

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

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**1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

*The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.*

<b>State</b>	Colorado
<b>Demonstration name</b>	Expanding the Substance Use Disorder Continuum of Care
<b>Approval period for section 1115 demonstration</b>	12/31/2025
<b>SUD demonstration start date<sup>a</sup></b>	01/01/2021
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	01/01/2021
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p>Under this demonstration, the State expects to achieve the following: following:</p> <p>Objective 1. Increase rates of identification, initiation, and engagement in treatment.</p> <p>Objective 2. Increase adherence to and retention in treatment.</p> <p>Objective 3. Reductions in overdose deaths, particularly those due to opioids.</p> <p>Objective 4. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.</p> <p>Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.</p> <p>Objective 6. Improved access to care for physical health conditions among beneficiaries.</p>
<b>SUD demonstration year and quarter</b>	<i>Demonstration Year 3 Quarter 1 (DY3Q1)</i>
<b>Reporting period</b>	<i>January 1, 2023–March 31, 2023</i>

## Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0

### Colorado Expanding the Substance Use Disorder Continuum of Care

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**<sup>a</sup>SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

**<sup>b</sup>Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 2. Executive summary

Performance Metrics: Due to continuing data issues, Colorado will separately report the Part A containing the quarterly and monthly metrics for July 2022-September 2022 data (DY2Q3) separately until all data processes can be caught up.

Milestone 3: Responsibility for licensure rule review, revision, and development began to transfer to the Behavioral Health Authority (BHA.) The BHA will continue to collaborate closely with HCPF on all work related to licensure rules to ensure any new or revised rules align with the ASAM Criteria.

Milestone 4: The CO Behavioral Health Authority (BHA) continued efforts to increase the pool of trained peer support specialists through the publication of ‘Investing in the Peer Support Workforce: Lived Experience and Whole-Person Care for Colorado.’ This publication identified objectives focusing on providing training and technical assistance, standardization of the peer support role, and development of a credential tracking platform, as well as funding to support each objective. The BHA also began work to assume a lead role in the review and revision of licensure rules, and will collaborate closely with HCPF in this process.

The Colorado Opioid Abatement Council (COAC) awarded over \$1.9 million in grants this quarter to community organizations and agencies combating the opioid crisis in their communities. They also announced a second award period, with the request for applications posting in May 2023, and will have \$3.2 million in funding to award.

Milestone 5: The State continues to make progress in transforming the substance use service delivery system. During this quarter, HCPF took steps to ensure that prescribers can access peer-to-peer consults when working with individuals experiencing chronic pain and facilitated webinars providing information on the upcoming Integrated Care Grant Request for Applications. HCPF also began facilitating the HCPF Substance Use Disorder Cross Collaboration Meeting in January 2023. This monthly meeting includes representation from the Accountable Care Collaborative (ACC), Cost Control and Quality Improvement (CCQI), Division of Analytics Section (DAS), Privacy, Rates, Pharmacy, Special Connections, and Tribal support.

Budget Neutrality: HCPF continued to consult with CMS on the completion of the budget neutrality workbook. Data has been received for DY1Q1 through DY2Q1 and is being reviewed. HCPF has actively communicated data issues to CMS and has requested an extension on data reporting until they can review and confirm the data is valid and reliable.

**3. Narrative information on implementation, by milestone and reporting topic**

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services		Metric #3: Medicaid beneficiaries with SUD Diagnosis (monthly) Metric #4: Medicaid beneficiaries with SUD Diagnosis (annually)	Due to continuing data issues, Colorado will separately report the Part A containing the quarterly and monthly metrics for July 2022-September 2022 data (DY2Q3) separately until all data processes can be caught up.
<b>1.2 Implementation update</b>			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	X		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	X		
<b>2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication -assisted treatment, services in residential and inpatient settings, medically supervised withdrawal management)	X		Milestone 2, part 2.2.1.a, is complete effective DY1Q1.
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication -assisted treatment services provided to individual IMDs	X		Milestone 2, part 2.2.1.b, is complete effective DY1Q1.
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		<b>DY3Q1 (January 1, 2023, to March 31, 2023)</b>  The State allocated funds to support two grant recipients to build capacity to provide mobile medication management services. The State anticipates the vans would be purchased and upfitted to provide services during DY3Q2 (April 2023 through June 2023.) These mobile MAT programs will support the provision of MAT to individuals in rural areas that have limited or no access to MAT.

