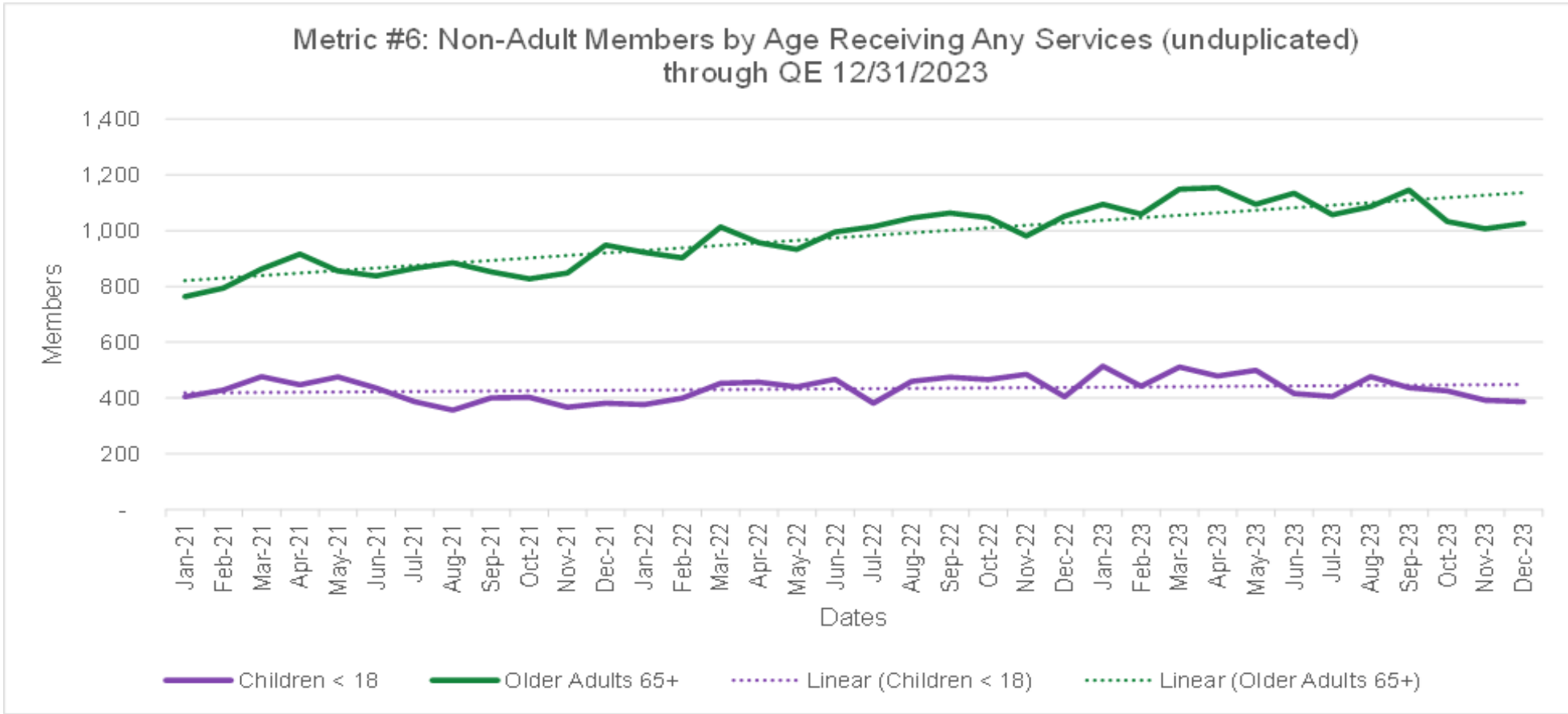
Milestone 1 - Access to Critical Levels of Care for SUDs

Members Receiving SUD Early Intervention Decreased



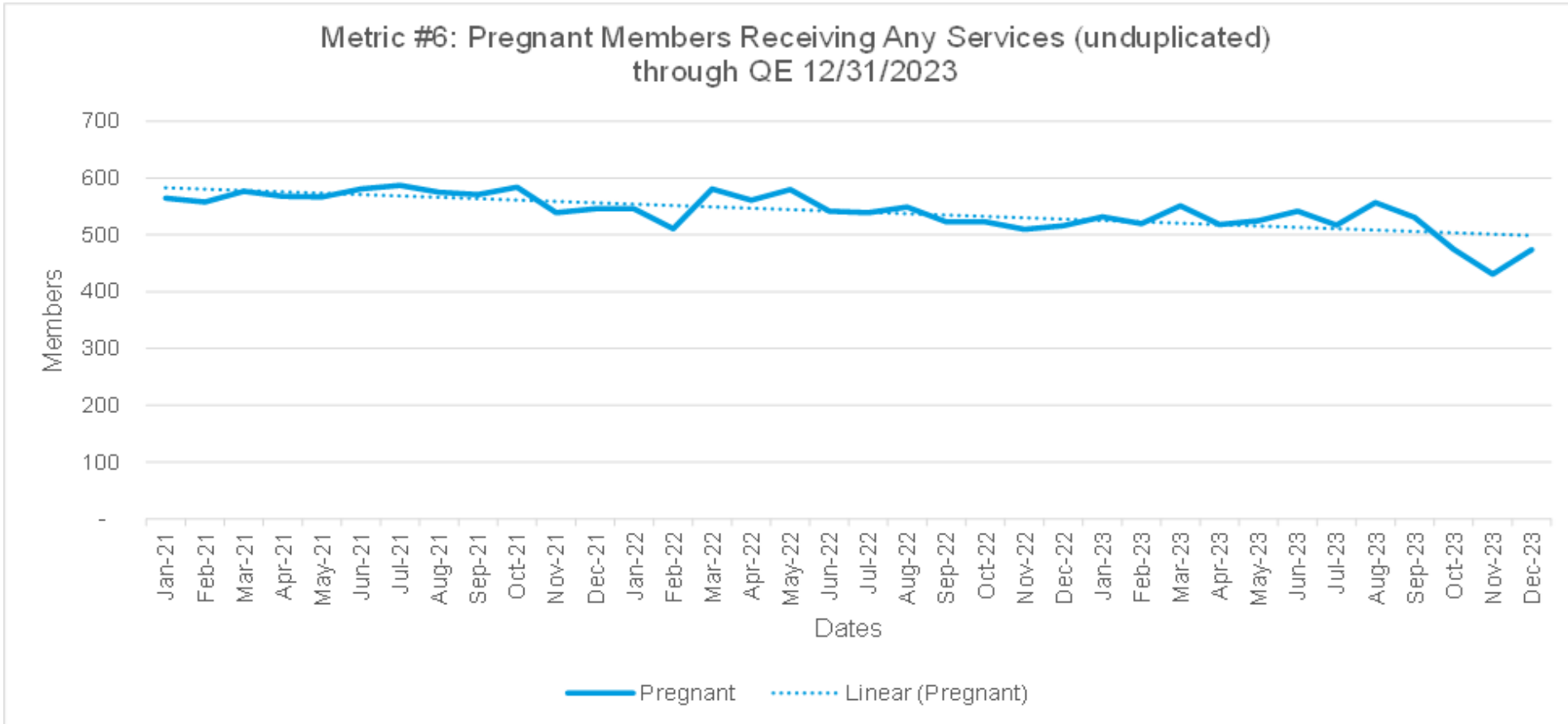
Milestone 1 - Access to Critical Levels of Care for SUDs

