**Medicaid Section 1115 Substance Use Disorder Demonstrations
Monitoring Report Template**

Note: PRA Disclosure Statement to be added here

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

The title page is a brief form that the state completed as part of its monitoring protocol. The title page will be populated with the information from the state's approved monitoring protocol. The state should complete the remaining two rows. Definitions for certain rows are below the table.

State	Colorado
Demonstration name	Expanding the Substance Use Disorder Continuum of Care
Approval period for section 1115 demonstration	1/1/2021-12/31/2025
SUD demonstration start date[a]	1/1/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Under this demonstration, the State expects to achieve the following Objective 1. Increase rates of identification, initiation, and engagement in treatment. Objective 2. Increase adherence to and retention in treatment. Objective 3. Reductions in overdose deaths, particularly those due to opioids. 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. Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate. Objective 6. Improved access to care for physical health conditions among beneficiaries.
SUD demonstration year and quarter	DY3Q4
Reporting period	10/1/2023- 12/31/2023

[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 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 or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

Milestone 1: During Demonstration Year 3 (DY3), the State expanded withdrawal management services for adolescents when Denver Health opened an American Society of Addiction Medicine (ASAM) 4-WM program to support adolescents with fentanyl dependence and initiate medication assisted treatment (MAT.)

Milestone 2: Health Care Policy and Finance (HCPF) closely reviewed utilization data during DY3. The Substance Use Disorder (SUD) Utilization Management Report provides both a high level and detailed analysis of SUD service utilization, including reviewing special populations, children/adolescents and pregnant and parenting people. HCPF used this data to engage in conversations with the Managed Care Entities (MCEs) discussing changes to initial and continued stay authorizations to support members receiving the right level and dose of care without increasing burden on providers or MCEs.

Milestone 3: During DY3, the Behavioral Health Authority (BHA) went live, and the responsibility for licensure rule, revision, and development began to transfer to BHA. HCPF will work closely and collaborate with the BHA to ensure that licensure rules for residential substance use treatment facilities align with ASAM standards and comply with the requirements of the 1115 SUD demonstration waiver.

Milestone 4: There were continued efforts to increase the pool of trained peer support specialists. Colorado Opioid Abatement Council awarded $1.9 million in grants in Quarter 1, and worked on addressing gaps in levels of care, especially residential adolescent SUD and access to medication for opioid use disorder (MOUD) treatment.

Milestone 5: HCPF ensured prescribers can access peer-to-peer consults when working with individuals experiencing chronic pain to reduce potential unnecessary prescriptions to high dose opioids. HCPF also explored data from the maternal health equity report released in April 2023, to begin to identify potential ways to better engage pregnant and parenting individuals. The report reflected low utilization of screening, brief intervention, and referral to treatment (SBIRT) in obstetrician and gynecologist offices.

Metrics: The number of members with SUD diagnoses (Metric #3) increased this quarter. The number of members receiving any service (Metric #6) increased this quarter. The number of members receiving outpatient services increased, intensive outpatient (IOP) and partial hospitalization (PH) decreased, residential and inpatient care increased, withdrawal management increased, and MAT increased. Emergency department (ED) utilization for members with SUD increased this quarter, and inpatient stays increased. The number of grievances and appeals filed this quarter related to SUD increased from 3 to 10 and from 3 to 19 respectively.

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 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)	The State calculated the following changes that were more than 2% between DY3Q2 (4/1/2023-6/30/2023) and DY3Q1 (1/1/2023-3/31/2023) for monthly metrics. Metric #3: The number of Medicaid beneficiaries with a SUD diagnosis monthly • The number of dual eligible Medicaid members with a SUD diagnosis increased from the first quarter of calendar year 2023 from 8,509 to 8,563. Overall, this was a 2.7% increase. • The number of Medicaid members with a SUD diagnosis age 65+ increased from the first quarter of the calendar year 2023 from 3,654 to 3,765. In May 2023, Older Adults increased 2.1%. Overall, this was a 5.2% increase. • The number of Medicaid members with a SUD diagnosis under the age of 18 increased from the first quarter of the calendar year 2023 from 2,378 to 2,382. Overall, this was a 2.1% increase. 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+. For trends and metrics from the beginning of the demonstration to current reporting period, please see graphs submitted with this report.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2	**Implementation update**			
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	1.2.1.a The target population(s) of the demonstration			
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			**DY3Q2 (April 1, 2023, through June 30, 2023)** HCPF discussed adding substance induced dementia as a covered diagnosis, with a potential go live date of July 1, 2024, with the managed care entities (MCEs)
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.			**DY3Q2 (April 1, 2023, through June 30, 2023)** The State's public health disaster declaration ended May 4, 2023, and the State will begin Medicaid redeterminations. Information has been posted on the HCPF website — End of the Public Health Emergency. HCPF is actively outreaching stakeholders to prevent inappropriate member disenrollment.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 percent 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 DY3Q2 (4/1/2023-6/30/2023) and DY3Q1 (1/1/2023-3/31/2023) for monthly metrics.

