Substance Use Disorder Utilization Management Report

April 1, 2024

Data Included
DY3 Q4
(October 2023-
December
2023)

COLORADO
Department of Health Care Policy & Financing

Contents

Summary

This report was developed to publicly report progress and statewide data trends regarding the residential and inpatient portions of the substance use disorder (SUD) treatment benefit. The report includes all currently available data points defined in SB 21-137[1]. This quarterly report includes data from October 2023 through December 2023 about service authorizations, denials, response times, and the volume of services being delivered. The data was collected and consolidated from Colorado's Managed Care Entities (MCEs) that administer the SUD benefit.

The Department of Health Care Policy and Financing (HCPF) offers observations of noted trends and changes in trends starting in January 2021, when the benefit was implemented through an 1115 Demonstration Waiver.
Highlights of the April 1, 2024 report include:

- Withdrawal management (WM) services remain the most heavily utilized level of care under the full continuum accounting for 74% of total services provided with 19% of members returning to care within the same quarter.
- The number of 3.7 WM episodes of care, 2,901, is an increase of 59% from last quarter while utilization of 3.7 LOC services continued to drop, accounting for only 1% of episodes of care delivered this quarter.
- 3,964 Inpatient (residential and hospital) LOC services were delivered to 2,834 unique members.
- Data from this reporting period show while there was a 31% increase (522 members) in the number of youth with primary SUD diagnosis who received BH services, total residential SUD episodes of care for youth across the state remain in the single digits.

This report also identifies opportunities where further exploration or statistical analysis of data may be beneficial in evaluating the needs of Health First Colorado Members. This is the 10th report the Department has published. All SUD Utilization Management Reports are available upon request. Please email: SUD Benefits.

Overview & Background

In January 2021, the Department of Health Care Policy and Financing (the Department) expanded its substance use disorder (SUD) benefit to provide services across the full continuum of SUD care. This includes coverage for all of levels of care (LOC) as defined by the American Society of Addiction Medicine (ASAM) Appendix B. The expansion was authorized and funded by Colorado House Bill 18-1136. The benefit expansion also required the Department to seek an 1115 SUD Demonstration Waiver to cover services rendered in Institutions for Mental Disease (IMDs) and a State Plan Amendment to cover residential level of care services in other settings.

Three years after the authorizing legislation was passed the Colorado General Assembly passed Senate Bill (SB) 21-137[1] that mandated HCPF consult with the Office of Behavioral Health (OBH), residential SUD treatment providers, and Managed Care Entities (MCEs) to develop standardized utilization management processes for residential and inpatient SUD treatment. That bill also outlined the methodology for reporting utilization management data on a quarterly basis.

Standard definitions and data collection processes for each metric were established in Demonstration Year one (DY1) of the 1115 waiver (January 1, 2021-December 31, 2021). As of January 2022, all data points have been collected and reported across all MCEs, following defined standard processes.

Data & Methods

Each MCE tracks data for requests for authorization, initial authorizations, denials, appeals and continued authorization of SUD Inpatient (residential and hospital) at each ASAM level of care. Each MCE uploads counts of occurrences and durations of approval periods into a data collection template form generated by the Department. The data collection forms are submitted to the Department quarterly. The Data Analytics Services (DAS) division compiles all count and duration data for all 8 of the MCEs and completes the calculations of averages within and across MCEs. DAS uses claims data to calculate actual length of stay per episode of care.

Some of the data in this report includes very small sample sizes which can distort averages and percentages. Places where the data points are very small are marked with an asterisk (*), and detailed counts are not publicly published due to HCPF policies. Please email: SUD Benefits for additional information.

Residential SUD Services Utilization Overview

The following overview summarizes Episodes of Care provided to members under the "SUD Residential and Inpatient Services Expansion" of the SUD Benefit to members in the current reporting period of DY4Q1. During the reporting period data from October 1, 2023- December 31, 2023, indicate that 3,964 inpatient (residential and hospital) SUD services were utilized by 2,834 unique members.

The following episodes of care data reflect member Level of Care (LOC) utilization received by members over the reporting period. In accordance with 1115 Waiver requirements, Colorado is monitoring the services provided to all members and tracking youth and pregnant and parenting people as identified sub-populations receiving SUD services. 99% of members were adults who were not pregnant or parenting people. <1% of adult members served received services through Special Connections (SC) - defined as pregnant and parenting people up to one-year post-

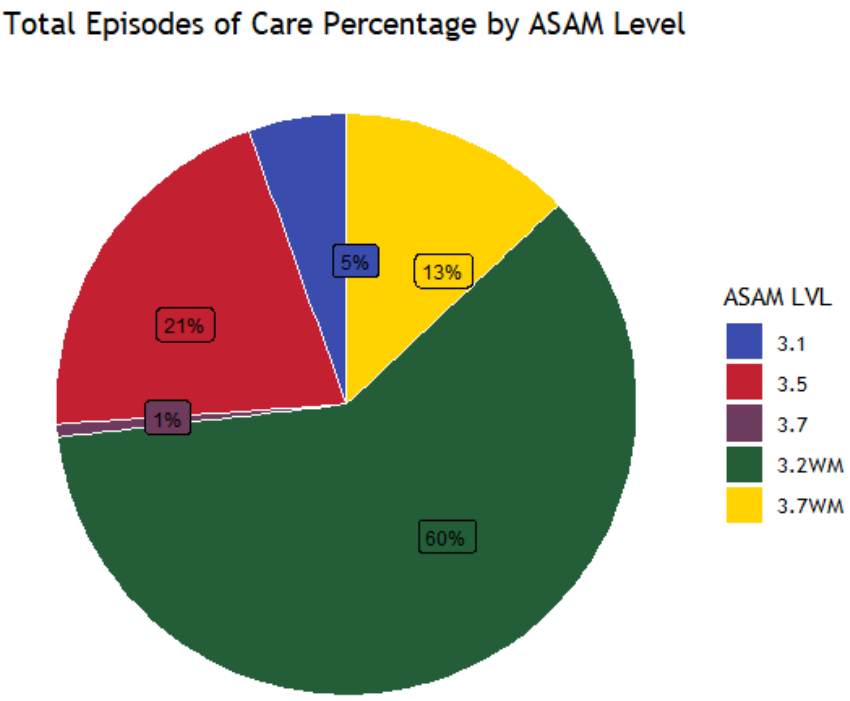
[1] The current report includes the metrics outlined in Colorado Senate Bill 21-137: https://leg.colorado.gov/bills/sb21-137

partum, and <1% of members served in inpatient, residential/hospital, SUD designated ASAM LOC services were youth (defined as under 18 years of age).

This summary level data of services delivered informs understanding of member SUD Residential service needs. The table below provides a count and the graph following displays the volume of services delivered at each LOC as a percentage of the overall services provided statewide. Each time a member enters a facility and receives service is counted as an episode of care. Therefore, a single member may have multiple episodes of care reported at the same or different levels.

3.7 LOC episodes of care account for 1% of all episodes of care, this is a decline over time and is being monitored by HCPF as the 3.7WM LOC has grown significantly in the same time period.

ASAM LOC	Total Episodes of Care Youth	Total Episodes of Care SC	Total Episodes of Care Non-SC Adults
3.1		*	*
3.3			
3.5		*	*
3.7			*
Residential Subtotal	*	38	1,025
3.2WM	*		2,383
3.7WM			515
WM Subtotal	*		2,898
Total	*	38	3,923



A. Initial Authorization (IA)

Initial authorization encompasses two processes, a pre-approval process for Residential ASAM levels of care 3.1,3.3, 3.5 and 3.7 and a retrospective approval of ASAM levels 3.2WM and 3.7WM designed to accommodate the urgency of initiating withdrawal management services. Withdrawal management (WM) LOC authorization remains unchanged, no pre-authorization is required for the standard minimum IA period. For WM LOC, concurrent approval is required if medical necessity substantiates a stay beyond the IA minimum standard. These WM concurrent approvals are addressed in the Continuing Approval section of the report.

The IA process is designed to ensure that members receiving SUD inpatient, residential or hospital, services have been assessed and placement has been made in accordance with ASAM LOC criteria, as required by Colorado's 1115 Waiver: "Expanding the Substance Use Disorder Continuum of Care".

Within the scope of IA, there are essentially two factors reported in accordance with HB 21-137. These factors include: the average length of time (in days) that is authorized in the pre-approval process; and the timeliness of responses to IA requests, including overall timeliness as well as counts of IA within the standard time and exceeding the standard time. The metric "Average Length of IAs" across all MCEs allows for comparison of standards across MCEs and informs best practices decisions. Monitoring of this measure allows identification of ongoing variance

between MCEs and invites examination of such variances through more specific and detailed data analysis.

