

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

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.

State	Colorado Department of Regulatory Agencies
Demonstration name	Expanding the Substance Use Disorder Continuum of Care
Approval period for section 1115 demonstration	12/31/2025
SUD demonstration start date^a	01/01/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	01/01/2021
SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives	<p>Under this demonstration, the State expects to achieve the 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>
SUD demonstration year and quarter	DY3Q3
Reporting period	July 1, 2023 - September 30, 2023

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^a 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 the 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 December 15, 2020, with an effective date of January 1, 2021, for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

^b 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

During demonstration year 3 quarter 3 (DY3Q3), the Department of Health Care Policy and Financing (HCPF) supported initiatives that expanded services and supports to pregnant and parenting beneficiaries and adolescents. Denver Health opened an adolescent withdrawal management unit that can initiate medication assisted treatment. The unit can admit adolescent Medicaid beneficiaries, and frequently supports adolescents with fentanyl dependence. HCPF engaged with providers and managed care entities (MCEs) to identify both provider capacity barriers and network awareness issues to improve engagement with pregnant and parenting Medicaid beneficiaries. HCPF is identifying steps to take that will improve awareness of and access to agencies that provide services to this population. HCPF is also exploring opportunities to improve Screening, Brief Intervention, and Referral to Treatment (SBIRT) completion at obstetrics and gynecology (OB/GYN) offices to increase early identification of pregnant and parenting beneficiaries using substances.

HCPF continues to leverage data to support the provision of services by continuously reviewing utilization management (UM) data for residential substance use levels of care. Regular review of UM data supports HCPF in identifying if initial and/or continuing authorization lengths need to be adjusted to support beneficiaries receiving the right dose of services and to decrease administrative burden to residential substance use providers.

In this report, Colorado is submitting the second year of annual metrics as well as this quarter’s monthly metric. The State calculated changes that were more than 2% between DY3Q1 (January 1, 2023-March 31, 2023) and DY2Q4 (October 1, 2022-December 31, 2022) for monthly metrics and between DY2 (January 1, 2022-December 31, 2022) and DY1 (January 1, 2021-December 31, 2021).

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
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2% 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)	The State calculated the following changes that were more than 2% between DY3Q1 (1/1/23-3/31/23) and DY2Q4 (10/1/22-12/31/22) for monthly metrics and between DY2 (1/1/2022 and 12/31/2022) and DY1 (1/1/2021-12/31/2021). Metric #3: The number of Medicaid beneficiaries with a SUD diagnosis monthly increased 2.4%. <ul style="list-style-type: none"> • The number of Medicaid members with a SUD diagnosis increased the first quarter of calendar year 2023 by 2.4% • The number of pregnant Medicaid members with a SUD diagnosis increased the first quarter of calendar year 2023 by 2.7%. • The number of dual eligible Medicaid members with a SUD diagnosis increased the first quarter of calendar year 2023 by 5.0%. • The number of Medicaid members with a SUD diagnosis age 65+ increased the first quarter of

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			<p>the calendar year 2023 by 7.2%. The number of Medicaid members with a SUD diagnosis under the age of 18 increased the first quarter of the calendar year 2023 by 3.6%.</p> <ul style="list-style-type: none"> • The number of Medicaid members with criminal justice involvement and a SUD diagnosis increased the first quarter of calendar year 2023 by 5.2%. • The number of Medicaid members with OUD and a SUD diagnosis increased the first quarter of calendar year 2023 by less than 2%. <p>Overall, the number of Medicaid members with an SUD diagnosis continues to increase. The state continues to see the largest increase in dual eligible members and members over the age of 65+</p> <p>Metric #4: The number of Medicaid beneficiaries with a SUD diagnosis annually rose 44.3%. The state saw an annual increase in the number of Medicaid beneficiaries with a SUD diagnosis. With offering the full continuum of care, Colorado has seen a more accurate SUD diagnosis. Colorado is continuing to monitor this metric, and the increase in the dual diagnosis subpopulation potentially impacting the number of members with a SUD diagnosis.</p>
1.2 Implementation update			
<p>1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>1.2.1.i. The target population(s) of the demonstration</p>	X		
<p>1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration</p>	X		