Senior and Youth Members Receiving SUD Services Decreased



Milestone 1 - Access to Critical Levels of Care for SUDs

Pregnant Members Receiving SUD Services Decreased



Milestone 2

Widespread use of evidence-based, SUD-specific patient placement criteria

CMS Requirements

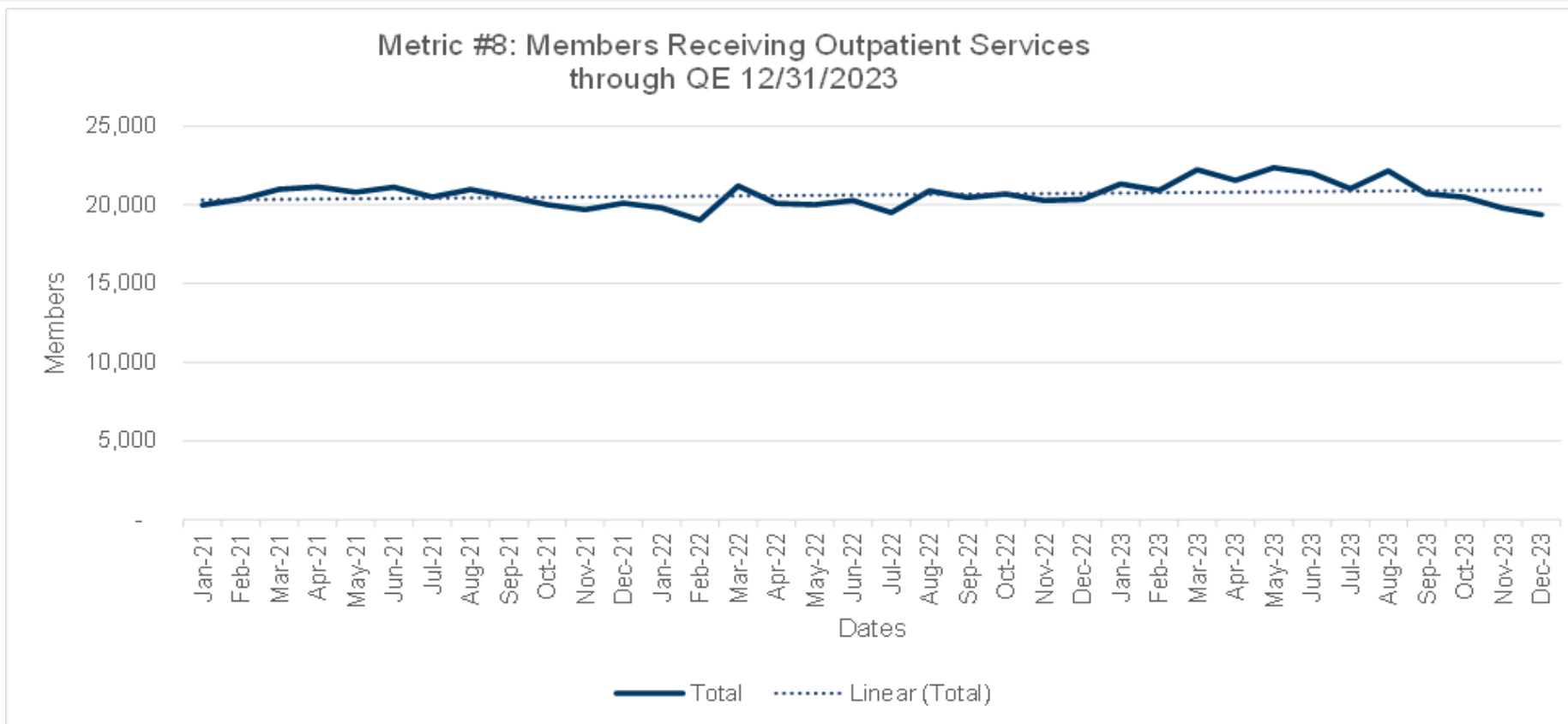
- Widespread use of evidence-based SUD criteria to place members in treatment:
 - Providers must use ASAM criteria and review treatment needs based on SUD-specific, comprehensive assessment tools.
- Utilization Management (UM) approach:
 - Access to services at the right Level of Care
 - Treatment appropriate for diagnosis and Level of Care
 - Independent process to review placement in Residential Level of Care

State Activities

- Reviewed three years' worth of authorization data for ASAM levels 3.1, 3.5, and 3.7, and used this information to right size initial authorizations and reduce administrative burden
- Published the Substance Use Disorder Utilization Management Report (137 Report), which included data through DY3Q2 (June 30, 2023)