Effective January 1, 2024, minimum days for Initial Authorization (IA) for Residential level of care stays have been revised. The new minimums are more closely aligned with average lengths of stay seen for each level of care over the last 2 years. This change is intended to support a reduction in Continued Authorization (CA) requests.

New Standard IA Approval Timeframes Effective January 1, 2024

ASAM LOC	Minimum Days Authorized
3.1	30
3.3; 3.5	20
3.7	10
3.2WM	5 (before CA)
3.7WM	4 (before CA)

The response time standard for non-SC adults (non-Special Connection adults are non-pregnant and parenting people) and youth is 72 hours. The response time standard for SC members is 24 hours. Monitoring timeliness of response allows for periodic review and adjustment of standards. The data for this report period demonstrate average response times for all levels of care continue to fall significantly below the standard for all sub-populations. This visibility into variance from the standard informs the Department when evaluating standards for IA to ensure prompt treatment access.

Average IA Response Time by LOC (hours)

3.1	3.1 SC	3.1 Y	3.3	3.3 SC	3.5	3.5 SC	3.5 Y	3.7	3.7 SC	3.7 Y
22	22	-	-	-	22	28	-	25	-	-

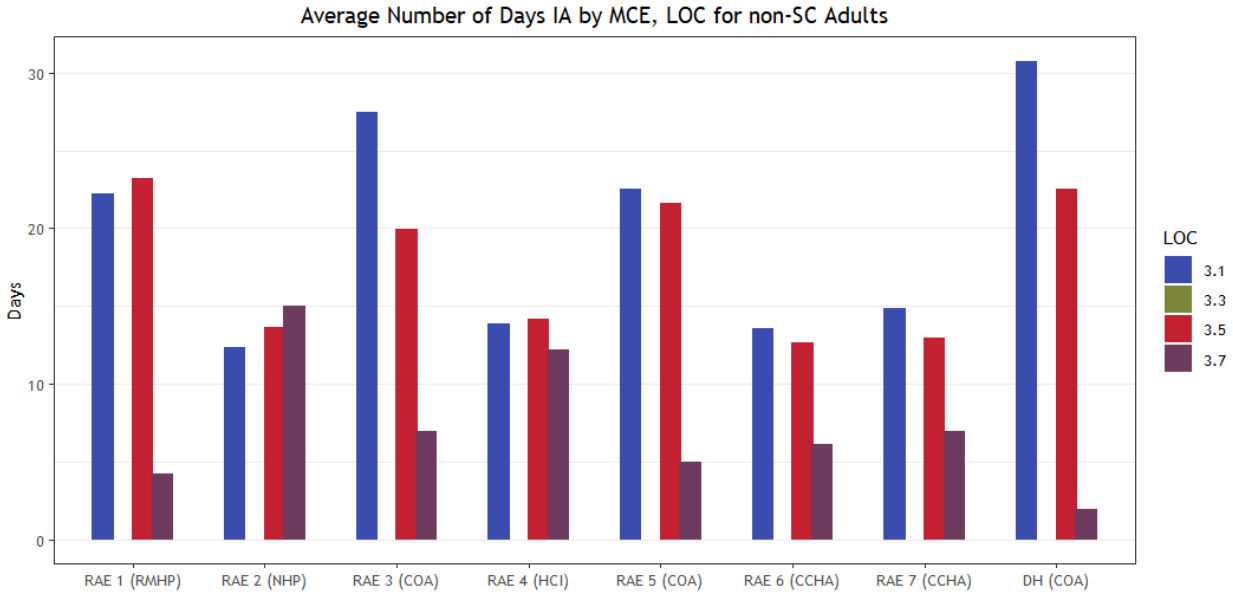
1. **Average Length of Initial Authorizations (IA):**

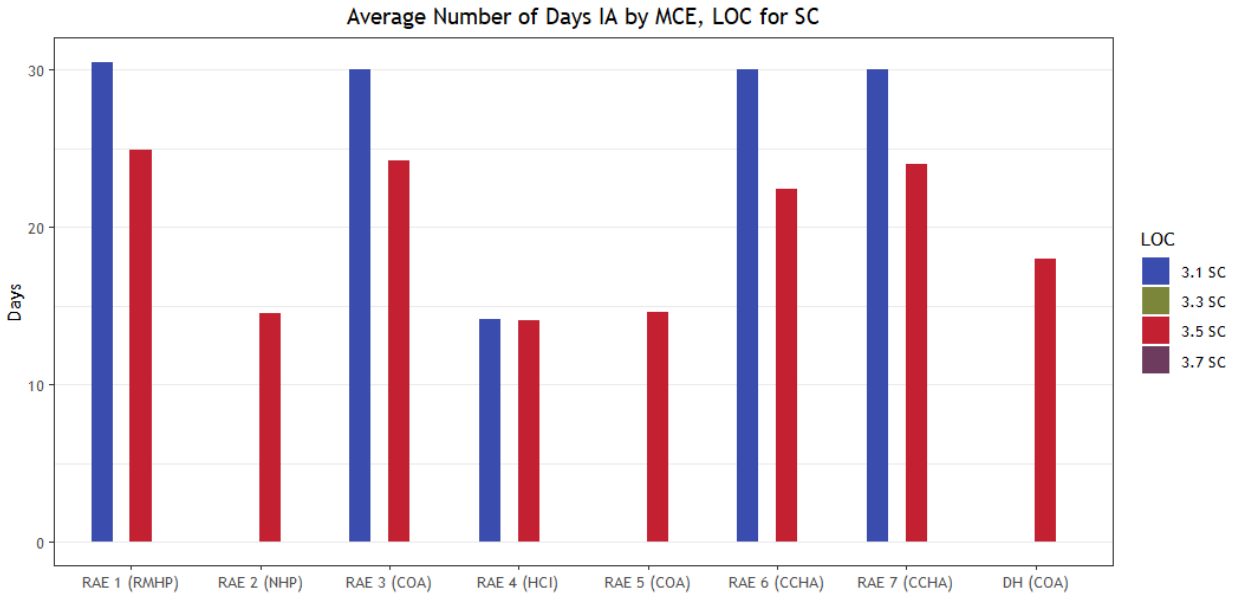
This measure captures the average number of days initially authorized for each Residential LOC service requiring pre-authorization (ASAM LOCs 3.1; 3.3; 3.5; and 3.7). Average LOS is provided for SC and non-SC adults and youth.

Average Length of IA by LOC (days)

3.1	3.1 SC	3.1 Y	3.3	3.3 SC	3.5	3.5 SC	3.5 Y	3.7	3.7 SC	3.7 Y
20	17	-	-	-	18	20	-	7	-	-

Inpatient LOC IAs reflect the pre-authorization durations determined per request for each member across the reporting period. CA is only required if medical necessity substantiates a stay beyond the IA time frame.