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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		
2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.1 Metric trends			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to Milestone 1		Metric #6: Any SUD Treatment Metric #7: Early Intervention Metric #8: Outpatient Services Metric #9: Intensive Outpatient and Partial Hospitalization Services Metric #10: Residential and Inpatient Services Metric #11: Withdrawal Management Metric #12: Medication Assisted Treatment Metric #22: Percentage of adults 18 years of	The State calculated the following changes that were more than 2% between DY3Q1 (1/1/23-3/31/23) and DY2Q4 (10/1/22-12/31/22) for monthly metrics and between DY2 (1/1/2022 and 12/31/2022) and DY1 (1/1/2021-12/31/2021) for annual metrics. Metric #22 had less than a 2% variation. Metric #6: The number of Medicaid beneficiaries receiving any treatment monthly increased 4.7%. <ul style="list-style-type: none"> • The number of Medicaid members receiving any services (unduplicated) increased the first quarter of calendar year 2023 by 4.7%. • The number of pregnant Medicaid members receiving any services (unduplicated) increased the first quarter of calendar year 2023 by 3.5%. • The number of dual eligible Medicaid members receiving any services (unduplicated) increased the first quarter of calendar year 2023 from 7.3%. • The number of Medicaid members receiving any services (unduplicated) age 65+ increased the first quarter of the calendar year 2023 by 7.2%. The number of Medicaid members receiving any services (unduplicated) under the age of 18 increased over the first quarter of the calendar year 2023 by 8.3%.