Metric #6: The number of Medicaid beneficiaries receiving any treatment monthly has increased 12.4% from the beginning of the demonstration but from DY3Q1 the quarterly aggregate number increased to DY3Q2 by 2%.
• The number of dual eligible Medicaid members receiving any services (unduplicated) increased from the first quarter to the second quarter of calendar year 2023 by 2.2%.
• The number of Medicaid members receiving any services (unduplicated) age 65+ increased in the second quarter of the calendar year 2023 by 2.4%.
• The number of Medicaid members receiving any services (unduplicated) under the age of 18 decreased in the second quarter of the calendar year 2023 by 5%.
• The number of Medicaid members with an OUD diagnosis receiving any services (unduplicated) increased in the second quarter of calendar year 2023 by 11.3%.
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.

Metric #7 The number of Medicaid beneficiaries receiving an SBIRT screen monthly is very small and increased 30.4% from DY3Q1 to DY3Q2. The number of Medicaid members receiving early intervention increased in the second quarter of calendar year 2023 from 79 to 103. |

| | | age and older with pharmacotherapy for OUD who have at least 180 days of continuous treatment | • The number of pregnant Medicaid members receiving early intervention increased in the second quarter of calendar year 2023 from 2 to 5 (150%).
• The number of dual eligible Medicaid members receiving early intervention decreased in the second quarter of calendar year 2023 from 6 to 5 (-16.7%).
• The number of Medicaid members receiving early intervention age 65+ increased in the second quarter of the calendar year 2023 from 1 to 2 (100%). The number of Medicaid members receiving early intervention under the age of 18 remained the same in the second quarter of the calendar year 2023 from 0 to 0.
• The number of Medicaid members with criminal justice involvement receiving early intervention increased in the second quarter of calendar year 2023 from 5 to 11 (120%).
• The number of Medicaid members with an OUD diagnosis receiving early intervention increased in the second quarter of calendar year 2023 from 40.4%.

Overall, the number of Medicaid members who received an SBIRT screening remains low.

Metric #8: The number of Medicaid beneficiaries receiving outpatient services monthly increased 2.3% this quarter and has increased 9.1% since the beginning of the Demonstration.
• The number of pregnant Medicaid members receiving outpatient services decreased in the second quarter of calendar year 2023 by 2.7%.
• The number of Medicaid members receiving outpatient services age 65+ increased in the second quarter of the calendar year 2023 from 5.4%. |

			• The number of Medicaid members receiving outpatient services under the age of 18 decreased in the second quarter of the calendar year 2023 from 4.4%. • The number of Medicaid members with an OUD diagnosis receiving outpatient services increased in the second quarter of calendar year 2023 by 3.8%. Overall, the number of Medicaid members receiving outpatient services increased. The state saw the largest increase in members over the age of 65+. Metric #9: The number of Medicaid beneficiaries receiving intensive outpatient services monthly increased 18.2% since the beginning of the demonstration but decreased -2.9% DY3Q1 compared to DY3Q2. • The number of pregnant Medicaid members receiving IOP/PH increased in the second quarter of calendar year 2023 by 7.1%. • The number of dual eligible Medicaid members receiving IOP/PH decreased in the second quarter of calendar year 2023 by 33.3%. • The number of Medicaid members receiving IOP/PH age 65+ increased in the second quarter of the calendar year 2023 from 2 to 8 (300%). • The number of Medicaid members receiving IOP/PH under the age of 18 decreased in the second quarter of the calendar year 2023 by 2.9%. • The number of Medicaid members with criminal justice involvement receiving IOP/PH decreased in the second quarter of calendar year 2023 by 30%. • The number of Medicaid members with an OUD diagnosis receiving IOP/PH increased in the second quarter of calendar year 2023 by 6.2%. February-March 2023 (117 to 133)