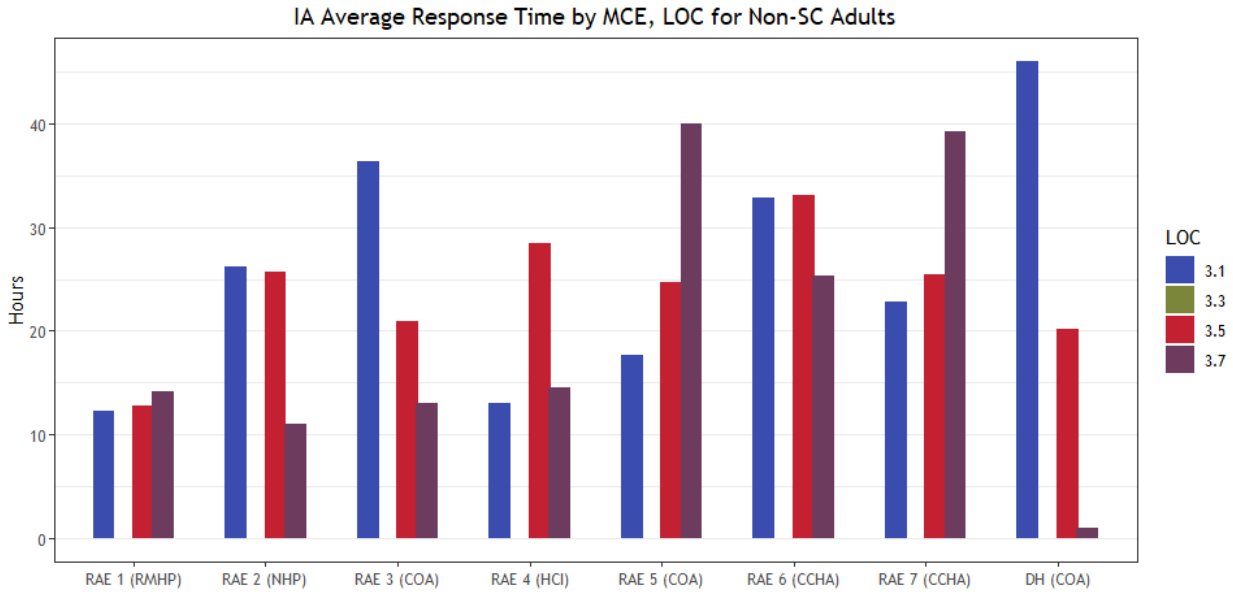


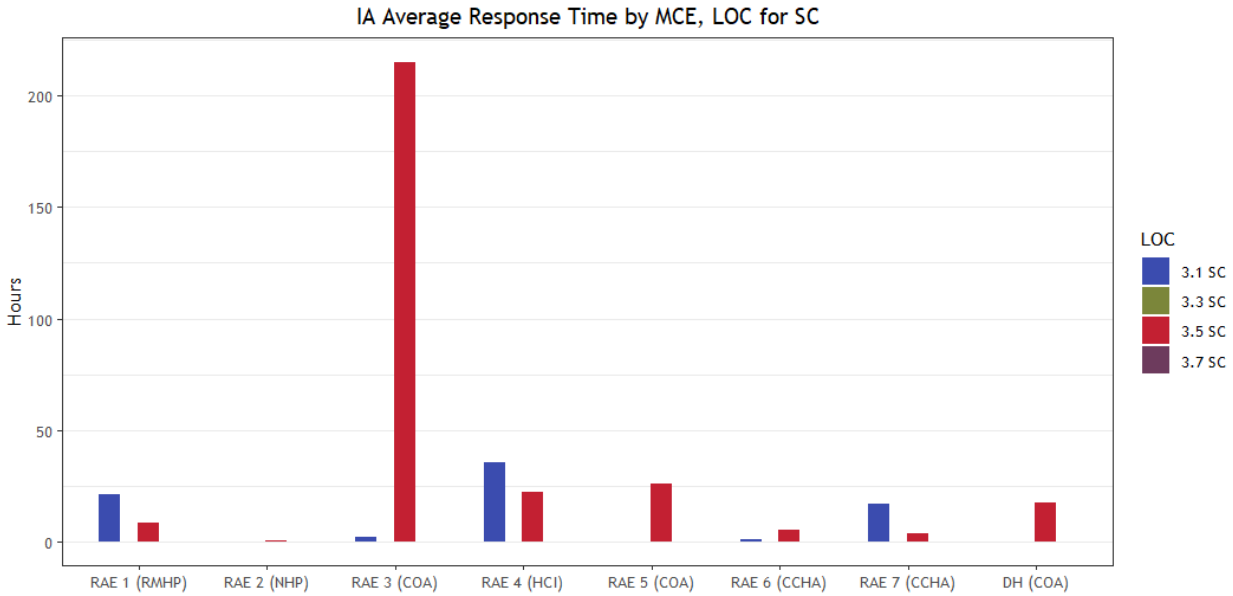


The average length of IA in days is presented by provider in Table 1 in Appendix C. Due to small numbers, sub-population details are not broken out.

2. **Average Response Time for IAs (in hours):**

Response times for MCEs to review facility requests for IAs for Residential LOC services are reported in hours. Response times for SC members appear on a separate graph because the standard differs.


IA Average Response Time by MCE, LOC for Non-SC Adults
Hours
0
10
20
30
40
RAE 1 (RMHP)
RAE 2 (NHP)
RAE 3 (COA)
RAE 4 (HCI)
RAE 5 (COA)
RAE 6 (CCHA)
RAE 7 (CCHA)
DH (COA)
LOC
3.1
3.3
3.5
3.7


IA Average Response Time by MCE, LOC for SC
Hours
0
50
100
150
200
RAE 1 (RMHP)
RAE 2 (NHP)
RAE 3 (COA)
RAE 4 (HCI)
RAE 5 (COA)
RAE 6 (CCHA)
RAE 7 (CCHA)
DH (COA)
LOC
3.1 SC
3.3 SC
3.5 SC
3.7 SC

3. **Total Number of IAs that Met the Response Time Standard:**

This measure is a compilation across all MCEs. It is a count of all IA requests submitted for Residential ASAM LOC 3.1; 3.3; 3.5 & 3.7 and the number that met the standard across the reporting period. 95% of IAs met the standard response time for non-SC adults and 79% of IAs met the standard response time for SC.

Number of non-SC Adult IAs issued	Number of IAs meeting 72hrs
1,092	1,039
Number of SC IAs issued	**Number of IAs meeting 24hrs**
68	54

4. **Total Number of IAs that Exceeded the Response Time Standard:**

This metric is a compilation across all MCEs. It is a count of all IA requests submitted for residential ASAM LOC 3.1; 3.3; 3.5 & 3.7 and a count of IAs that exceeded the standard during the reporting period. 5% of IAs exceeded standard response time for non-SC adults and 21% of IAs exceeded the standard response time for SC.

Number of non-SC Adult IAs issued	Number of IAs exceeding 72hrs
1,092	53
Number of SC IAs issued	**Number of IAs exceeding 72hrs**
68	14

B. Initial Authorization Denials

This metric provides an overview of not only the numbers and rates of IA denials issued by the MCEs, but also the reasons the denials are being issued. The data provides visibility into the overall effectiveness of the SUD pre-authorization system. Identification of reasons for denials illustrates how MCEs are making authorization determinations and highlights barriers to authorization. Identifying such barriers provides opportunities to take measurable actions such as provider education to improve quality of submissions and ultimately support timely access to services.

There were 48 total IA denials out of 1,160 IA requests (4%). Medical Necessity denials remained proportionately high at 79% of total denials. Medical Necessity Denials were primarily due to needing additional clinical documentation.

Type of IA Denial	Number of Denials	% of Total Denials
Administrative	10	21%
Benefit Issue	0	0%
Medical Necessity	38	79%

5. **Percentage of IAs Needing Additional Clinical Documentation*:**

An IA can only be counted as "needing additional clinical documentation" if the response time standard is exceeded. Compiling IA data from all MCEs, across the report period, the low denial rate of 4%, includes 3% of IA requests receiving denials due to insufficient clinical documentation to support a medical necessity determination. It is noteworthy that a higher percentage of IAs for the Special Connections populations were counted as needing additional clinical documentation compared to non-SC. Of these Medical Necessity denials, 18 of the 38 (47%) were attributed to a single provider.

ASAM LOC	# IAs	# IAs Needing Additional Clinical Documentation	% of IAs Needing Additional Clinical Documentation
3.1	123	2	2%
3.1 SC	13	2	15%
3.5	824	19	2%
3.5 SC	55	6	11%
3.5 Y	1	0	0%
3.7	144	2	1%
Totals	**1,160**	**31**	**3%**

6. **Percentage of IAs that were Incomplete*:**

An IA only counts as incomplete if it is incomplete past the response time standard. No IAs were reported as incomplete in the report period.

7. **Percentage of IAs that were Issued Retroactively*:**

An IA is issued after an admission, following the submission of additional documentation that may not have been available initially, and allows for an IA to be approved is considered retroactive and covers the services from the time of admission. 1% of total IAs were issued retroactively.

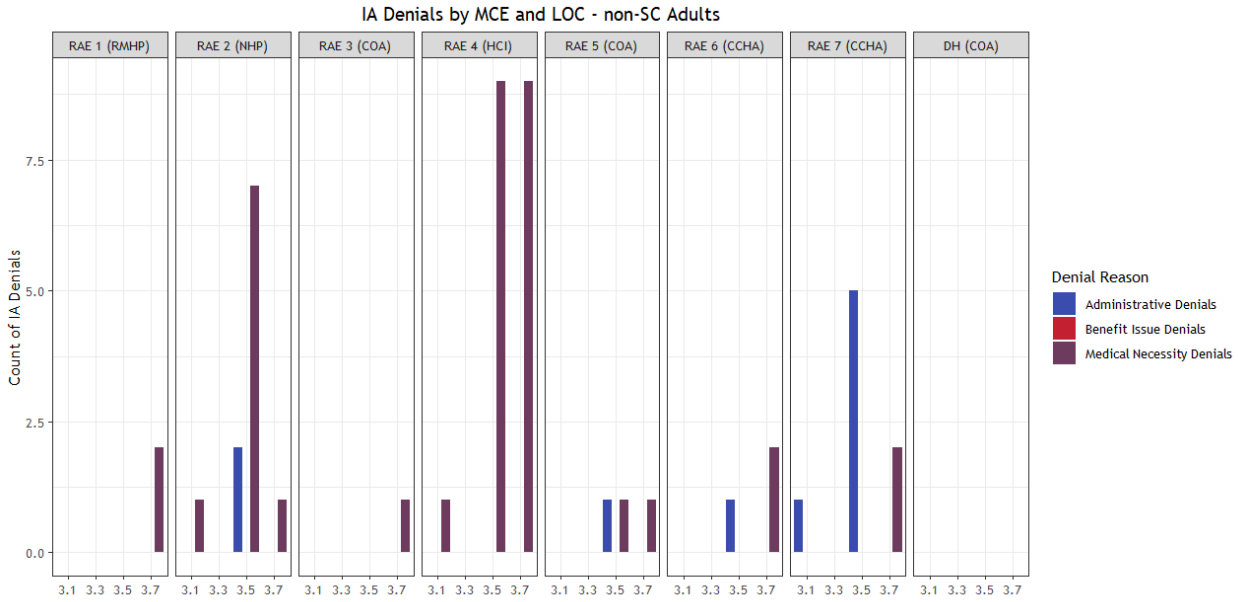
ASAM LOC	# of IA Issued Retroactively	% of IAs Issued Retroactively
3.1	1	Less than 1%
3.5	8	Less than 1%
3.7	1	Less than 1%
Totals	**10**	**Less than 1%**