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		<p>age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment</p>	<ul style="list-style-type: none"> • The number of Medicaid members with criminal justice involvement receiving any services (unduplicated) increased the first quarter of calendar year 2023 by 10.3%. • The number of Medicaid members with an OUD diagnosis receiving any services (unduplicated) decreased the first quarter of calendar year 2023 by 5.6%. <p>Overall, the number of Medicaid members receiving any service continues to increase. The state saw the largest increase in members with an OUD diagnosis receiving any service. The state attributes this increase to continued collaborating with MCEs to better understand SUD services and improve member access. The state does want to note that there was a small decrease in the number of members under the age of 18 receiving services, the state will monitor to see if this is a continued trend.</p> <p>Metric #7: The number of Medicaid beneficiaries receiving an SBIRT screen monthly decreased by 25.5%.</p> <ul style="list-style-type: none"> • The number of Medicaid members receiving early intervention decreased the first quarter of calendar year 2023 by 25.5%. • The number of pregnant Medicaid members receiving early intervention decreased the first quarter of calendar year 2023 by 50.0%. • The number of dual eligible Medicaid members receiving early intervention did not change the first quarter of calendar year 2023. • The number of Medicaid members receiving early intervention age 65+ decreased the first quarter of the calendar year 2023 by 50.0%. The number of Medicaid members receiving early intervention under the age of 18 remained the same the first quarter of the calendar year 2023 (no children received SBIRT). • The number of Medicaid members with criminal justice involvement receiving early intervention
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			<p>decreased the first quarter of calendar year 2023 by 44.4%.</p> <ul style="list-style-type: none"> • The number of Medicaid members with an OUD diagnosis receiving early intervention decreased over the first quarter of calendar year 2023 by 43.4%. <p>Overall the number of Medicaid members who received an SBIRT screening remains low, with a total of 36 members. Colorado continues to provide training and information on SBIRT billing through a monthly provider newsletter. Colorado was providing 35 trainings annually and has increased this to 150 SBIRT trainings per year. Colorado will continue to monitor this metric closely.</p> <p>Metric #8: The number of Medicaid beneficiaries receiving outpatient services monthly increased by 5.1%.</p> <ul style="list-style-type: none"> • The number of Medicaid members receiving outpatient services increased the first quarter of calendar year 2023 by 5.1%. • The number of pregnant Medicaid members receiving outpatient services increased over the first quarter of calendar year 2023 by 5.4%. • The number of dual eligible Medicaid members receiving outpatient services increased over the first quarter of calendar year 2023 by 14.5%. • The number of Medicaid members receiving outpatient services age 65+ increased over the first quarter of the calendar year 2023 by 13.4%. The number of Medicaid members receiving outpatient services under the age of 18 increased the first quarter of the calendar year 2023 by 10.2% • The number of Medicaid members with criminal justice involvement receiving outpatient services increased the first quarter of calendar year 2023 by 11.5%.
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			<ul style="list-style-type: none"> The number of Medicaid members with an OUD diagnosis receiving outpatient services increased the first quarter of calendar year 2023 by 2.9%. <p>Overall, the number of Medicaid members receiving outpatient services increased. The state saw the largest increase in members with an OUD diagnosis receiving outpatient services. The state attributes this increase to continued collaborating with MCEs to better understand SUD services and improve member access. The state has continued to increase the number of licensed OTPs as well as mobile OTPs.</p> <p>Metric #9: The number of Medicaid beneficiaries receiving intensive outpatient services monthly increased 19.4%.</p> <ul style="list-style-type: none"> The number of Medicaid members receiving IOP/PH increased the first quarter of calendar year 2023 by 19.4%. The number of pregnant Medicaid members receiving IOP/PH increased over the first quarter of calendar year 2023 by 133.3% (16 individuals). The number of dual eligible Medicaid members receiving IOP/PH increased the first quarter of calendar year 2023 by 26.9% (7 individuals). The number of Medicaid members receiving IOP/PH age 65+ increased the first quarter of the calendar year 2023 (2 individuals up from 0). The number of Medicaid members receiving IOP/PH under the age of 18 increased the first quarter of the calendar year 2023 by 17.2% (up 5 individuals). The number of Medicaid members with criminal justice involvement receiving IOP/PH increased over the first quarter of calendar year 2023 by 55.6% (25 individuals). The number of Medicaid members with an OUD diagnosis receiving IOP/PH increased over the
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			<p>first quarter of calendar year 2023 by 36.7% (95 individuals).</p> <p>Overall, the number of Medicaid members receiving intensive outpatient services continues to increase. The state saw the largest increase in members with an OUD diagnosis receiving intensive outpatient services. Colorado does not cover partial hospitalization (ASAM 2.5) but does cover Intensive outpatient (ASAM 2.1).</p> <p>Metric #10: The number of Medicaid beneficiaries receiving residential and inpatient treatment services this quarter increased 5.2%.</p> <ul style="list-style-type: none"> • The number of Medicaid members receiving SUD residential and inpatient services increased the first quarter of calendar year 2023 by 5.2% • The number of pregnant Medicaid members receiving SUD residential and inpatient services increased over the first quarter of calendar year 2023 by 23.8%. • The number of dual eligible Medicaid members receiving SUD residential and inpatient services increased over the first quarter of calendar year 2023 by 2.4%. • The number of Medicaid members receiving SUD residential and inpatient services age 65+ increased over the first quarter of the calendar year 2023 by 5.4%. The number of Medicaid members receiving SUD residential and inpatient services under the age of 18 decreased over the first quarter of the calendar year 2023 by 29.2%. • The number of Medicaid members with criminal justice involvement receiving SUD residential and inpatient services increased over the first quarter of calendar year 2023 by 6.7%. • The number of Medicaid members with an OUD diagnosis receiving SUD residential and inpatient services increased the first quarter of calendar year 2023 by 10.7%.
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			<p>Overall, the number of Medicaid members receiving SUD residential and inpatient services continues to increase. The state saw the largest increase in members with an OUD diagnosis receiving SUD residential and inpatient services. The state can attribute this to an increase in providers and MCEs expanding their network to continue to expand the benefit and build capacity to meet member need.</p> <p>Metric #11: The number of Medicaid beneficiaries receiving Withdrawal Management services increased 9.3%.</p> <ul style="list-style-type: none"> • The number of Medicaid members receiving withdrawal management increased the first quarter of calendar year 2023 by 9.3%. • The number of pregnant Medicaid members receiving withdrawal management increased the first quarter of calendar year 2023 by 31.0%. • The number of dual eligible Medicaid members receiving withdrawal management increased over the first quarter of calendar year 2023 by 22.0%. • The number of Medicaid members receiving withdrawal management age 65+ increased over the first quarter of the calendar year 2023 by 44.7%. The number of Medicaid members receiving withdrawal management under the age of 18 increased over the first quarter of the calendar year 2023 by 14.3%. • The number of Medicaid members with criminal justice involvement receiving withdrawal management increased the first quarter of calendar year 2023 by 6.1%. • The number of Medicaid members with an OUD diagnosis receiving withdrawal management increased the first quarter of calendar year 2023 by 10.4%.
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			<p>Overall, the number of Medicaid members receiving withdrawal management increased. The state saw the largest increase in members with an OUD diagnosis receiving withdrawal management services. The state does note that there was a small decrease in members 65+ receiving withdrawal management over quarters. The state is monitoring members that received withdrawal management treatment more than once in a quarter and working to increase connection with other levels of care. Colorado is exploring and distinguishing between the number of individuals using withdrawal management and the number of members utilizing withdrawal management multiple times in a quarter.</p> <p>Metric #12: The number of Medicaid beneficiaries receiving MAT decreased 2.3%.</p> <ul style="list-style-type: none"> • The number of Medicaid members receiving MAT decreased the first quarter of calendar year 2023 by 2.3%. • The number of pregnant Medicaid members receiving MAT changed less than 2% the first quarter of calendar year 2023. • The number of dual eligible Medicaid members receiving MAT decreased over the first quarter of calendar year 2023 by 8.4%. • The number of Medicaid members receiving MAT age 65+ decreased the first quarter of the calendar year 2023 by 6.1%. The number of Medicaid members receiving MAT under the age of 18 decreased over the first quarter of the calendar year 2023 by 47.8%. • The number of Medicaid members with criminal justice involvement receiving MAT changed less than 2% the first quarter of calendar year 2023 from 250 to 276. • The number of Medicaid members with an OUD diagnosis receiving MAT changed less than 2% the first quarter of calendar year 2023.
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			Overall, the number of Medicaid members receiving MAT continues to increase. The state saw the largest increase in members with an OUD diagnosis receiving MAT. The state attributes the increase to Medicaid members receiving MAT to various efforts made in Colorado to increase access to MAT. This includes residential SUD treatment facilities renewing or applying for their licenses and 12 unique programs supporting MAT expansion to jail based programs, primary care and in-home inductions.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		<i>This task is marked complete DY1Q1.</i>
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)			
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		<i>This task is marked complete DY1Q1.</i>
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1			<ul style="list-style-type: none"> • The July 2023 Provider Association Newsletter provided information on free SBIRT Training for providers through a partnership with Peer Assistance Services, Inc. (PAS). PAS provides virtual and in-person training, technical assistance, and hands on SBIRT implementation supports. • The State provided an update on the status of the statewide eConsult Platform, which will improve