			showed a similar utilization fluctuation to the April-May 2023 changes (116 to 139). Metric #10: The number of Medicaid beneficiaries receiving residential and inpatient treatment services monthly has increased 45.1% since the beginning of the demonstration but increased 8.4% DY3Q1 compared to DY3Q2. • The number of pregnant Medicaid members receiving SUD residential and inpatient services increased in the second quarter of calendar year 2023 by 11.1%. • The number of dual eligible Medicaid members receiving SUD residential and inpatient services increased in the second quarter of calendar year 2023 10.8%. • The number of Medicaid members receiving SUD residential and inpatient services under the age of 18 increased in the second quarter of the calendar year 2023 by 20.6%. • The number of Medicaid members with criminal justice involvement receiving SUD residential and inpatient services increased in the second quarter of calendar year 2023. Please note using the summary of Q1 compared to Q2 per the Version 5.0 Monitoring report specifications, the January-March 2023 versus April-June 2023 actually increased overall by 4.3%, which is the overall trend in the data which can be seen in the graphs. Also, December 2022-January 2023 (135 to 115) showed a similar decreased utilization fluctuation to the March-April 2023 changes (164 to 124). • The number of Medicaid members with an OUD diagnosis receiving SUD residential and inpatient services increased in the second quarter of calendar year 2023 by 14.4%.

			Metric #11: The number of Medicaid beneficiaries receiving Withdrawal Management services monthly increased 50.6% since the beginning of the demonstration but increased 8.8% from DY3Q1 to DY3Q2. - The number of pregnant Medicaid members receiving withdrawal management increased in the second quarter of calendar year 2023 by 10.8%. - The number of dual eligible Medicaid members receiving withdrawal management increased in the second quarter of calendar year 2023 by 14.1%. - The number of Medicaid members receiving withdrawal management age 65+ increased in the second quarter of the calendar year 2023 by 13.2%. - The number of Medicaid members receiving withdrawal management under the age of 18 increased in the second quarter of the calendar year 2023 by 62.5% (increased 5 members). - The number of Medicaid members with criminal justice involvement receiving withdrawal management increased in the second quarter of calendar year 2023. Please note using the summary of Q1 compared to Q2 per the Version 5.0 Monitoring report specifications, the January-March 2023 versus April-June 2023 actually increased overall by 8.1%, which is the overall trend in the data which can be seen in the graphs. Other months had similar decreases in utilization. For example, June-July 2022 dropped from 90 to 56 - The number of Medicaid members with an OUD diagnosis receiving withdrawal management increased in the second quarter of calendar year 2023 by 14.2%.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Metric #12: The number of Medicaid beneficiaries receiving MAT monthly increased 15.7% since the beginning of the demonstration but increased 3.4% from DY3Q1 to DY3Q2. • The number of dual eligible Medicaid members receiving MAT increased in the second quarter of calendar year 2023 by 18.2%. • The number of Medicaid members receiving MAT age 65+ increased in the second quarter of the calendar year 2023 by 16.3%. • The number of Medicaid members receiving MAT under the age of 18 decreased in the second quarter of the calendar year 2023 by 30.5%. • The number of Medicaid members with criminal justice involvement receiving MAT increased in the second quarter of calendar year 2023 by 4.8%. • The number of Medicaid members with an OUD diagnosis receiving MAT increased in the second quarter of calendar year 2023 by 3.2%. Overall, the number of Medicaid members receiving MAT continues to increase. The state saw the largest decrease in members under the age of 18 receiving MAT.
2.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		*Milestone 1, part 2.2.1.a, is complete effective DY1Q1.*
2.2.1.a 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 intensive residential and inpatient settings, medically supervised withdrawal management)			
2.2.1.b 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 1, 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. | | | **DY3Q3 (July 1, 2023, to September 30, 2023)**

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 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.

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 cognitive behavioral therapy. The unit also supports transition to community-based programs at discharge.

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.