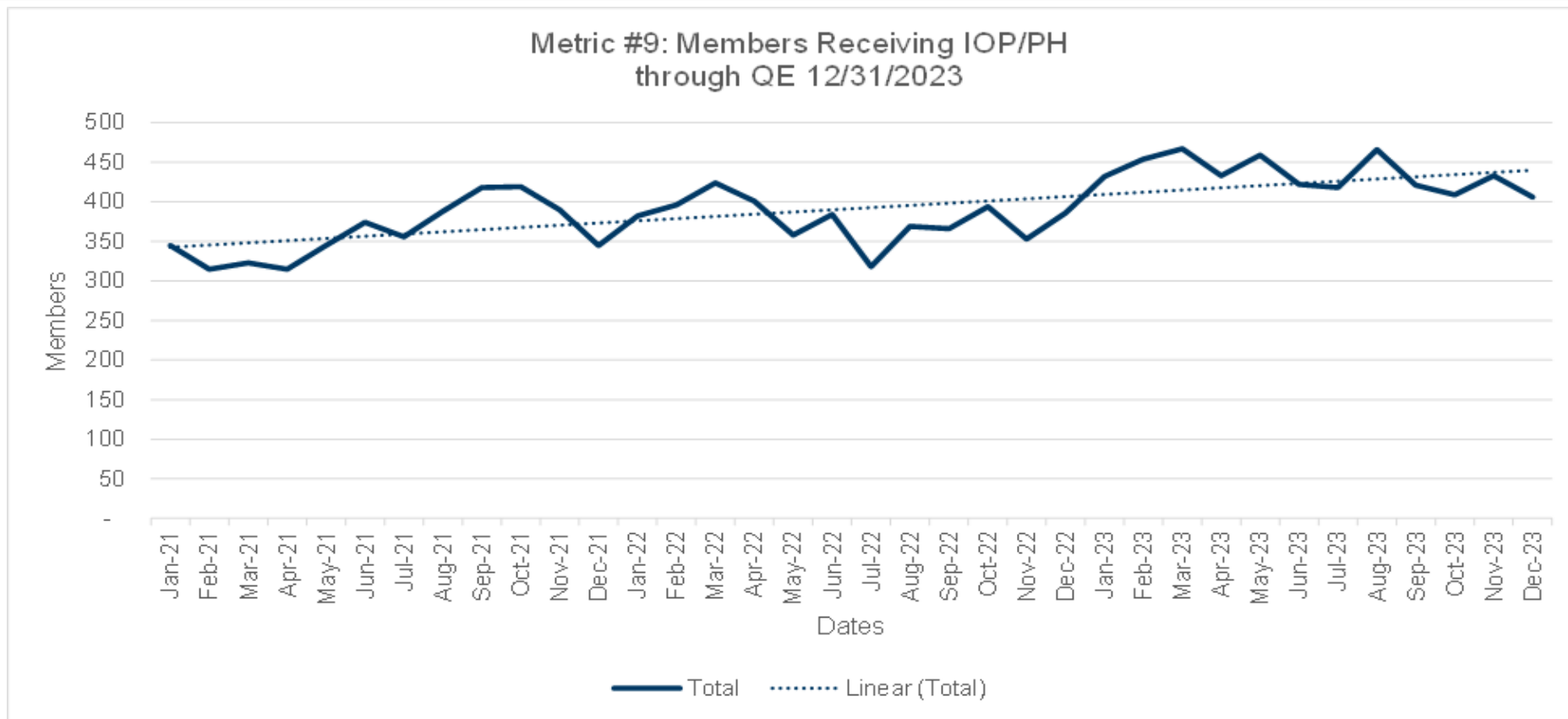
Milestone 2 - Widespread Use of Evidence Based, SUD Specific Placement Criteria

Members Receiving Outpatient Services Decreased



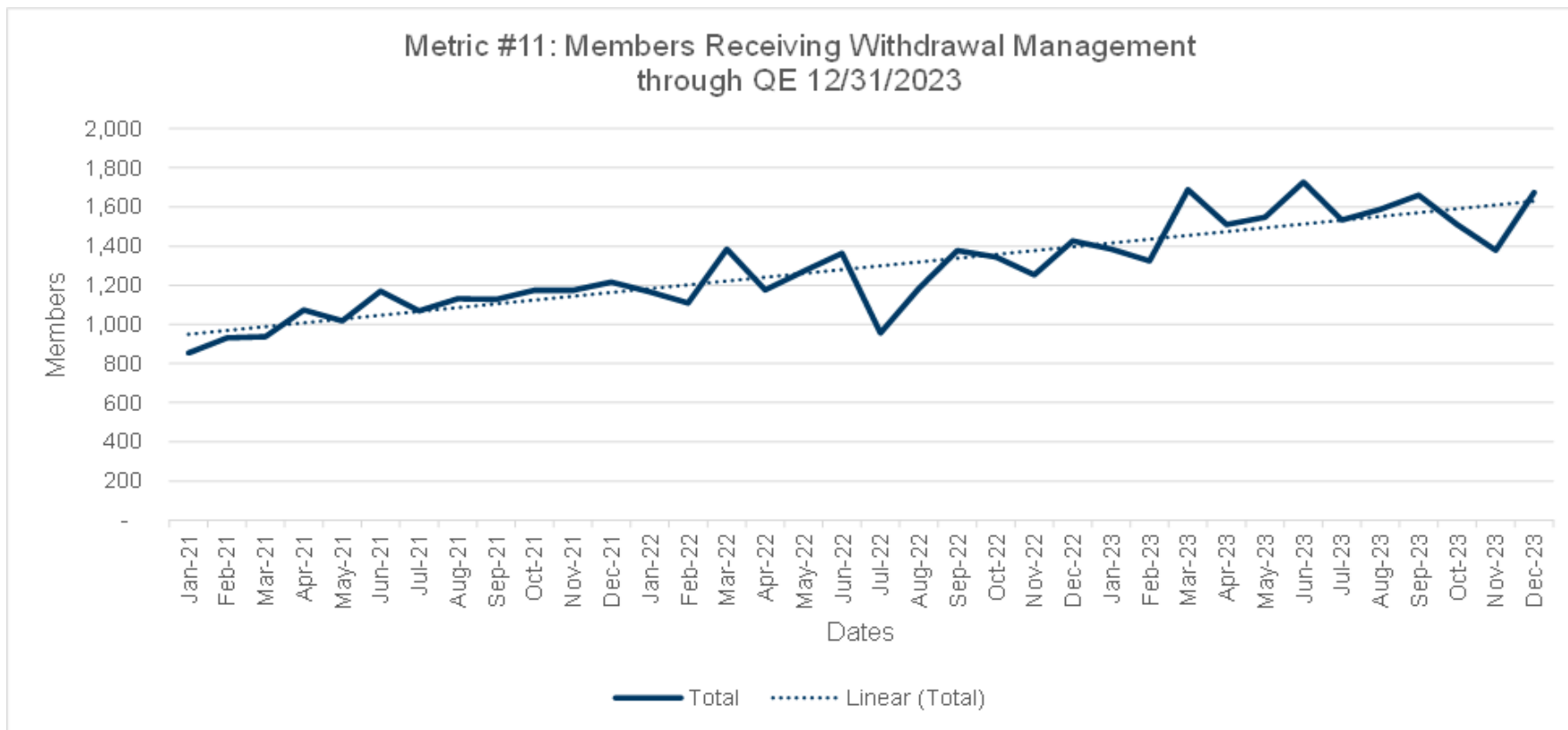
Milestone 2 - Widespread Use of Evidence Based, SUD Specific Placement Criteria