			<p>the services and supports received by beneficiaries with complex health care needs. CMS has approved the contract for the eConsult Platform, which has been awarded to Safety Net Connect. HCPF is currently working on implementation activities and anticipates go-live will be Winter 2024.</p> <ul style="list-style-type: none">• The eConsult Platform will allow primary care providers asynchronous communication with specialty providers. The specialty provider will then review the question and provide electronic medical consultative guidance to assist with diagnosis and management of the beneficiary’s health care needs. Addiction Medicine is identified as an adult specialty that will be available at go-live.• HCPF is closely reviewing pregnant and parenting beneficiary provider capacity, as some providers report they receive so few referrals they are concerned about sustainability, while MCEs report not having enough resources for this population. The State has identified improving awareness of resources for pregnant and parenting beneficiaries using substances as an opportunity and is planning to work with stakeholders on this topic.• Denver Health recently opened an adolescent inpatient detoxification unit. The hospital repurposed beds from an inpatient psychiatric unit and began admitting patients this spring. They have typically admitted one patient a week, and most patients are teens with a fentanyl dependence. The unit provides medication assistance treatment, typically buprenorphine, additional medication to manage the side effects of withdrawal, and
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			<p>cognitive behavioral therapy. The unit also supports transition to community-based programs at discharge.</p> <ul style="list-style-type: none"> HCPF is collaborating with the University of Colorado to develop an organ transplant substance use treatment protocol. This would support beneficiaries on organ transplant lists with an SUD diagnosis, be reviewed and approved through collaboration between MCE and Transplant team for 90 days high intensity/residential/inpatient level of care services with level of care to be determined with ASAM criteria.
<p>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</p>			
<p>3.1 Metric trends</p>			
<p>3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to Milestone 2</p>		<p>Metric #5: Medicaid beneficiaries treated in an Institute for Mental Disease (IMD) for SUD</p> <p>Metric #36: The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD</p>	<p>The State calculated the following changes that were more than 2% between DY2 (1/1/2022 and 12/31/2022) and DY1 (1/1/2021-12/31/2021) for annual metrics.</p> <p>Metric #5: Medicaid beneficiaries treated in an Institute for Mental Disease (IMD) for SUD increased 2.3% in 2022 from 2021.</p> <p>Metric #36: The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD increased 79.4% in 2022 from 2021 (from 5.09 days to 9.14 days). For the OUD sub-population, the average length of stay increased 57.5% from 6.59 days to 10.39 days).</p> <p>The state is continuing work on providing access to all levels of care across the state, Colorado sees more individuals remaining in residential and transitioning between levels. Colorado also notes that residential stays</p>