***Metrics 5, 6, and 7 are mutually exclusive categories.**

8. **Total IA Denials by Reason by MCE for each LOC:**

IA denials over the report period were primarily issued for medical necessity (79%), and 31 out of 38 medical necessity denials were due to clinical documentation concerns. The remaining denials were issued for administrative reasons (10%). There were no denials reported due to a benefit issue. The proportion of denials issued for medical necessity (79%) and administrative reasons (21%) remains steady. Regarding

medical necessity denials, note that 1 provider accounted for 18 of the 38 total medical necessity denials (39%). There was 1 IA denial for youth.



IA Denials by provider and LOC can be viewed in Table 2 located in Appendix C.

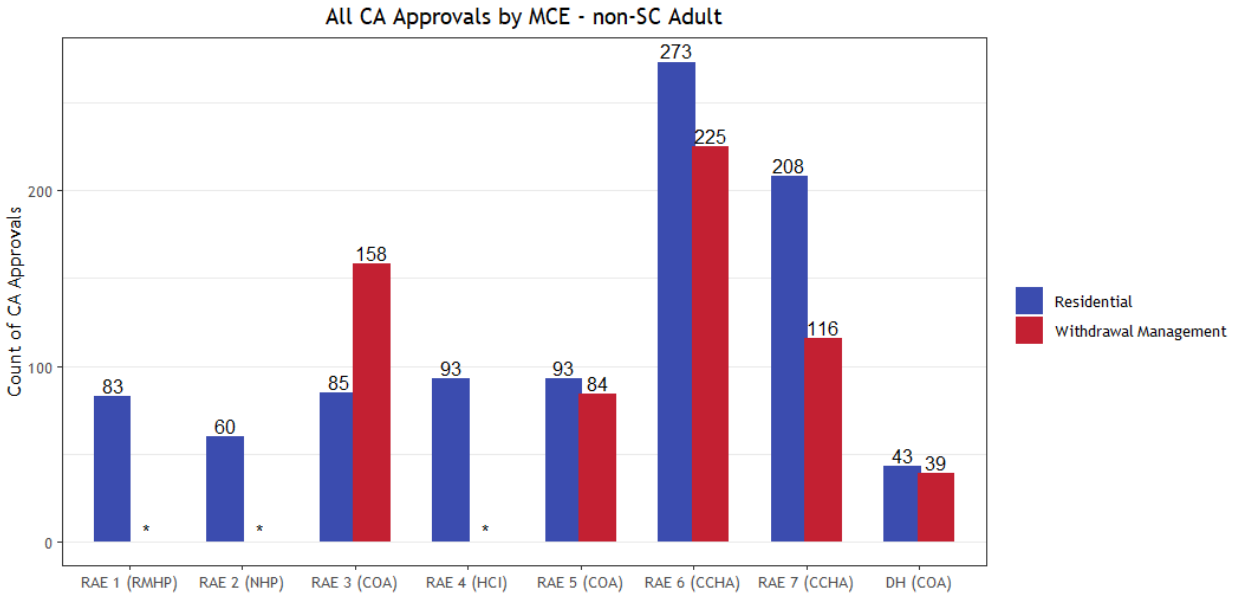
C. Continued Authorization (CA)

CA measures provide visibility into the volume of requests being submitted for ongoing care at a given ASAM LOC, the number of additional days being approved for continued care at each LOC and the timeliness in reviewing requests. Looking across data from the reporting period, and in consideration of two separate processes for Residential LOC services (3.1, 3.3, 3.5 and 3.7) versus Withdrawal Management LOC services (3.2WM and 3.7WM), data presented in this section is organized to highlight patterns unique to each category in recognition of the fact that 74% of services provided across the reporting period were in the residential WM space. For WM LOC, concurrent approval is required if medical necessity substantiates a stay beyond the IA minimum standard. WM concurrent approvals are counted as CA approvals in the WM category. As with IA, CA information is provided for SC and non-SC Adults to identify any potential trends in this special populations.

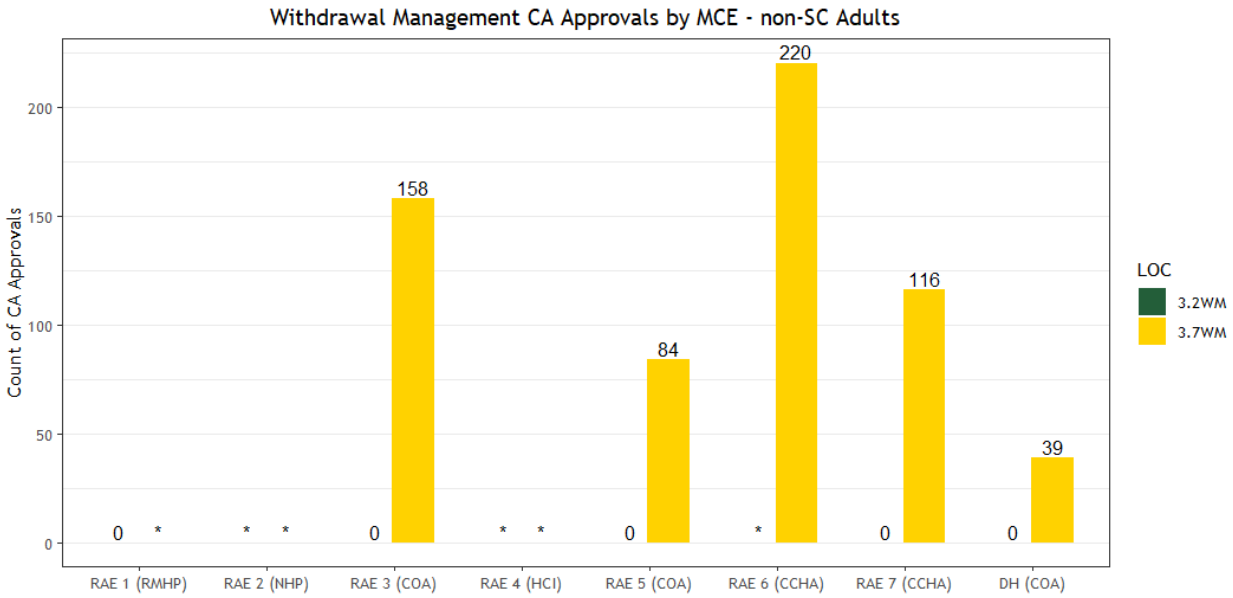
Evaluation of what LOCs require CA most frequently and the volume of the requests that impact provider time and MCE time can inform decision making regarding standard length of IA.

Tracking length of CA additional days approved at each ASAM level highlights member need for services and identifies any variances across MCEs in CA requests for additional clinical care.

Response time for CA highlights MCE responsiveness to provider requests and members needing services.