Members Receiving Intensive Outpatient Program Decreased



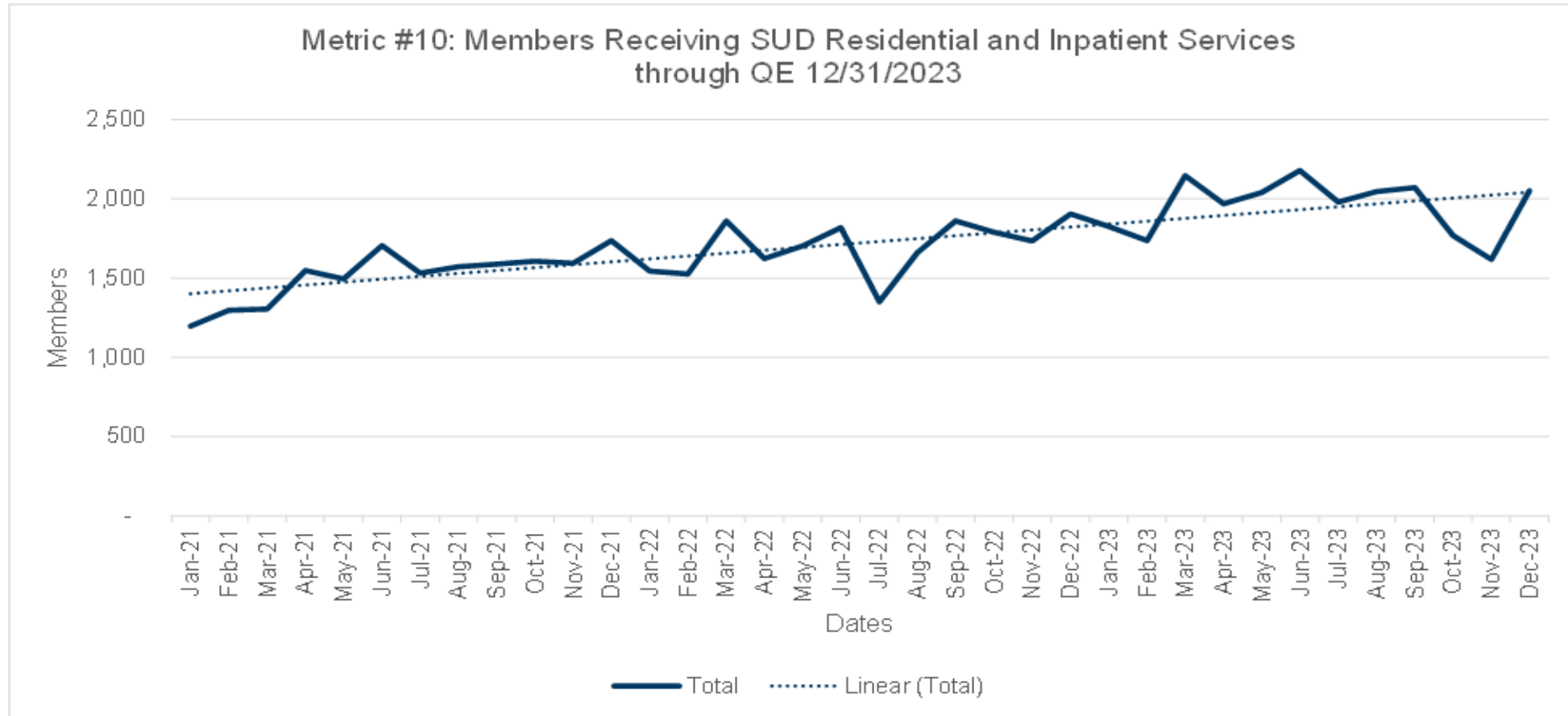
Milestone 2 - Widespread Use of Evidence Based, SUD Specific Placement Criteria

Members Receiving SUD Withdrawal Management Increased



Milestone 2 - Widespread Use of Evidence Based, SUD Specific Placement Criteria

Members Receiving SUD Residential & Inpatient Services Increased



Milestone 3

Use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities

CMS Requirements

- New standards for Residential LOC providers and updates to:
 - Licensure requirements and policy manuals
 - Managed Care contracts
- Process to review:
 - Residential LOC providers to ensure they meet the new standards including ASAM criteria
- Residential facilities must offer MAT or arrange for members to receive MAT at another location