DY3Q2 (April 1, 2023, to June 30, 2023)
In the Maternal Health Equity Report released April 2023, 49 beneficiaries were screened under the SBIRT procedure code. Providers indicated that this is underreported due to billing constraints, with the shortest SBIRT screening requiring 15 minutes per billing requirements. Providers indicated that the screening typically takes 5–10 minutes, so they do not bill for the service. HCPF will gather additional information and determine next steps that could be taken to ensure SBIRT services are accurately reflected in the data.

SB23-223 Medicaid Provider Rate Review Process, introduced March 24, 2023, became a Signed Act on

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			April 17, 2023. This Signed Act requires HCPF to submit a written report to the joint budget committee regarding the review process for Medicaid rates on or before November 1, 2025, with the first written report due November 1, 2023, and due each November thereafter. **DY3Q1 (January 1, 2023, to March 31, 2023)** 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.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)**			
3.1	**Metric trends**			
3.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X	Metric #5- Medicaid beneficiaries treated in an Institute for Mental Disease (IMD) for SUD. Metric #36- The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD.	
3.2.	**Implementation update**			
3.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.1.b	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			**DY3Q4 (October 1, 2023, through December 31, 2023)** HCPF published the Substance Use Disorder Utilization Management Report- Data Included DY3Q2 (April 23-June 23) on October 1, 2023. - Episode of care data found that ASAM level 3.5 (821) had the most total episodes of care, followed by level 3.1 (230), and 3.7 (41). For withdrawal management services, there were significantly more episodes of care for ASAM level 3.2WM (3,118) than level 3.7WM (258). - Special Connections (pregnant beneficiaries) accounted for 1% of members receiving care. Youth accounted for less than 1% of members receiving care. **DY3Q1 (January 1, 2023, to March 31, 2023)** 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.			**DY3Q4 (October 1, 2023, to December 31, 2023)** HCPF published the Substance Use Disorder Utilization Management Report on October 1, 2023. Data includes DY3Q2 (April 2023 through June 2023.) The report provides initial and continuing authorization request broken out by level of care and managed care entity. It also provides denial and appeal information, including reason for denials and the percent of cases appealed and overturned. Highlights include: • Level 3.5 had the highest total episodes of care, non-Special Connections (pregnant or parenting people) adults (821) • Level 3.7 had the lowest total episodes of care (41) • Level 3.2WM had more episodes of care than 3.7WM (3,118 episodes vs. 258 episodes) • Special Connections members accounted for 1% of the members served. • Youth (under age 18) accounted for less than 1% of the members served. **DY3Q3 (July 1, 2023, to September 30, 2023)** 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: ASAM level of care Initial Authorization Period 3.1 14 days 3.5 14 days 3.7 7 days

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			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 burden, HCPF will implement increased length of stay minimums with new contract cycle in January 2024. ASAM level of care/Potential New Initial Authorization Period 3.1 30 days 3.5 20 days 3.7 10 days

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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 percent related to Milestone 3.	X		
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.				
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		*Milestone 3, part 4.2.1.a, is complete effective DY2Q3.*
4.2.1.a	Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
4.2.1.b	Review process for residential treatment providers' compliance with qualifications	X		*Milestone 3, part 4.2.1.b is complete effective DY2Q3.*
4.2.1.c	Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		*Milestone 3, part 4.2.1.c is complete effective DY2Q3.*

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.			**DY3Q2 (April 1, 2023, to June 30, 2023)** HB 23-1236 Implementation Updates to Behavioral Health Administration (introduced March 8, 2023) became a Signed Act May 16, 2023. **DY3Q1 (January 1, 2023, to March 30, 2023)** 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

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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	Metric #13- SUD Provider Availability Metric #14- SUD Provider Availability-MAT	
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 across the continuum of SUD care.			**DY3Q4 (October 1, 2023, to December 31, 2023)**

DY3Q4 (October 1, 2023, to December 31, 2023)

In the October 29, 2023, Substance Use Disorder Newsletter, BHA announced the release of an RFA for behavioral health workforce peer support professionals. The RFA seeks to expand and grow professional or career opportunities for Colorado Peer Support Professionals who have experiences living with a mental health disorder or substance use condition. Applications are due November 14, 2023.