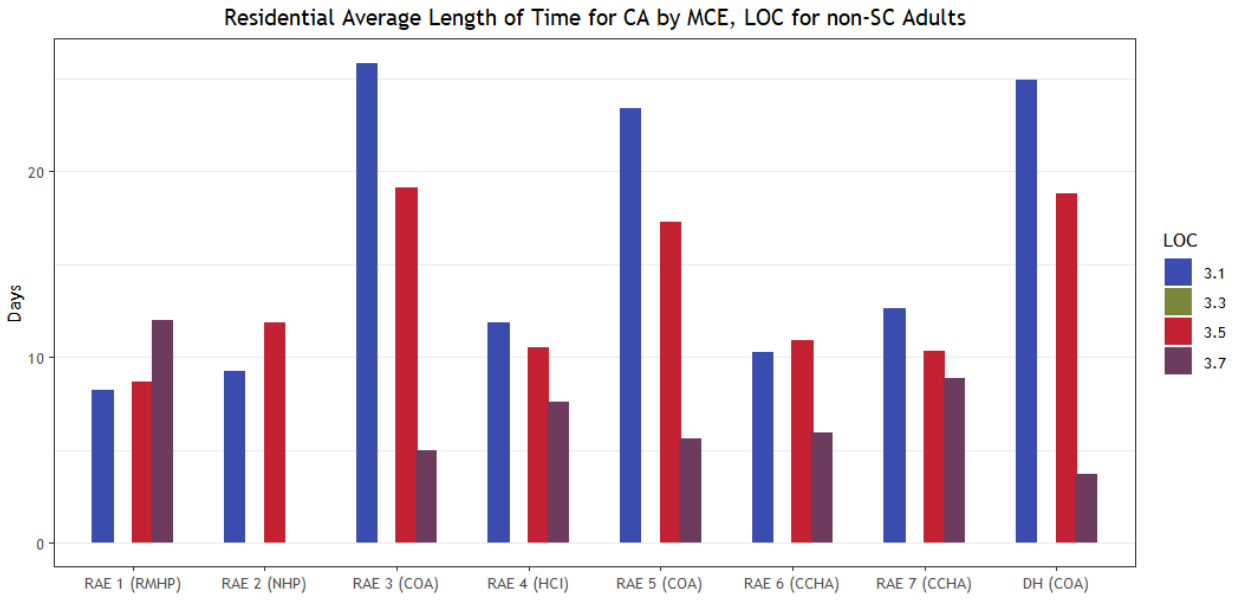
*Due to small data points, a graph for "All CA Approvals by MCE- SC" is not included in this report, in alignment with HCPF policies.

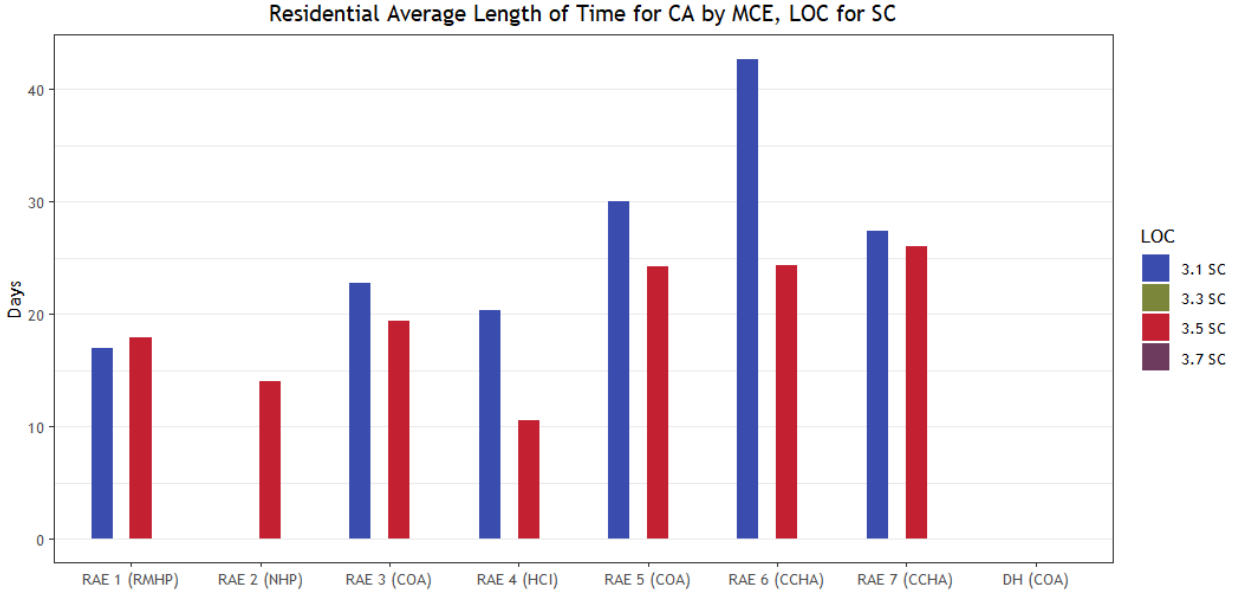


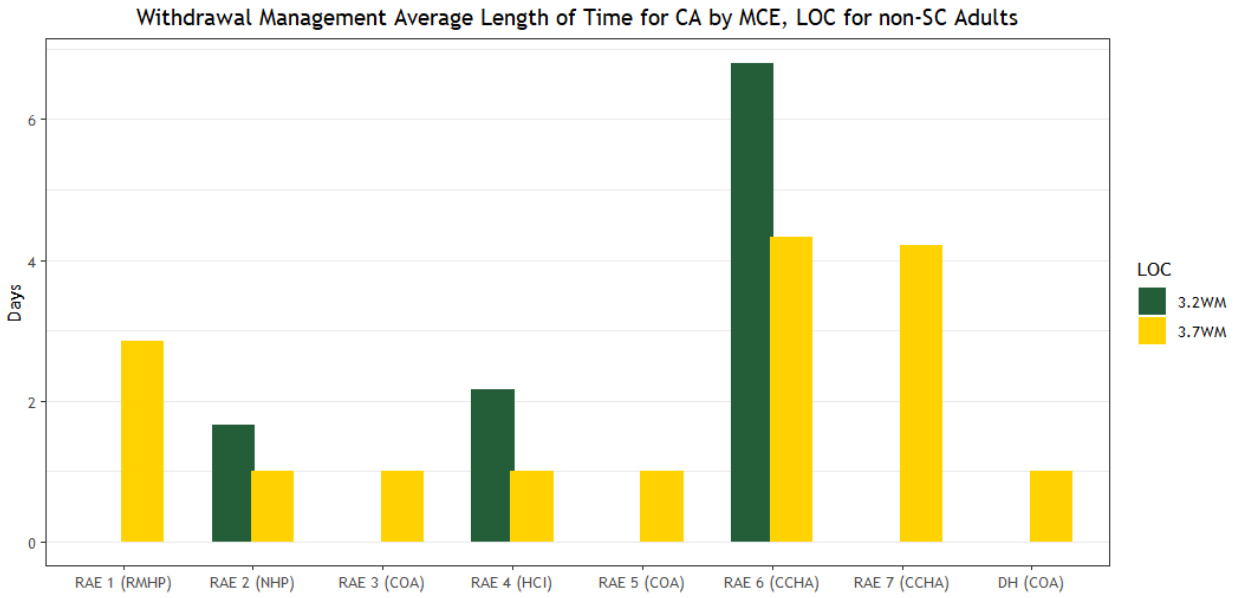
9. **Average Length of Continued Authorization (CA):**

This is a measure of the average length of additional days authorized through CA at each LOC by each MCE. Across the report period, there were 1,869 CA requests

total with 767 CA requests for WM LOC (41% of all requests). 1,664 CA requests were approved (85%). Out of these total number of requests the following details provide a breakdown by population. 1,594 CA requests (96%) were for non-SC Adults, 70 CA requests (4%) were for SC, and 0 CA requests were for youth in the reporting period.