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			continuing where members are not able to step down to IOP. The state is continuing to explore the implementation of PHP. Colorado attributes the increase for the OUD subpopulation to the increase in new illicit drugs in the state and harder to stabilize, with longer stabilization time and engagement.								
3.2. Implementation update											
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X										
3.2.1.i. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria											
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	X										
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2			<p>HCPF has been generating reports that identify initial authorization length of stays for ASAM levels 3.1, 3.5, and 3.7. Current initial authorization minimums are:</p> <table border="1"> <thead> <tr> <th>ASAM level of care</th> <th>Initial Authorization Period</th> </tr> </thead> <tbody> <tr> <td>3.1</td> <td>14 days</td> </tr> <tr> <td>3.5</td> <td>14 days</td> </tr> <tr> <td>3.7</td> <td>7 days</td> </tr> </tbody> </table> <p>Three years’ worth of authorization data show HCPF that ASAM level 3.1, 3.5, and 3.7 providers typically requested 1-2 continuing authorizations. In an effort to right size initial authorizations and reduce administrative</p>	ASAM level of care	Initial Authorization Period	3.1	14 days	3.5	14 days	3.7	7 days
ASAM level of care	Initial Authorization Period										
3.1	14 days										
3.5	14 days										
3.7	7 days										

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			burden, HCPF will implement increased length of stay minimums with new contract cycle in January 2024.								
			<table border="1"> <thead> <tr> <th>ASAM level of care</th> <th>Potential New Initial Authorization Period</th> </tr> </thead> <tbody> <tr> <td>3.1</td> <td>30 days</td> </tr> <tr> <td>3.5</td> <td>20 days</td> </tr> <tr> <td>3.7</td> <td>10 days</td> </tr> </tbody> </table>	ASAM level of care	Potential New Initial Authorization Period	3.1	30 days	3.5	20 days	3.7	10 days
ASAM level of care	Potential New Initial Authorization Period										
3.1	30 days										
3.5	20 days										
3.7	10 days										
4. Use of Nationally Recognized SUD -specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)											
4.1 Metric trends											
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% 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										
4.2 Implementation update											
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:											
4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	X		<i>This task is marked complete DY2Q3.</i>								
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications	X		<i>This task is marked complete DY2Q3.</i>								
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		<i>This task is marked complete DY2Q3.</i>								