DY3Q1 (January 1, 2023, to March 30, 2023)

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:

- 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
- 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)

			• 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 • 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 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. 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: • 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 • 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 linking people with OUD to comprehensive community-based care. • 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 • 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 • 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 • 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 Additionally, the next round of funding (up to $3.2 million) will be open for applications in May 2023.
5.2.2	The state expects to make other program changes that may affect metrics related to Milestone 4.		**DY3Q4 (October 1, 2023, to December 31, 2023)** The Reproductive Health Equity Team is partnering with River Valley Health Centers (RAE 1) and Denver Health

		to increase supports to pregnant women using substances using MOMs grant funding. This funding can be used for administrative costs, data systems, training, and outreach to community providers but cannot be used for direct provision of services. They would like to partner with other providers and have funding available to do so.
		DY3Q3 (July 1, 2023, to September 30, 2023)
		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.
		DY3Q2 (April 1, 2023, to June 30, 2023)
		The Opioid Abatement Council announced the release of the second round of funding focused on promoting capital improvements and providing operations assistance for developing or improving the infrastructure necessary to abate the opioid crisis in Colorado. Applications were due June 20, 2023, no later than 5:00 pm MT.
		The Opioid Abatement Council also announced the Department of Law will be seeking applications to support emerging and innovative approaches to combat Colorado's opioid crisis that generate implementable solutions. There was a pre-application webinar scheduled for June 6, 2023, and applications were open until June 30, 2023.
		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.
			Currently, $39,178,092 in opioid settlement funding has been allocated, and 312 Colorado government entities are participating through the quarter ending June 30, 2023.
			All managed care entities (MCEs) continue to focus on increasing the number of residential adolescent SUD providers. Residential adolescent SUD providers are a current service gap in the state for Medicaid beneficiaries. MCEs are engaging with some private residential adolescent SUD providers to discuss becoming Medicaid providers. One MCE indicated it had a new residential adolescent SUD provider that will be starting to provide services, although they did not specify the anticipated start date.
			Colorado is planning to implement ASAM 4 Edition. The implementation will have a phased approach to ensure that the new ASAM-aligned criteria is implemented correctly, include rewriting of rules and reconfiguring of reimbursement rates. Retraining of all providers' MCEs, other State contractors, and State staff will also be required as well as updating of all communications materials, including webpages. Once a plan and timeline are developed, the proposed changes and implementation timeline will be shared with Centers for Medicare and Medicaid Services (CMS.)
			The Southern Ute tribe will be hiring a consultant to support opening a new opioid treatment program that will

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			ensure access to MOUD in the western slope region. That same tribe has also stated they intend to build a center that will provide mental health, substance use, and primary care services, in addition to intensive outpatient and crisis services. They are also exploring providing mobile treatment to reach beneficiaries in remote areas that do not have access to transportation

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. **Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)**			
6.1 **Metric trends**			

| 6.1.1 | The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5. | | Metric #18: Use of Opioids at High

Metric #23: Emergency Department Utilization for SUD per 1,000 Members

Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Members | The State calculated the following changes that were more than 2% between DY3Q2 (4/1/2023-6/30/2023) and DY3Q1 (1/1/2023-3/31/2023).

Metric #23: Emergency Department Utilization for SUD per 1,000 Members
• The number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members increased in the second quarter of calendar year 2023 by 10%.
• The number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members age 65+ increased in the second quarter of the calendar year 2023 by 12%.
• The number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members under the age of 18 increased in the second quarter of the calendar year by 18%.

Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Members
• The number of Medicaid members with hospital stays for SUD per 1,000 members increased in the second quarter of calendar year 2023 by 6%.
• The number of Medicaid members with hospital stays for SUD per 1,000 members age 65+ increased in the second quarter of the calendar year 2023 by 7%.
• The number of Medicaid members with hospital stays for SUD per 1,000 members under the age of 18 increased in the second quarter of the calendar year 2023 by 4%. |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			For trends and metrics from the beginning of the demonstration to current reporting period, please see graphs submitted with this report.
6.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			**DY3Q3 (July 1, 2023, to September 30, 2023)** 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. **DY3Q2 (April 1, 2023, to June 30, 2023)** The May 31, 2023, Substance Use Disorder Stakeholder Newsletter informed recipients that telemedicine flexibilities for the prescribing of controlled medications beyond the end of the COVID-19 public health emergency had been announced by the Drug Enforcement Administration (DEA) and Substance Abuse Mental Health Services Administration. This announcement also included a link to the full DEA announcement and informed recipients that public comments are being considered by federal agencies. **DY3Q1 (January 1, 2023, to March 30, 2023)** 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.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.b Expansion of coverage for and access to naloxone	X		*Milestone 5, 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. | | | **DY3Q4 (October 1, 2023, to December 31, 2023)** The Colorado Department of Public Health and Environment's Overdose Prevention has made funds available for the Overdose Data to Action Grant. These funds will be used to prevent opioid misuse and overdose using evidence-base public health approaches. There are two identified tracks- Harm Reduction and Community-Based Linkage to Care.