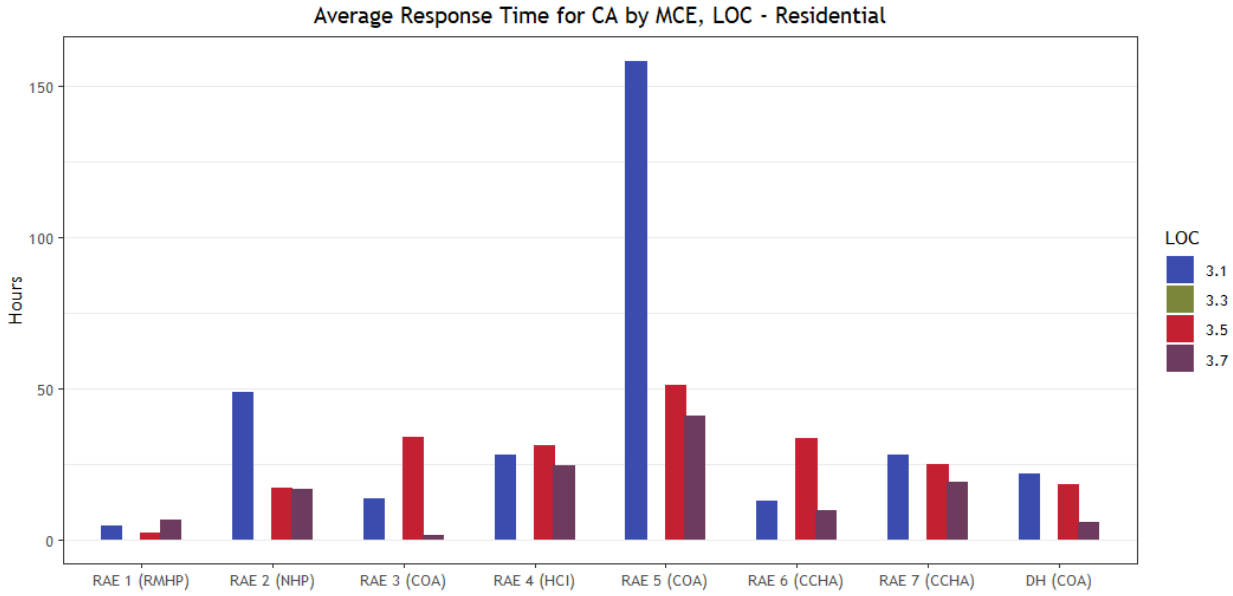


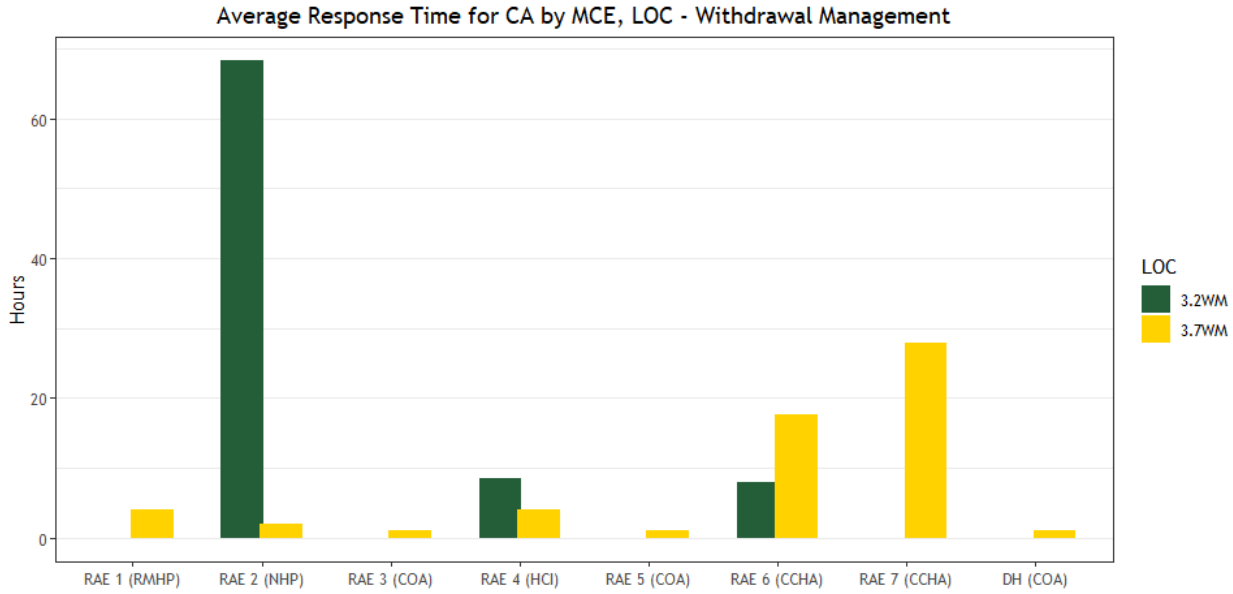


The average length of CA in days can also be viewed by provider in Table 3 located in Appendix C.

10. **Average Response Time for CAs:**

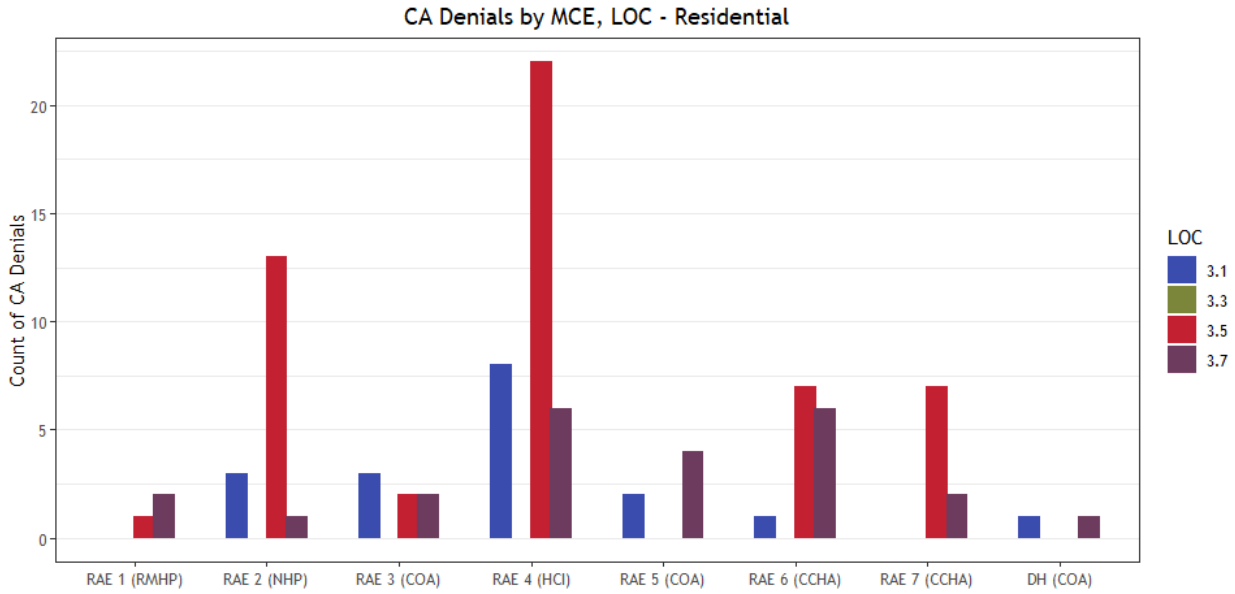
This measure captures each MCE's reported average of time it took to issue a CA approval for each LOC. There are not standard or required response times defined by population for CA. Therefore, no breakdown of times is provided. Across the report period, the range of average response times for Residential LOC was 1-159 hours and for WM LOC was 1-68 hours. Average CA response time for Residential LOC was 29 hours. Average CA response time for WM LOC was 12 hours.

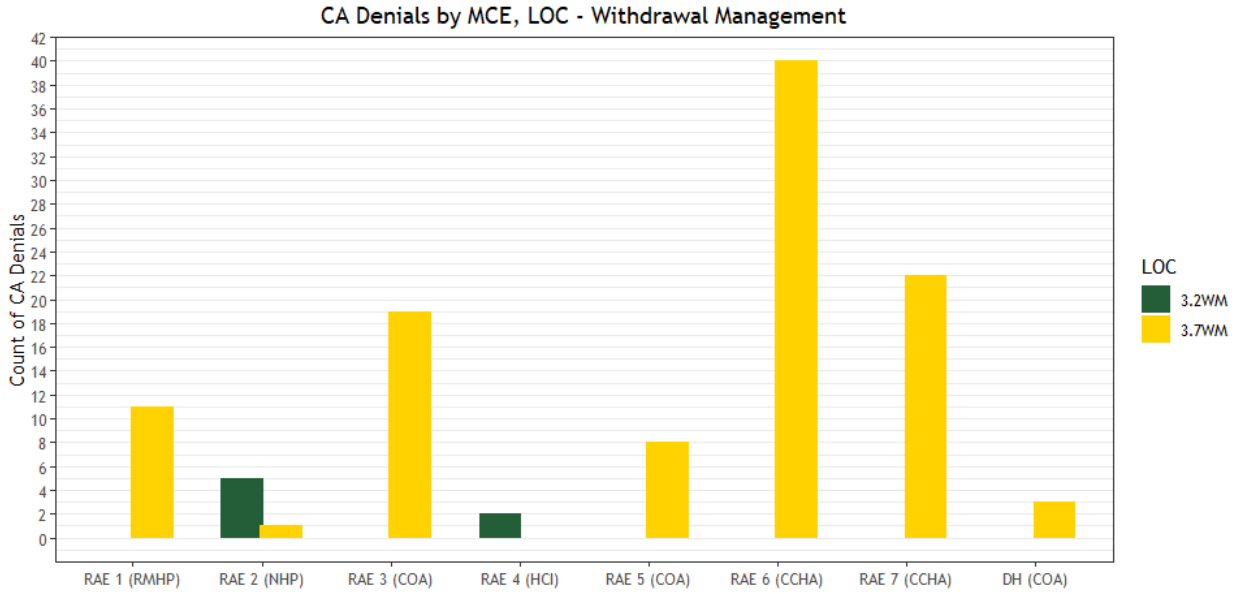




D. Continued Authorization Denials and Appeals

CA denials and appeals data is provided to frame the magnitude of the denials made for members in SUD treatment at each LOC and identify frequency of appeals and the ultimate outcome of those determinations. Across all MCEs for all LOC there were a total of 1,869 CA requests. 205 CAs were denied (11%) and it is noteworthy that the majority (51%) of these were requests for extending 3.7 WM LOC stays. 3 denials (1%) were for SC; 0 denials were for youth. With the numbers being so small for special populations only the totals are displayed in graph below.