State Activities

- HB 23-1236 Implementation Updates to Behavioral Health Administration became a Signed Act on May 16, 2023
- Responsibility for licensure rule development began to transfer to the BHA
- HCPF continued to collaborate closely with the BHA on licensure rule development, and ensure that SU rules aligned with the ASAM criteria

Milestone 4

Sufficient provider capacity at each level of care, including MAT

CMS Requirements

- Enough providers enrolled in Medicaid who are accepting new patients in critical LOCs throughout the State
- Adequate number of providers who offer MAT to Medicaid members

State Activities

- BHA published “Investing in the Peer Support Workforce”, and released a Request for Application (RFA) for BH workforce peer support professionals
- The Colorado Opioid Abatement Council (COAC) approved over \$1.9 million in infrastructure grants for organizations combating the opioid crisis

Milestone 4

Sufficient provider capacity at each level of care, including MAT

CMS Requirements

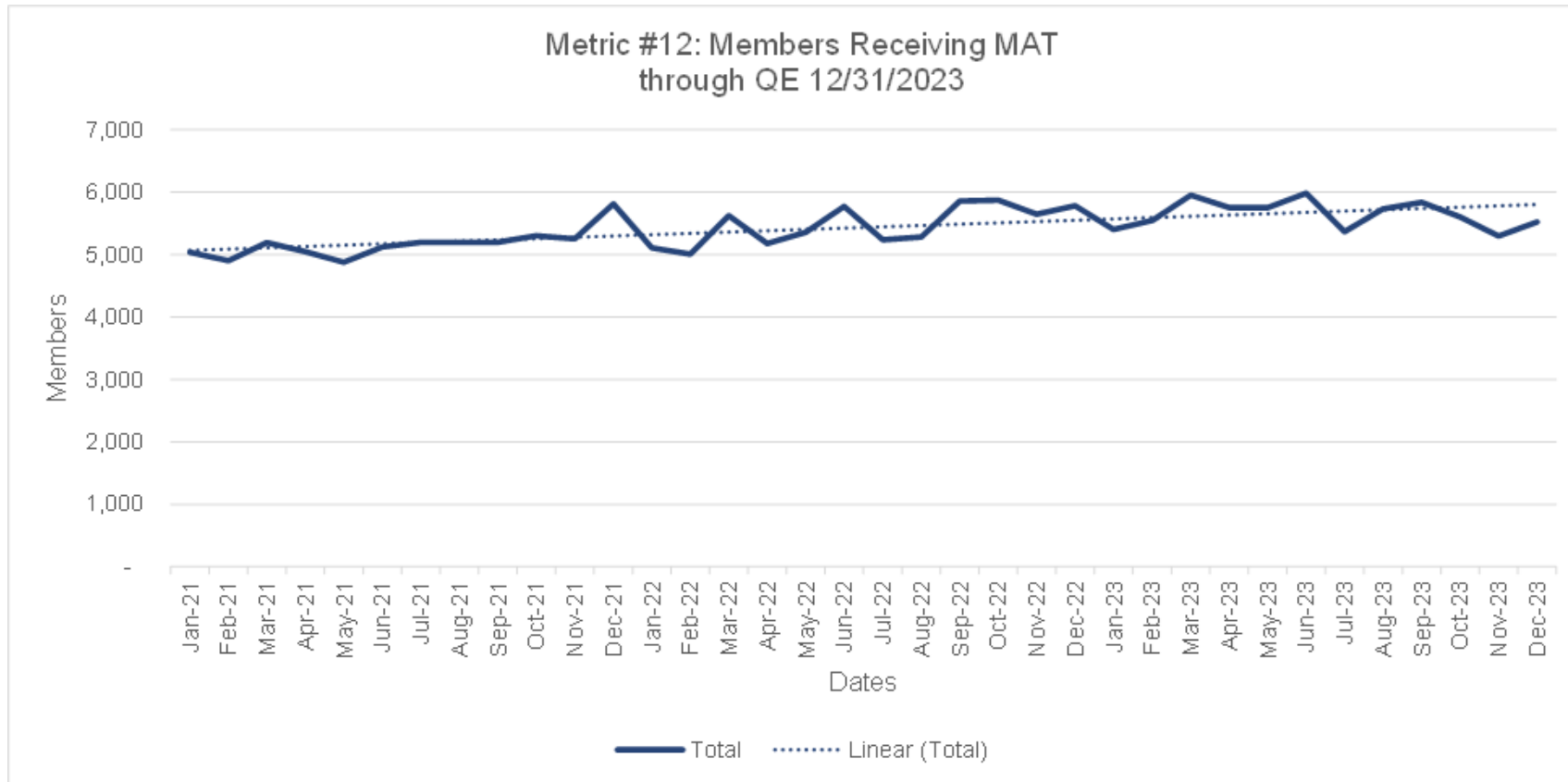
- Enough providers enrolled in Medicaid who are accepting new patients in critical LOCs throughout the State
- Adequate number of providers who offer MAT to Medicaid members

State Activities

- The Reproductive Health Equity team partnered with River Valley Health Centers (RAE 1) and Denver Health to increase supports to pregnant women using substances using MOMs grant funding
- The Opioid Abatement Council held the Second Opioid Abatement Conference from August 16-18, 2023
- The State began planning the transition to ASAM 4th edition

Milestone 4 - Sufficient Provider Capacity at Each Level of Care, Including MAT

Members Receiving Medication Assisted Treatment (MAT) Decreased



Milestone 5

Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUDs of care for SUDs

CMS Requirements

- Guidelines on prescribing opioids need to be put into place
- Access to Naloxone* needs to increase
- Prescription drug monitoring programs should be in place

State Activities

- The HCPF Pharmacy Benefit began covering generic buprenorphine films, which was an expansion of the formulary
- CO also added Brixadi, a shorter-term injectable form of buprenorphine, to the covered medications
- HCPF contracted with a pharmacy school to provide peer-to-peer consults and provider education on best practices for pain management