Entities selecting the Harm Reduction track are required to use navigators to connect people with services and ensure PWUD have access to overdose prevention and reversal tools, treatment options, and drug-checking equipment. Entities selecting the Community-based Linkage to Care track are required to use navigators to facilitate linking people to care and other services and use navigators to facilitate implementing monitoring programs following discharge from active care to prevent treatment interruption.

Applications are due December 15, 2023, with anticipated award notification in January 2024.

DY3Q3 (July 1, 2023, to September 30, 2023) 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.

DY3Q2 (April 1, 2023, to June 30, 2023) Opioid treatment programs are now able to provide a seven-day supply to members. Prior authorization criteria have been removed from buprenorphine and naloxone |

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			tablets. The State is working on increasing awareness of these changes.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7. **Improved Care Coordination and Transitions between Levels of Care (Milestone 6)**			
7.1 **Metric trends**			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.	X	Metric #15: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) Metric #17(1): Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) Metric #17(2): Follow-up After Emergency Department Visit for Mental Illness (FUM-AD) Metric #25: Readmissions Among Beneficiaries with SUD	

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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. | | | **DY3Q4 (October 1, 2023, to December 31, 2023)**

HCPF data indicates that some beneficiaries receive withdrawal management services multiple times, possibly indicating beneficiaries are not receiving adequate support at discharge/transition to enroll in community-based recovery services. HCPF is considering a notification system that could improve MCE case management services at admission.

DY3Q2 (April 1, 2023, to June 30, 2023)

HCPF published the Maternal Health Equity report in April 2023. The report cited that in 2020, 3.8% of babies covered by Health First Colorado were substance-exposed newborns, which was a 30.6% increase from 2019. HCPF will continue to participate in the Maternal Opioid Misuse (MOM) model from CMS to better integrate care for pregnant and parenting people with opioid use disorder (OUD). By using this model, HCPF intends to improve capacity for and access to integrated behavioral health services for this population. HCPF also identified 'Improve integrated behavioral health services piloted in MOM grant' as a possible focus for the Accountable Care Collaborative (ACC) Phase III launch.

The State also published the project report 'Case Management Recommendation Report for case management activities', which was part of project 5.03 — Case Management Rates. This status was marked complete in February 2023 and disseminated in the May 2023 American Rescue Plan Act Project Pulse Newsletter. The report made the following recommendations: |

		• To ensure that case management services are paid equitably under a singular rate reimbursement structure and to support the overarching goals of Case Management Redesign, HCPF should realign the service scope, caseload size, and regulatory requirements for current Community Centered Board and Single-Entry Point providers into a singular agency approach, regardless of prior populations served.
		• Collect cost information from agencies on a regular basis (at a minimum, once every waiver renewal) to determine the sufficiency of rates to cover the incurred cost of agencies to provide case management services, and review activity time information from new information systems to determine appropriateness of activity time assumptions used in creating rate.
		• Continue the use of a rural-travel add-on and investigate the adoption of an additional urban travel add-on should agency urban travel exceed a State-determined threshold.
		• Determine an appropriate caseload limitation and enforce maximum allowable caseloads. Caseload standards should be utilized to assist in measuring the quality of case management services delivered from agencies.
		• Implement a more timely, hands-on training agenda for case management agencies inclusive of live trainings and more frequent, up-to-date webinars.
		• Examine quality measures addressing access, community integration, health and safety, and

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			person-centered practices in the implementation of future quality programs. The Department received funding to support continued work on data collection and sharing across community partners. This includes funding to support the collection and sharing of clinical data for care management as well as social determinants of health supplemental data. Funds will be available for state fiscal year (SFY) 2023–24 and SFY2024–25. **DY3Q1 (January 1, 2023, to March 30, 2023)** 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 were recorded and posted on the Integrated Care Grant web page for viewing.
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**SUD health information technology (health IT)**			
8.1	**Metric trends**			
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	Total Number of PDMP Users Number of Opioid Prescriptions in PDMP Tracking MAT with Use of Counseling and Behavioral Therapies	
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.a How health IT is being used to slow down the rate of growth of individuals identified with SUD			
	8.2.1.b How health IT is being used to treat effectively individuals identified with SUD	X		
	8.2.1.c How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD	X		