Review of the frequency of appeals at each LOC and the ultimate outcome of these appeals allows visibility into consistency across MCEs quality of requests received. The response time metrics for review of appeals highlights MCE consistency and timeliness in providing feedback to providers. There were 15 appeals, none resulted in the denial being overturned.

P2P request is a data point that should be viewed in consideration that not all MCEs contributed data. COA remains unable to provide data for RAEs 3, 5 and DH. Response time for P2P requests as a metric is intended to provide a mechanism for monitoring responsiveness of MCEs to P2P requests.

Finally, the last item included in this section is calculated based on actual total length of stay per episode, essentially combining all CAs with IA for each total episode of care. This total episode of care data provides visibility into the average LOS per LOC. This informs decision making about bed capacity needs as well as IA standards.

11. **Number of CA Appeals by LOC:**

For the report period there were 15 appeals to CA denials out of 205 denials (7%).

ASAM LOC	# of CA Denials	# of CA Appeals	% of CA Denials Appealed
3.1	18	0	0%
3.5	52	1	2%
3.7	24	0	0%
3.2WM	7	1	14%
3.7WM	104	13	13%
Total	205	15	7%

12. **Number of CA Appeals that Overturned Denials per LOC:**

For the report period, there were no CA appeals that resulted in overturned denials.

ASAM LOC	# of CA Appeals	# Overturned Denials	% Denials Overturned
3.1	0	0	0%
3.5	1	0	0%
3.7	0	0	0%
3.2WM	1	0	0%
3.7WM	13	0	0%
Total	**15**	**0**	**0%**

13. **Number of P2P Requests:**

There were 88 P2P requests.

ASAM LOC	Number of P2P Requests
3.1	15
3.5	13
3.7	18
3.2WM	3
3.7WM	39
Total	**88**

14. **Average Response Time for P2P Decisions after Request Submitted:**

***This data is unavailable

15. **Percent of P2P Requests that Overturned Denials:**

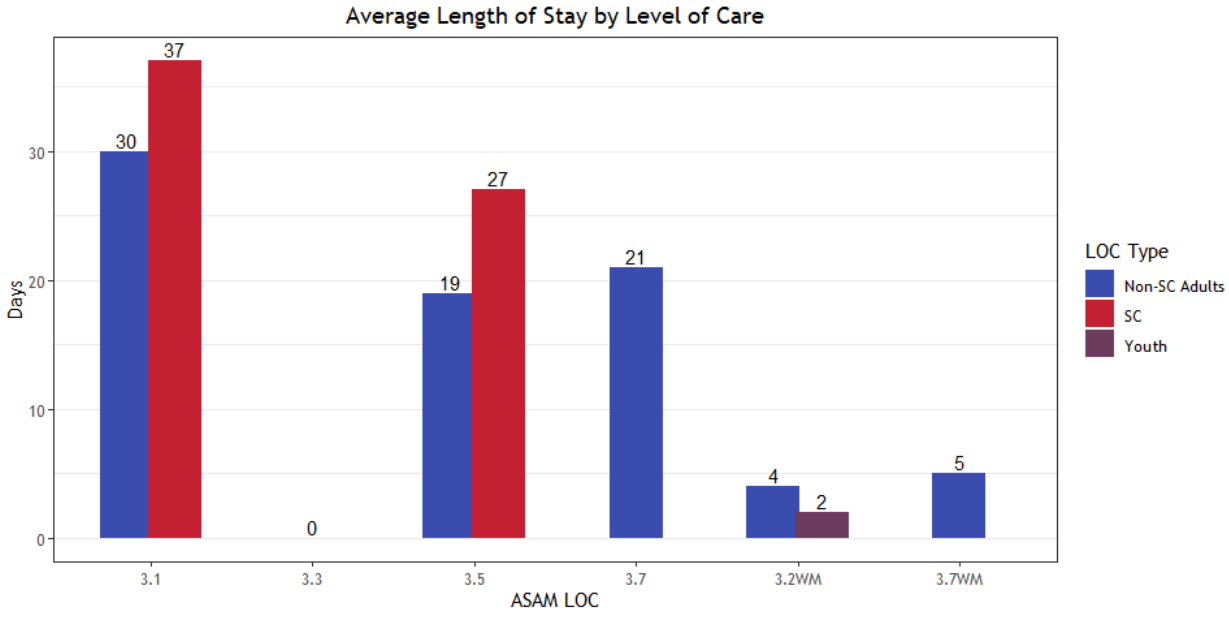
Based on the limited set of data collected from 5 of 8 MCEs (Excluding RAEs 3, 5 and DH) across the report period, there were 88 P2P requests. 22 P2P requests (25%) resulted in overturned denials.

ASAM LOC	# P2P Requests	# Overturned Denials	% Overturned Denials
3.1	15	7	47%
3.5	13	6	46%
3.7	18	4	22%
3.2WM	3	1	33%
3.7WM	39	4	10%
Total	**88**	**22**	**25%**

16. **Average Length of Stay (LOS) per LOC:**

This metric shows the average length of stay for members at each level of care across all MCEs for the reporting period (October 1, 2023- December 31, 2023) based on completed services delivered (as measured by claims data filed), as compared to services authorized by the MCEs. Data is presented for each sub-population for length of stay at each ASAM LOC. Colorado data is generally consistent with ASAM guidelines regarding dimensions of care and a progression through the continuum.

The graph below presents information based on claims data available, which captures claims filed during the period of October 2023- December 2023. Therefore, not every service initiated in the reporting period may be captured, and services delivered in the previous period, but filed in this period (the episodes of youth care) are included.



Discussion

Overall member access to SUD services captured in this report indicates 2,834 members received services in the DY4Q1 reporting period covering services delivered between October 1, 2023- December 31, 2023. The number of members served reflects Residential LOC services delivered in both hospital and residential SUD facilities (including WM) provided to members in each of the following sub-populations:

- Special Connections (SC): accounted for 1% members served with an average LOS of 29 days for Residential and no episodes Residential WM LOC.
- Youth: accounted for <1% of members served with no episodes for Residential and an average LOS of 2 days of Residential WM LOC.
- Non-SC Adults: accounted for 99% members served with an average LOS of 21 days for Residential and 4 days for Residential WM.

Data from across the reporting period remained generally consistent with data from previous quarters. Withdrawal management (WM) services remain the most heavily utilized level of care under the full continuum accounting for 74% of total services.

The number of 3.7 WM episodes of care, 2,901, is an increase of 59% from last quarter while utilization of 3.7 LOC services continued to drop, accounting for only 1% of episodes of care delivered this quarter. The expectation of providing a full continuum of care is to move toward engaging members with treatment and progress to recovery support. Continued WM services accounting for the majority of SUD residential services delivered to Health First Colorado members, with 19% returning to care within the same quarter, indicates an opportunity for improving seamless transitions across the continuum to better support sustained engagement with services for members.

The Initial Authorization (IA) denial rate continues to remain low overall (4%). The proportion of denials issued for medical necessity (79%) remains steady. 31 out of 38 medical necessity denials (82%) were due to insufficient clinical documentation to support a medical necessity determination. It is noteworthy that a higher percentage of IAs for the Special Connections (SC) population received a medical necessity denial due to needing additional clinical documentation, 15% denial rate for 3.1LOC and 11% denial rate for 3.5 LOC, compared to non-SC, 2% denial rates for all levels of care. HCPF will explore the reasons for these higher denial rates for Special Connections with the MCEs.

In this reporting period, there were limited services delivered to youth. The very limited services delivered to youth is noteworthy because the number of youths with an SUD Diagnosis who have received any service, is an indicator of active care with Health First Colorado suggesting SUD services are needed. This quarter non-SUD

claims for 522 youth with an SUD diagnosis were processed, this is a continued increase of youth with an SUD diagnosis (up 31% from last quarter).