*Naloxone is medication used for the emergency treatment of known or suspected opioid overdoses

Milestone 5

Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUDs of care for SUDs

CMS Requirements

- Guidelines on prescribing opioids need to be put into place
- Access to Naloxone* needs to increase
- Prescription drug monitoring programs should be in place

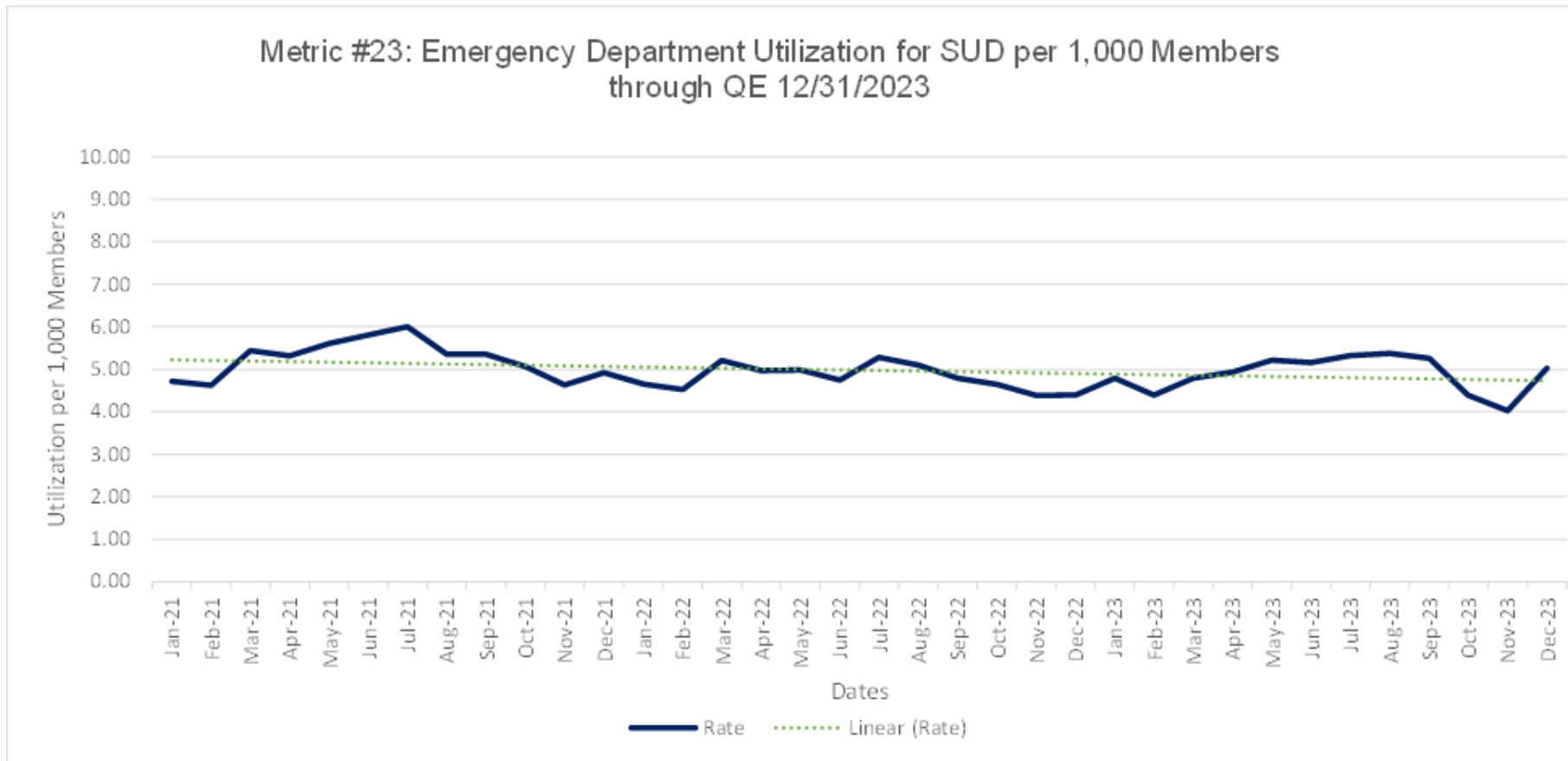
*Naloxone is medication used for the emergency treatment of known or suspected opioid overdoses

State Activities (continued)

- The CO Department of Public Health and Environment made funding available to help prevent opioid misuse and overdose to agencies using evidence-based public health approaches. There are two tracks identified:
 - Harm Reduction
 - Community-Based Linkage to Care
- Opioid treatment programs can now provide a seven-day supply to members
- Prior authorization criteria was removed from buprenorphine and naloxone

Milestone 5 - Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUDs of care for SUDs