Prompt			State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	8.2.1.d	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.e	Other aspects of the state's health IT implementation milestones	X		
	8.2.1.f	The timeline for achieving health IT implementation milestones	X		
	8.2.1.g	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**				

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		Metric #33: Grievances Related to SUD Treatment Services Metric #34: Appeals Related to SUD Treatment Services	During this quarter, the State reported the following Grievance and Appeals data related to SUD treatment services:

#33 Grievances	
Numerator SUD	10
Denominator All	460
Metric	2.1%

#34 Appeals	
Numerator SUD	19
Denominator All	458
Metric	4.1%

9.2   Implementation update

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		Metric #33: Grievances Related to SUD Treatment Services Metric #34: Appeals Related to SUD Treatment Services	**DY3Q2 (April 1, 2023, to June 30, 2023)** The State is reporting metrics #33 and #34 in Part A for the first time, in conjunction with the regular quarterly report.

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.		**DY3Q1 (January 1, 2023, to March 30, 2023)** 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. 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.

Prompts	State has no update to report (place an X)	State response
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 already reported elsewhere in this document. See Monitoring Report Instructions for more detail. | | **DY3Q4 (October 1, 2023, to December 31, 2023)**

HCPF began work on amending the current 1115 waiver to include individuals with justice involvement. The proposed amendment would provide Medicaid coverage to eligible individuals up to 90 days immediately prior to release, support CO in providing access to MAT prior to return to the community for individuals who experienced forced abstinence, and provide case management to address physical, behavioral, and health related social needs.

DY3Q2 (April 1, 2023, to June 30, 2023)

In the May 31, 2023, Substance Use Disorder Stakeholder Newsletter, HCPF announced opportunities for new providers to enroll as Behavioral Health Secure Transport providers. Behavioral Health Secure Transport was identified in House Bill 21-1085 as a standardized transport benefit to improve access to behavioral health care.

HCPF also provided notification that Health First Colorado covers the cost of testing for xylazine under CPT code 80305 in the May 31, 2023, Substance Use Disorder Stakeholder Newsletter.

SB23-222 Medicaid Pharmacy and Outpatient Services Copayment was introduced March 24, 2023, and on April 20, 2023, became a Signed Act. This is a companion bill to R-7 Provider Rate Adjustments and will give the Department authority to eliminate copays for most Medicaid benefits. This bill was developed based on research that showed copays can lead to delays in care, pill splitting, and unfilled prescriptions.

HCPF issued a Joint Agency Policy Memo on Law Enforcement in Mobile Crisis Response, effective May 26, 2023. In this Joint Agency Policy memo, HCPF indicated that $1.75 million in American Rescue Plan Act funds had been secured to assist crisis providers in meeting new mobile crisis response standards and that funds had been |

Prompts	State has no update to report (place an X)	State response
		administered for level setting provider access to harm reduction and Naloxone training and tools. **DY3Q1 (January 1, 2023, to March 30, 2023)** 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.
11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)	X	
11.2.1.c 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. | | **DY3Q3 (July 1, 2023, to September 30, 2023)**

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:

• 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

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 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:

• 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 |

Prompts	State has no update to report (place an X)	State response
		• Promote the power of connection **DY3Q1 (January 1, 2023, to March 30, 2023)** 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. | | **DY3Q4 (October 1, 2023, to December 31, 2023)**

In the November 29, 2023, Substance Use Disorder Newsletter, the Colorado Department of Public Health and Environment's Overdose Prevention Program announced the availability of funds to enhance evidence-based opioid overdose prevention programming and evidence-informed interventions that have an immediate impact on reducing overdose morbidity and mortality. Applications are due December 15, 2023.