HCPF is aware of the shortage in licensed providers for Youth Residential Level of Care Services in the state and continues to partner with the BHA to support capacity building for this population and ensure that as capacity is built providers will be serving Health First Colorado youth members. Currently, it is the understanding of HCPF, based on feedback from the MCEs, that most youth with a primary SUD diagnosis are also diagnosed with a co-occurring mental health condition and that most of the SUD support being delivered is concurrent care delivered with other mental health disorder treatment in non-SUD specific hospital and residential settings. Next steps for further exploration and analysis include continued investigation with the MCEs regarding how youth with SUD diagnosis are being treated, including where services are being delivered and the scope of those services.

Effective January 1, 2024, HCPF increased the minimum length of stay for IA for 3.1, 3.5 and 3.7 levels of care. The new minimums are more closely aligned with average lengths of stay seen for each level of care over the last 2 years. This change is intended to support a reduction in Continued Authorization (CA) requests. The impact of this change should be seen in subsequent quarters.

There is also a continued trend of increased CA requests for WM LOC. 41% (767 request) of the total CA requests were for WM, up from 38% last quarter. Across all MCEs for all LOC, the CA denial rate was 11%, with 51% of CA denials for 3.7WM LOC alone.

The number of P2P requests remains higher than the trend across the demonstration. P2P requests resulting in overturned denials continues to remain fairly constant at 25%. This also suggests that continued examination of provider documentation of level of care evaluation is warranted. HCPF examination of provider documentation of level of care evaluation and review of assessment standards and tools and guidance across MCEs will continue. HCPF will also provide training for MCEs and providers on ASAM criteria for initial and continued authorizations, including a focus on special populations criteria.

Appendix A: Acronyms

Acronym	Definition
ASAM	American Society of Addiction Medicine
BHA	Behavioral Health Administration
CA	Continued Authorization
CCHA	Colorado Community Health Alliance
COA	Colorado Access
DAS	Data Analytics Services
DY	Demonstration Year
FY	Fiscal Year
HCI	Health Colorado, Inc.
IA	Initial Authorizations
IMD	Institution for Mental Disease
LOC	Level of Care
LOS	Length of Stay
MCE	Managed Care Entity
NHP	Northeast Health Partners
OBH	Office of Behavioral Health
P2P	Peer-to-Peer
RAE	Regional Accountable Entity
RMHP	Rocky Mountain Health Plans
SB	Senate Bill
SC	Special Connections (pregnant and parenting persons)
SUD	Substance Use Disorder
WM	Withdrawal Management

Appendix B: ASAM Level of Care (excerpt from The ASAM Criteria)

Level of Care	Adolescent Title	Adult Title	Description
3.1	Clinically Managed Low-intensity Residential	Clinically Managed Low-intensity Residential	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	*This Level of Care not designated for adolescent populations	Clinically Managed Population-specific High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger; less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-intensity Residential	Clinically Managed High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment; able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High-intensity Inpatient	Medically Monitored Intensive Inpatient	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3; sixteen hour/day counselor availability
3.2WM	*This Level of Care not designated for adolescent populations	Clinically Managed Residential Withdrawal Management	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
3.7WM	*This Level of Care not designated for adolescent populations	Medically Monitored Inpatient Withdrawal Management	Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring

Appendix C: Provider Data Tables

Table 1 – Average Length of IA in Days by Provider and LOC Non-SC Adults

Provider	3.1	3.3	3.5	3.7
A LIFE WORTH LIVING	16		18	
ADVANTAGE TREATMENT CENTERS INC			20	
BEHAVIORAL TREATMENT SERVICES			14	
COLORADO WEST REGIONAL MENTAL HEALTH	24		22	
CROSSROADS TURNING POINTS, INC.	14		15	14
CROSSROADS' TURNING POINTS, INC.	18		17	11
CURAWEST			12	
DENVER HEALTH & HOSPITAL AUTHO	22			
DENVER SPRINGS				2
JEFFERSON CENTER FOR MENTAL HEALTH			15	
JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH LLC				4
LARIMER COUNTY			16	
MENTAL HEALTH CENTER OF BOULDER COUNTY, INC.	14			
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			20	
MOUNTAINSIDE RECOVERY, LLC	12		18	
NEW BEGINNINGS RECOVERY CENTER			18	
NORTH RANGE BEHAVIORAL HEALTH	19		21	
PARAMOUNT REHAB CENTER			10	
PARKER VALLEY HOPE			7	
PATHFINDERS RECOVERY CENTER COLORADO, LLC			17	
POUDRE VALLEY HEALTH CARE, INC				4
POUDRE VALLEY HOSPITAL				4
RECOVERY UNLIMITED			14	
REGENTS OF UNIVERSITY OF CO	30		10	
RESADA	16		14	
SBH COLORADO LLC				4
SCL HEALTH - FRONT RANGE				14
SERENITY AT STOUT STREET(STOUT STREET FOUNDATION - SERENITY)			19	
SOBRIETY HOUSE, INC.	25		20	
SUMMITSTONE HEALTH PARTNERS			20	16
THE FOUNDRY			20	
TRIBE RECOVERY SERVICES INC			12	
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY				7
VALLEY HOPE ASSOCIATION	19		21	4
WEST PINES				6

Table 2– IA Denials by Provider and LOC Non-SC Adults

	Administrative Denials				Benefit Denials				Medical Necessity Denials			
Provider	**3.1**	**3.3**	**3.5**	**3.7**	**3.1**	**3.3**	**3.5**	**3.7**	**3.1**	**3.3**	**3.5**	**3.7**
A LIFE WORTH LIVING									1			
CROSSROADS TURNING POINTS, INC.	1		3									2
CROSSROADS' TURNING POINTS, INC.									1		8	9
JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH LLC												2
LARIMER COUNTY			1									
MOUNTAINSIDE RECOVERY, LLC			3								5	
NEW BEGINNINGS RECOVERY CENTER			1								3	
POUDRE VALLEY HEALTH CARE, INC												1
SCL HEALTH - FRONT RANGE												2
SERENITY AT STOUT STREET			1									
SUMMITSTONE HEALTH PARTNERS											1	
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY												1
WEST PINES												1

Table 3 – Average Length of CA in Days by Provider and LOC Non-SC Adults

Provider	3.1	3.3	3.5	3.7	3.2WM	3.7WM
A LIFE WORTH LIVING	10		13			
ADVANTAGE TREATMENT CENTERS INC			26			
BEHAVIORAL TREATMENT SERVICES			7			
CEDAR SPRINGS HOSPITAL						3
CENTENNIAL PEAKS HOSPITAL					1	3
COLORADO WEST REGIONAL MENTAL HEALTH	10		11			3
CROSSROADS TURNING POINTS, INC.	13		11	10		
CROSSROADS' TURNING POINTS, INC.	16		10	6	4	
CURAWEST			8	5		2
DENVER HEALTH & HOSPITAL AUTHO	22					
DENVER SPRINGS						3
JEFFERSON CENTER FOR MENTAL HEALTH			10			
JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH LLC						4
LARIMER COUNTY			7			
MENTAL HEALTH CENTER OF BOULDER COUNTY, INC.	10					
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			31			
MOUNTAINSIDE RECOVERY, LLC	7		10		14	3
NEW BEGINNINGS RECOVERY CENTER			15			
NORTH RANGE BEHAVIORAL HEALTH	14		15			
PARKER VALLEY HOPE			8			
PATHFINDERS RECOVERY CENTER COLORADO, LLC			10			
POUDRE VALLEY HEALTH CARE, INC				12		1
POUDRE VALLEY HOSPITAL				6		4
RED ROCK RECOVERY CENTER, LLC						5
REGENTS OF UNIVERSITY OF CO	12		18			
RESADA	11		13			
SBH COLORADO LLC				6	2	4
SCL HEALTH - FRONT RANGE						1
SERENITY AT STOUT STREET			19			
SOBRIETY HOUSE, INC.	23		15			6
SOL VISTA HEALTH					5	
SUMMITSTONE HEALTH PARTNERS			11	4	3	2
TEXAS HEALTH SEAY BEHAVIORAL HEALTH HOSPITAL						4
TRIBE RECOVERY SERVICES INC			17			
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY				6		5
VALLEY HOPE ASSOCIATION	12		16			
WEST CENTRAL MENTAL HEALTH CENTER, INC					5	
WEST PINES				7		4

Table 3 – Average Length of CA in Days by Provider and LOC SC Adults

Provider	3.1 SC	3.3 SC	3.5 SC	3.7 SC	3.2WM SC	3.7WM SC
COLORADO WEST REGIONAL MENTAL HEALTH	17		14			
CROSSROADS TURNING POINTS, INC.	27		22			
CROSSROADS' TURNING POINTS, INC.	24		11			
DENVER HEALTH & HOSPITAL AUTHO	29					
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			16			
NORTH RANGE BEHAVIORAL HEALTH			20			
REGENTS OF UNIVERSITY OF CO	43		34			
VALLEY HOPE ASSOCIATION	10		25			