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4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		
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% related to Milestone 4		Metric #13: SUD Provider Availability Metric #14: SUD Provider Availability-MAT	The State calculated the following changes that were more than 2% between DY2 (1/1/2022 and 12/31/2022) and DY1 (1/1/2021-12/31/2021) for annual metrics. Metric #14 had less than a 2% variation. Metric #13: SUD Provider Availability decreased 6.2% from 2021 to 2022.
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	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4			The Opioid Abatement Council held the Second Opioid Abatement conference in Montrose, Colorado from August 16–18, 2023. The conference included sessions on best practices for addressing the opioid crisis, review of the opioid settlement, and ways to leverage State and national resources.
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			

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<p>6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to Milestone 5</p>		<p>Metric #18: Use of Opioids at High Dosage in Persons Without Cancer</p> <p>Metric #21: Concurrent Use of Opioids and Benzodiazepines</p> <p>Metric #23: Emergency Department Utilization for SUD per 1,000 Medicaid beneficiaries</p> <p>Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries</p> <p>Metric #26: Overdose Death count</p> <p>Metric #27: Overdose Deaths (rate)</p> <p>Metric #32: Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD</p>	<p>The State calculated the following changes that were more than 2% between DY2 (1/1/2022 and 12/31/2022) and DY1 (1/1/2021-12/31/2021) for annual metrics. Metrics 23, 24 and 32 had less than 2% variation.</p> <p>Metric #18: Use of Opioids at High Dosage in Persons Without Cancer increased by 19.2% in 2022.</p> <p>Metric #21: Concurrent Use of Opioids and Benzodiazepines decreased by 10.5% in 2022. Colorado suspects an increase correlates with the increase in new illicit drugs in the state. Colorado continues to collaborate with Pharmacy to better understand and confirm.</p> <p>Metric #23: Emergency Department Utilization for SUD per 1,000 Members</p> <ul style="list-style-type: none"> • The number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members increased the first quarter of calendar year 2023 by 4%. • The number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members age 65+ increased over the first quarter of the calendar year 2023 by 8%. The number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members under the age of 18 increased over the first quarter of the calendar year 2023 by 25%. <p>Overall, the number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members remained the same over. The state is continuing work with the BHA and Colorado Hospital Association to create pathways to allow hospitals to initiate MAT within the Emergency Department and provide warm handoffs to community providers. Colorado continues to build withdrawal management capacity, in more rural and frontier areas of the state. The state anticipates with</p>
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		<p>alternate facilities offering withdrawal management, the state will see a decrease in ED utilization.</p> <p>Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Members</p> <ul style="list-style-type: none"> • The number of Medicaid members with hospital stays for SUD per 1,000 members decreased the first quarter of calendar year 2023 by 2%. • The number of Medicaid members with hospital stays for SUD per 1,000 members age 65+ decreased by 10%. The number of Medicaid members with hospital stays for SUD per 1,000 members under the age of 18 increased over the first quarter of the calendar year 2023 by 27%. <p>Overall, the number of Medicaid members with hospital stays for SUD per 1,000 members increased. The state saw the largest increase in members age 65+, while members under the age of 18 increased. The state is monitoring hospital stays for SUD closely. Colorado anticipates with the expansion of residential facilities offering 3.7 ASAM level of care as an alternative to inpatient hospitals providing this level of care the state will see an impact on this metric .</p> <p>Metric #26: Overdose Death count increased by 35.0% Metric #27: Overdose Deaths (rate) increased by 24.7% in 2022. This increase occurred across all subpopulations including a 16.8% increase in children under age 18, a 22.9% increase in adults 18-64, a 32.8% increase in older adults age 65+, and a 25.9% increase in individuals with OUD.</p> <p>In partnership with CDPHE, CDHS and BHA Colorado is working to better understand the root cause of overdose deaths and suspect contributing factors. Colorado is investigating the increase in fentanyl and introduction of xylazine in deaths when an overdose occurs because these are known to be harder overdoses to reverse.</p>
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6.2 Implementation update			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			<ul style="list-style-type: none"> Effective July 1, 2023, the HCPF Pharmacy Benefit began covering generic buprenorphine films. This is an expansion of the formulary, as prior to this date only branded Suboxone films were covered. Colorado added Brixadi, a shorter-term injectable form of buprenorphine, to the list of covered medications under Health First Colorado’s behavioral health pharmacy benefit.
6.2.1.ii. Expansion of coverage for and access to naloxone	X		<i>This task is marked complete DY2Q4.</i>
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5			<ul style="list-style-type: none"> HCPF is exploring outreach opportunities to increase the use of SBIRT in OB/GYN offices. Currently information received by HCPF staff indicates OB/GYN offices are reluctant to ask the required SBIRT questions.
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to Milestone 6		<p>Metric #15: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)</p> <p>Metric #17(1): Follow-up After Emergency Department Visit for Alcohol or Other Drug</p>	<p>The State calculated the following changes that were more than 2% between DY2 (1/1/2022 and 12/31/2022) and DY1 (1/1/2021-12/31/2021) for annual metrics (Metric #25 had less than a 2% variation).</p> <p>Metric #15: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) had the following changes from 2021 to 2022.</p> <ul style="list-style-type: none"> Alcohol initiation decreased 7.5%. Opioid initiation decreased 30.4%. Other initiation decreased 9.4%.