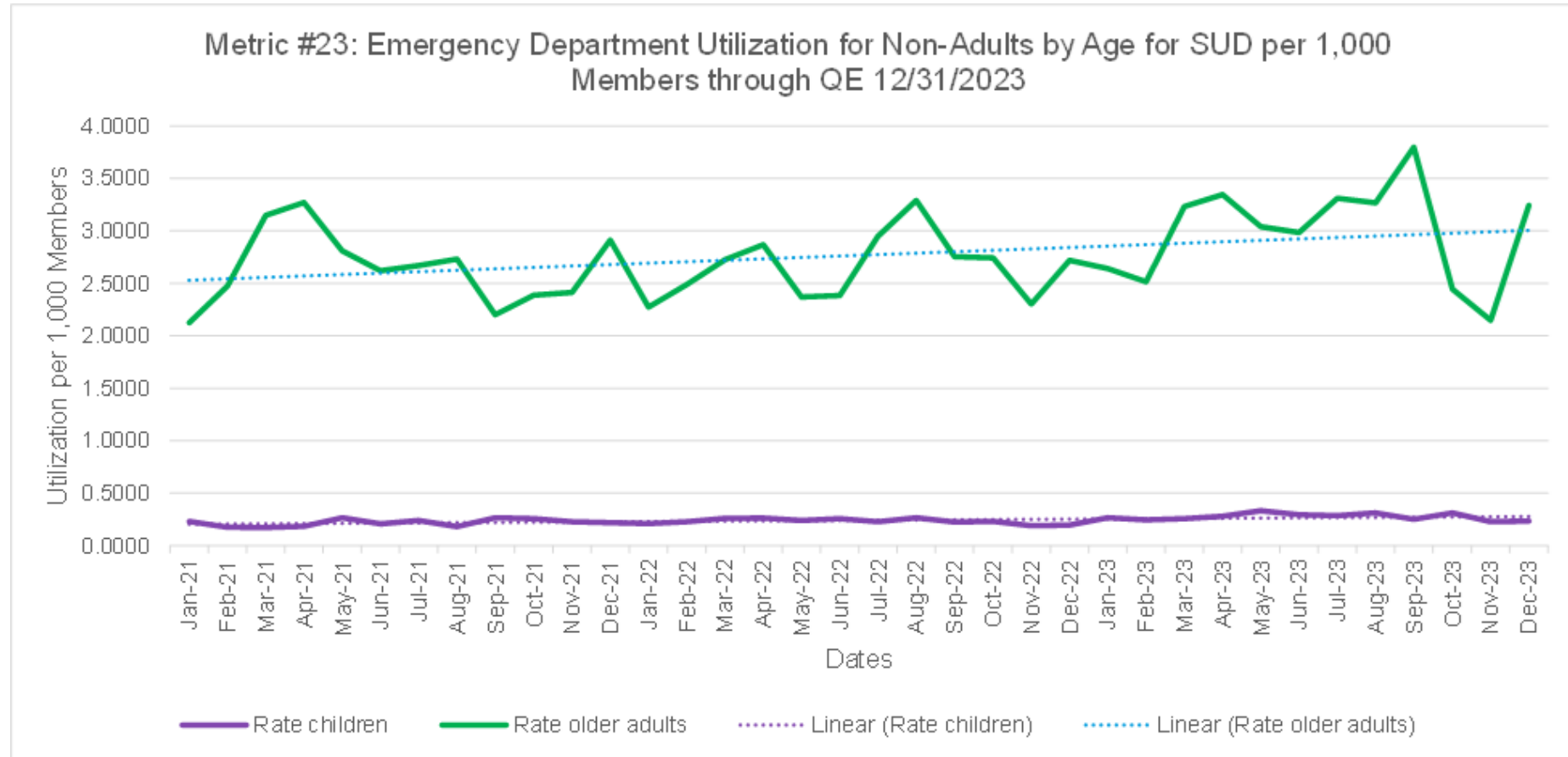
Members Emergency Department Utilization Increased



Milestone 5 - Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUDs of care for SUDs

Senior Members Emergency Department Utilization Increased

Youth Members Emergency Department Utilization Decreased



Milestone 6

Improved care coordination and transitions between levels of care

CMS Requirements

- Members will receive better care coordination
- It will be easier for members to move to other levels of care
- Members, particularly those with OUD, who receive treatment in residential and inpatient facilities, will get help accessing community-based services after they are done with their treatment

State Activities

- HCPF published the Maternal Health Equity report in April 2023, which indicated 3.8% (an increase of 30.6%) of babies covered by Health First Colorado were substance-exposed
- HCPF continued to participate in the Maternal Opioid Misuse (MOM) model from CMS

Milestone 6

Improved care coordination and transitions between levels of care

CMS Requirements

- Members will receive better care coordination
- It will be easier for members to move to other levels of care
- Members, particularly those with OUD, who receive treatment in residential and inpatient facilities, will get help accessing community-based services after they are done with their treatment

State Activities (continued)

- The State published the 'Case Management Recommendation Report' which had the following recommendations:
 - Ensure equitable payment for case management activities
 - Continue rural-travel add-on
 - Consider urban-travel add-on
 - Identify and enforce maximum allowable caseloads
 - Implement timely and hands-on training for case management agencies
 - Examine quality measures

Health Information

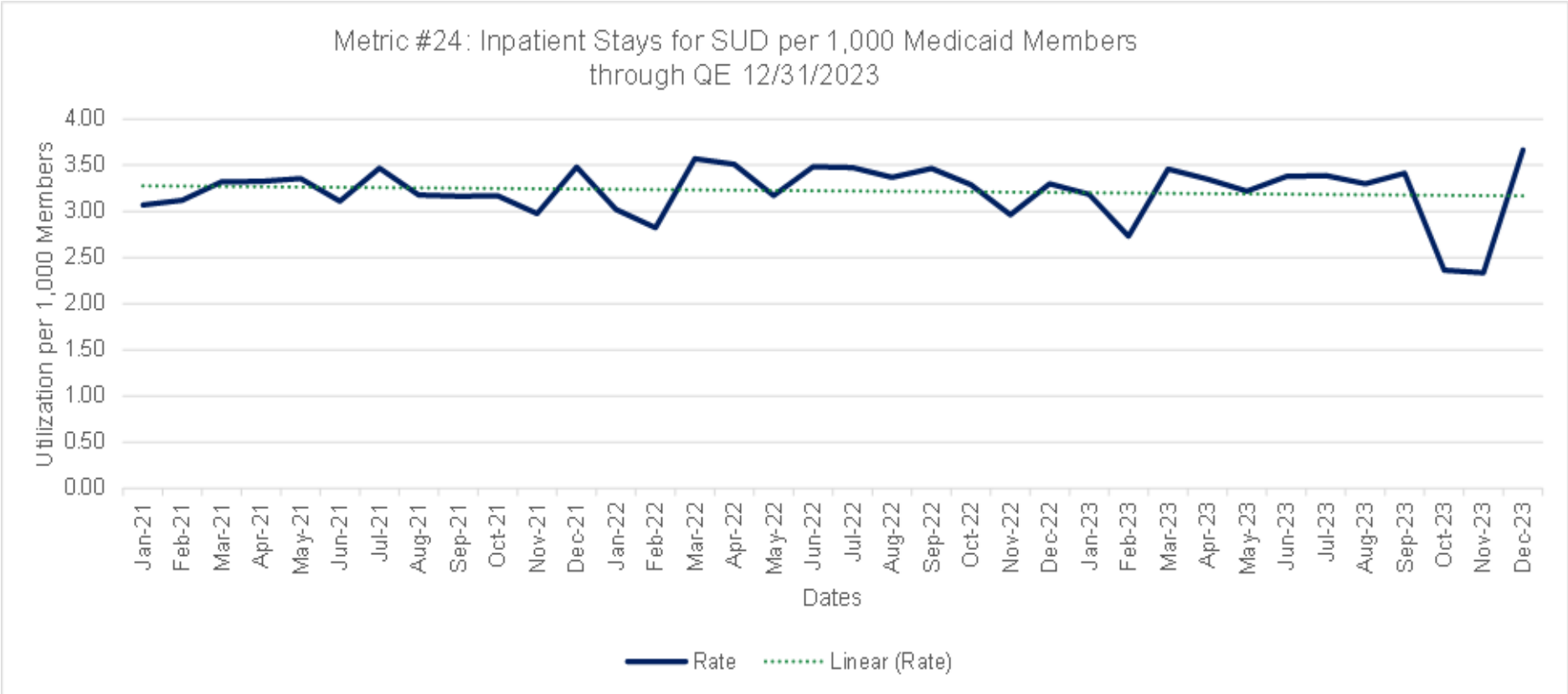
Health Information Technology Achievements