<b>3. Use of Evidence -based, SUD -specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	X		
<b>3.2. Implementation update</b>			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.i. Planned activities to improve providers’ use of evidence -based, SUD -specific placement criteria	X		
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings			<b>DY3Q1 (January 1, 2023, to March 31, 2023)</b>  SB23-174 Access to Behavioral Health Services was introduced for review on March 2, 2023. This act would require HCPF to provide certain behavioral health services for Medicaid recipients under 21 years of age. The limited services that must be provided include family therapy, group therapy, individual therapy, services related to prevention, promotion, education or outreach, evaluation, intake, case management, and treatment planning, and any other service determined necessary by the state department based on feedback from stakeholders. Individuals will not need to have a diagnosis to access these limited services.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		
<b>4. Use of Nationally Recognized SUD -specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 <i>Note: There are no CMS -provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	X		
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD -specific program standards	X		Milestone 3, part 1, is complete effective DY2Q3.
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	X		Milestone 3, part 2, is complete effective DY2Q3.
4.2.1.iii. Availability of medication -assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		Milestone 3, part 3, is complete effective DY2Q3.
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3			<b>DY3Q1 (January 1, 2023, to March 30, 2023)</b>  January 2023 — Responsibility for licensure rule development began to transition to the BHA, which collaborates closely with HCPF in this process. The BHA will begin assuming a lead role in the review and revision of licensure rules and ensure substance use rules align with the ASAM criteria

5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.1 Metric trends			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	X		
5.2 Implementation update			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			<p><b>DY3Q1 (January 1, 2023, to March 30, 2023)</b></p> <p>February 7, 2023 — BHA published 'Investing in the Peer Support Workforce: Lived Experience and Whole-Person Care for Colorado', which built off one of the top priorities of the September 2022 BHA Workforce Strategic Plan 'Strengthening the BH Workforce in Colorado: An Approach to Community Partnership' This also leveraged SB22-181 Behavioral Health-Care Workforce (signed into law June 8, 2022) that had funding to support the tasks identified by the Senate. Objectives that could impact access to peer support services for individuals with SUD include:</p> <ul style="list-style-type: none"> <li>• Grant funding to support 300 individuals certified as peer support specialists (completion date December 31, 2024) — \$5 million distributed via grants, with \$57,000 set aside for grant writing technical assistance</li> <li>• Standardization of the role, to include professional standards, job titles/descriptions, and grievance processes (completion date April 30, 2024) — \$18,000 to provide stipends to 15 committee members for steering committee attendance (up to \$600 annually for meeting attendance for 1.5 years)</li> </ul>

		<ul style="list-style-type: none"> <li>• Creating trainings and career pathways to support career growth and opportunities — \$250,000 for a Learning Management System, and \$25,000 to three peer organizations to provide content, consultation, and review</li> <li>• Establishing a current count of PSS and PSS supervisors, and recommendations for a permanent tracking system (completion date December 31, 2024) — \$500,000 for tracking system development</li> </ul> <p>The Consortium hosted a Virtual Peer Support Professional Symposium on March 31, 2023. The focus of the symposium was to provide a space for peer support professionals to share their journey to becoming a peer support professional, successes and challenges they have faced, and how peer support professionals are vital to helping people that are actively using substances find treatment and begin their recovery journey.</p> <p>March 13, 2023 — The COAC approved over \$1.9 million in infrastructure grants for six organizations that are working to combat the opioid crisis. Awards included the following programs:</p> <ul style="list-style-type: none"> <li>• SLV Recovery LLC and Roofers in Recovery/Hope in the Valley — funding to help build the first Colorado Association of Recovery Residences recovery housing in the San Luis Valley, and to open the area’s first public residential treatment facility</li> <li>• Arapahoe County Public Health — using the mobile outreach program, access to low-threshold, low-barrier addiction and harm reduction services for people at highest risk of near-term death from OUD will be expanded, with a particular focus on remote areas. Service will include outreach and engagement, culturally relevant harm reduction services, and</li> </ul>
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			<p>linking people with OUD to comprehensive community -based care</p> <ul style="list-style-type: none"> <li>• Fremont County and Fremont Boys and Girls Club — purchase and expansion of the current facility to expand after-school programs to prevent/lessen risky behaviors in children between the hours of 3:00 pm–6:00 MT. Fremont County is rural and in the top 10 Colorado counties with highest opioid-related death rates per capita</li> <li>• Town of Buena Vista and Boys and Girls Club of Chaffee County — construct a facility to support delivery of prevention-based programming to local youth</li> <li>• Douglas County and Valley Hope Association — support expansion of the Building Hope Parker Project which will increase capacity for care and treatment and provide SUD treatment to people around the State, including those in rural/underserved areas</li> <li>• Thornton Police Department — establish a Naloxone Plus Program by allowing a coordinator to be hired that will follow up on overdose cases and coordinate with service providers to assist in long-term recovery</li> </ul> <p>Additionally, the next round of funding (up to \$3.2 million) will be open for applications in May 2023.</p>
<p>5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4</p>	<p>X</p>		
<p><b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b></p>			
<p><b>6.1 Metric trends</b></p>			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
<b>6.2 Implementation update</b>			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:			<b>DY3Q1 (January 1, 2023, to March 30, 2023)</b>
6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			January 2023–present: HCPF entered into a contract with a local school of pharmacy to provide peer-to-peer consults and provider education on best practices for chronic pain treatment. The full-service launch of this program is planned for May–June 2023.
6.2.1.ii. Expansion of coverage for and access to naloxone	X		Milestone 6, part 6.2.1.b, is complete effective DY2Q4.
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
<b>7.2 Implementation update</b>			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries’ transition from residential and inpatient facilities to community -based services and supports			<b>DY3Q1 (January 1, 2023, to March 30, 2023)</b>
			HCPF facilitated two public webinars in February 2023 to announce the upcoming release of funding to support HB 22-1302 (signed into law May 18, 2022) Integrated Care Grant Program’s Request for Applications. The webinars