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		<p>Dependence (FUA-AD)</p> <p>Metric #17(2): Follow-up After Emergency Department Visit for Mental Illness (FUM-AD)</p> <p>Metric #25: Readmissions Among Beneficiaries with SUD</p>	<ul style="list-style-type: none"> ○ Total initiation decreased 8.7%. ○ Alcohol engagement increased 4%. ○ Opioid engagement increased 5.8%. ○ Other engagement increased 3.9%. ○ Total engagement decreased 0.7%. <p>The state is continuing work with the BHA and Colorado Hospital Association to create pathways to allow hospitals to initiate MAT within the Emergency Department and provide warm handoffs to community providers. The state through legislation, HB24-1045, will allow pharmacies to initiate MAT. The state will continue to monitor this metric closely.</p> <p>Metric #17(1): Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD).</p> <ul style="list-style-type: none"> ○ <30 days decreased 7.5%. ○ <7 days decreased 2.9%. <p>Metric #17(2): Follow-up After Emergency Department Visit for Mental Illness (FUM-AD).</p> <ul style="list-style-type: none"> ○ <30 days decreased 11.30%. ○ <7 days decreased 9.1%
7.2 Implementation update			
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	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
8. SUD health information technology (health IT)			

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8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to its health IT metrics		Q1: Total Number of PDMP Users Q2: Number of Opioid Prescriptions in PDMP Q3: Tracking MAT with Use of Counseling and Behavioral Therapies	The State calculated the following changes that were more or less than 2% between DY2 (1/1/2022 and 12/31/2022) and DY1 (1/1/2021-12/31/2021) for annual metrics. Q1: Total Number of PDMP Users increased by 11.2%. Q2: Number of Opioid Prescriptions in PDMP decreased by 4.5%. Q3: Tracking MAT with Use of Counseling and Behavioral Therapies via telehealth decreased by 46.8%.
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
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		

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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																		
9. Other SUD-related metrics																			
9.1 Metric trends																			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to other SUD-related metrics	X																		
9.2 Implementation update																			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2% related to other SUD-related metrics		Metric #33: Grievances Related to SUD Treatment Services Metric #34: Appeals Related to SUD Treatment Services	This was the second quarter that the State reported Grievances and Appeals related to SUD treatment services for DY3Q1 and DY3Q2. <table border="1"> <thead> <tr> <th>#33 Grievances</th> <th>DY3Q1</th> </tr> </thead> <tbody> <tr> <td>Numerator SUD</td> <td>3</td> </tr> <tr> <td>Denominator All</td> <td>219</td> </tr> <tr> <td>Metric</td> <td>1.4%</td> </tr> <tr> <th>#34 Appeals</th> <th>DY3Q1</th> </tr> <tr> <td>Numerator SUD</td> <td>3</td> </tr> <tr> <td>Denominator All</td> <td>233</td> </tr> <tr> <td>Metric</td> <td>1.3%</td> </tr> </tbody> </table>	#33 Grievances	DY3Q1	Numerator SUD	3	Denominator All	219	Metric	1.4%	#34 Appeals	DY3Q1	Numerator SUD	3	Denominator All	233	Metric	1.3%
#33 Grievances	DY3Q1																		
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#34 Appeals	DY3Q1																		
Numerator SUD	3																		
Denominator All	233																		
Metric	1.3%																		