State Activities

- Active prescription drug monitoring program (PDMP) user accounts increased by 11.2%
- The number of opioid prescriptions in the PDMP decreased by 4.5%
- MAT with use of counseling and behavioral therapies via telehealth decreased by 46.8%

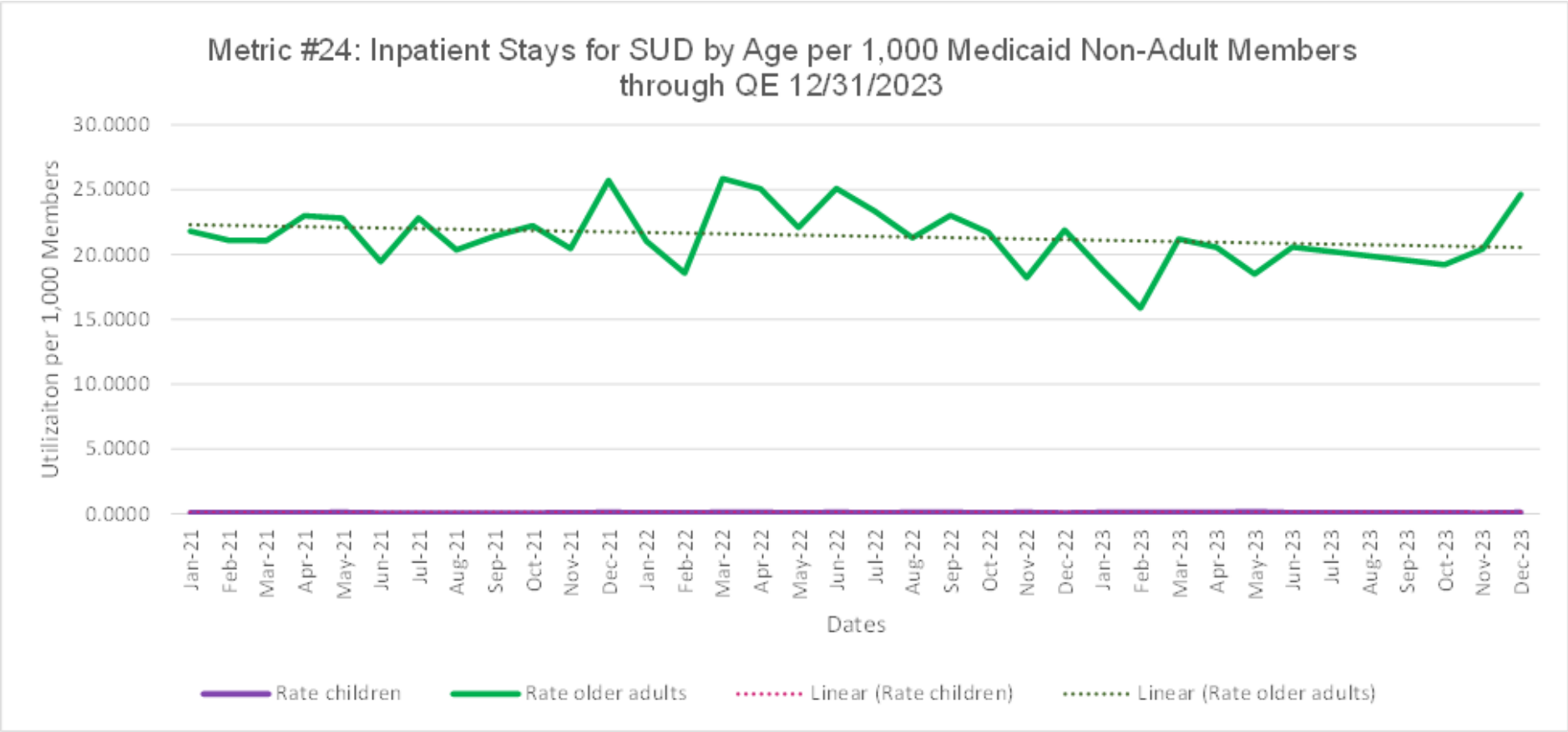
Other SUD Metrics

Inpatient Stays for SUD per 1,000 Members



Other SUD Metrics

Senior and Youth Members Inpatient Stays for SUD per 1,000 Members



Open Discussion

Questions?

Suggestions?

Comments?

Feedback?

hcpf_1115waiver@state.co.us