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

			were recorded and posted on the Integrated Care Grant webpage for viewing.
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	X		
<b>8.2 Implementation update</b>			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:			
8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			
8.2.1.ii. How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.iii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
8.2.1.iv. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.v. Other aspects of the state’s health IT implementation milestones	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

8.2.1.vi. The timeline for achieving health IT implementation milestones	X		
8.2.1.vii. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
<b>9. Other SUD -related metrics</b>			
<b>9.1 Metric trends</b>			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD -related metrics	X		
<b>9.2 Implementation update</b>			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD -related metrics	X		

**4. Narrative information on other reporting topics**

Prompts	State has no update to report (Place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

<p>10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD -related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.</p>	<p>X</p>	
<p><b>10.2 Implementation update</b></p>		
<p>10.2.1 The state expects to make other program changes that may affect budget neutrality</p>	<p>X</p>	<p><b>DY3Q1 (January 1, 2023, to March 30, 2023)</b></p> <p>HCPF received guidance from CMS on budget neutrality completion, and that the budget neutrality workbook should reflect actual, not projected, expenditures. CMS offered a meeting to provide additional technical assistance.</p> <p>CMS also put a temporary pause in place for budget neutrality submissions due to reviewing new budget neutrality protocols. HCPF requested an extension to March 30, 2023, for budget neutrality submission, and CMS verbally agreed to this.</p>
<p><b>11. SUD -related demonstration operations and policy</b></p>		
<p><b>11.1 Considerations</b></p>		
<p>11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD -related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.</p>		<p><b>DY3Q1 (January 1, 2023, to March 30, 2023)</b></p> <p>HCPF began facilitating the HCPF Cross Collaboration SUD meeting in January 2023. Staff invited to this meeting include representatives from ACC, CCQI, DAS, Privacy, Rates, Pharmacy, Special Connections, and Tribal support. Agenda items in this quarter included a high-level overview and update on the 1115 SUD Demonstration waiver implementation, as well as Guest Dosing for MAT, Take Home Buprenorphine, and Collaboration with BHA to address SUD Residential Youth Provider need</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:		
11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
1.2.1.iii. Partners involved in service delivery	X	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities		<b>DY3Q1 (January 1, 2023, to March 30, 2023)</b>  HCPF received data from the MCEs and found that data from two of the MCEs wasn't valid or reliable after completing their internal validation process. HCPF reached out to the MCEs experiencing data issues, provided technical assistance and consultation, and received valid and reliable data on March 10, 2023.
11.2.3 The state is working on other initiatives related to SUD or OUD	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	X	
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due	X	

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs	X	
12.1.3 List anticipated evaluation -related deliverables related to this demonstration and their due dates	X	
<b>13. Other demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X	
13.1.3.i. The schedule for completing and submitting monitoring reports		
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post -approval demonstration deliverables, including a plan for remediation		<b>DY3Q1 (January 1, 2023, to March 30, 2023)</b>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

		<p>HCPF received data from two MCEs that contained errors, resulting in the data being sent back with a request to reprocess. HCPF presented this information to CMS and requested an extension. The updated timeline is reflected in 13.1.3. HCPF continued to provide technical assistance and support to MCEs to ensure data submitted was valid and reliable.</p> <p>HCPF is almost up to date with all data reporting. Retrospective data for DY1Q1 through DY2Q1 was submitted to CMS on May 30, 2023, and June 5, 2023.</p> <ul style="list-style-type: none"> <li>• Data for dates of service April 2022–June 2022 (DY2Q2) which was due to be submitted with the DY2Q4 narrative report on May 30, 2023 is expected to be reported to CMS in late July 2023.</li> <li>• Data for dates of service July 2022–September 2022 (DY2Q3) which was due to be submitted with the DY3Q1 narrative report is expected to be reported to CMS in late August 2023.</li> <li>• No other data is due to CMS yet.</li> </ul>
<p>13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR 431.428(a)5</p>		<p><b>DY3Q1 (January 1, 2023, to March 30, 2023)</b></p> <p>HCPF received a total of 239 appeals and 223 grievances for DY3Q1. Of that total, only two appeals and two grievances were SUD related.</p> <p>All SUD-related grievances and appeals were for RAE #6, which had a total of eight appeals and 22 grievances. 25% of RAE #6 appeals were SUD related, and 11% of RAE #6 grievances were SUD related.</p> <p>No other RAEs had SUD related grievances or appeals.</p>
<p><b>13.2 Post-award public forum</b></p>		
<p>13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must</p>	<p>X</p>	



Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Colorado Expanding the Substance Use Disorder Continuum of Care

be included here for the period during which the forum was held and in the annual report.		
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	X	

\*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

*Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided “as is” without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

*The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a “HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS rates.”*