4. Narrative information on other reporting topics

Prompts	State has no update to report (Place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
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.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related demonstration operations and policy		
11.1 Considerations		
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	X	

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<p>already reported elsewhere in this document. See report template instructions for more detail.</p>		
<p>11.2 Implementation update</p>		
<p>11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)</p>	<p>X</p>	
<p>11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)</p>	<p>X</p>	
<p>11.2.1.iii. Partners involved in service delivery</p>		<p>HCPF officially published the Accountable Care Collaborative (ACC) Phase 3 paper in August 2023. In the section describing Behavioral Health Transformation, HCPF provided details into the focus areas for the Health First Colorado behavioral health system:</p> <ul style="list-style-type: none"> • Increasing collaboration and accountability with the Behavioral Health Authority, which includes establishing and aligning data collection and reporting requirements that will track both capacity and performance, creating universal contracting provisions, aligning on service definitions (including care coordination), and executing a formal data sharing agreement to create a system-wide behavioral health grievance system • Increasing access, capacity, and strategic expansion of the behavioral health provider network, with a focus on high intensity outpatient services • Reducing administrative burden for members and providers • Paying providers for improving patient health • Identifying and filling historical gaps in the care continuum • Children and youth specific service continuum <p>In September 2023, the Colorado Attorney General announced the launch of “The Connect Effect”, an opioid and fentanyl prevention campaign focused on addressing the danger of youth pill misuse. The campaign</p>

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		<p>focuses on the power of connection with other youth, parents, and other trusted adults to protect teens and talk about the risks of fentanyl-laced pills and powdered drugs. The objectives of “The Connect Effect” campaign include:</p> <ul style="list-style-type: none"> • Increase knowledge of positive social norms and the power of connection • Increase knowledge of fact-based information • Increase knowledge of how to be an active bystander and exercise protective skills • Normalize conversations and decrease stigma • Promote the power of connection
<p>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</p>	<p>X</p>	
<p>11.2.3 The state is working on other initiatives related to SUD or OUD</p>		<p>CO passed HB23-1009, Secondary School Student Substance Use. This act was approved April 26, 2023, and was effective August 7, 2023, and creates a secondary school student substance use committee in the department of education to develop a practice for secondary schools to identify students who need substance use treatment, offer a brief intervention, and referral to substance use treatment resources. It appropriated \$49,940 for the 2023-24 budget year to support this act.</p> <p>The Colorado Opioid and Other Substance Use Disorders Study Committee received the results of the Stakeholder Survey. Results were published on August 24, 2023 and are broken into the following categories: Prevention, Harm Reduction, Treatment, and Recovery. The results identify areas of High Priority for policy recommendations.</p>
<p>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)</p>	<p>X</p>	

12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due 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.	X	
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	
13. Other demonstration reporting		
13.1 General reporting requirements		
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	

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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	X	
13.2 Post-award public forum		
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 be included here for the period during which the forum was held and in the annual report.		The third annual SUD post award forum will be held virtually on Tuesday, October 10.
14. Notable state achievements and/or innovations		
14.1 Narrative information		
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.		HCPF continued to make progress with the implementation of eConsult, a state-wide Medicaid electronic consultation platform. CMS approved the contract for the eConsult Platform in the Spring of 2023. Implementation activities will begin Summer/Fall 2023. The eConsult Platform will support asynchronous clinical communication between a primary care medical provider and a specialty provider. The vendor contract was awarded to Safety Net Connect, and the State anticipates the platform will be up and running early 2024.

*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:

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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.

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