On December 27, 2023, the Attorney General announced that the CO Department of Law awarded $4 million in funding to address the opioid crisis to eight organizations across the state. Funds were awarded to:

• Boys and Girls Club in Colorado- funding will support prevention programming at eleven geographically diverse clubs, primarily during school breaks and after school hours, and include the implementation of evidence-based prevention programming that will educate youth on the threats of opioid and fentanyl misuse.
• Colorado Department of Public Health and Environment- funding will support the Harm Reduction Accelerator Fund, which will fund two new rural programs and a related summit to promote evidence-based practices.
• Colorado Health Network- funding will integrate behavioral health treatment and care coordination services into a syringe access program in rural Colorado.
• Denver Health and Hospital Authority- funding will help expand opioid treatment and care coordination using a hub and spoke model to reduce substance use disorders across the state.
• Larimer County Sheriff's Office- funding will support the Stone Soup Community Reintegration Initiative, that tackles the opioid crisis at a systematic level.
• Rocky Mountain Crisis Partners- funding will support the statewide Opioid Follow-up Program, which focuses on enhancing engagement in a tracked array of health care |

Prompts	State has no update to report (place an X)	State response
		services for individuals with co-occurring mental health and opioid use disorder. • Serenity Recovery Connection- funding will increase access to recovery support services. • Tepeyac Community Health Center- funding will help provide culturally responsive, integrated health care through supporting the growth of the organization's substance use services. The December 26, 2023, newsletter published by the Director of Opioid Response stated approximately $8 million in funds will be available in February 2024 to address the opioid crisis. **DY3Q3 (July 1, 2023, to September 30, 2023)** 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. 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.
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	

Prompts	State has no update to report (place an X)	State response
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 monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report 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	

Prompts		State has no update to report (place an X)	State response
13.	**Other SUD 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: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
	13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	

Prompts	State has no update to report (place an X)	State response
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		**DY3Q1 (January 1, 2023, to March 30, 2023)** 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. 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. - 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. - 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. - No other data is due to CMS yet.

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.		**DY3Q4 (October 1, 2023, to December 31, 2023)** The State posted the Accountable Care Collaborative Phase III Concept State Engagement Summary in November 2023. The following stakeholder feedback is relevant to the on-going 1115 SUD Demonstration Waiver. Demonstration Waiver implementation by the RAEs: • Members are concerned that RAE staff and providers do not always receive sufficient training and sometimes provide misinformation or out-of-date information to members. They would like to see training or processes for staff to have more up to date an accurate information and accountability for those who provide incorrect information. • Members support the care coordination proposals, but many have experienced that, in practice, they are not offered care coordination or do not know how to access it. They believe more education about care coordination resources, for both members and for RAE staff and providers, may be needed. Under the Member Experience heading: • Members have experienced challenges applying for behavioral health benefits in the PEAK app because these benefits may be interpreted as separate, option benefits based on how they are presented. Members would like to see this updated in the PEAK app to make it clearer that behavioral health benefits are core benefits. Under the Behavioral Health Transformation heading, Filling Historical Gaps in the Care Continuum: • A few advocates also highlighted a need for high intensity outpatient services that address trauma at all ages, particularly for young children.

Prompts	State has no update to report (place an X)	State response
		Under the Behavioral Health Transformation heading, RAE and Provider Accountability: • Several advocates felt that RAEs and providers are not consistently meeting their behavioral health requirements in Phase II, and they would like to see more accountability. • Advocates said some RAEs do not pay behavioral health providers enough to have an adequate network

Prompts	State has no update to report (place an X)	State response
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 monitoring report.		**DY3Q4 (October 1, 2023, to December 31, 2023)** The third annual substance use disorder stakeholder forum was held virtually on October 10, 2023. During the annual forum, the Department reviewed the Annual Report for Demonstration Year 2, provided an update about the 1115 Waiver "Expanding the Substance Use Disorder Continuum of Care", and provided an opportunity for participants to ask questions. Number of registrants: 77 Number of attendees: 20 **Question and Answer:** Question #1: Are these services per month? (referring to graphs in presentation) Answer: Yes, all of the graphs shown in today's presentation have the services shown per month, as seen on the x-axis. Question #2: Are the graphs showing that there are three times as many members accessing withdrawal management (WM) services each month as intensive outpatient program (IOP)? Answer: Yes, this is accurate. The state is exploring possible reasons why WM services are utilized at a much higher rate than IOP services and other levels of care. IOP is less utilized than we would like to see and has room for improvement. The SUD Utilization Management report, produced quarterly and posted on the web page in accordance with SB21-137, has additional data on utilization as well. **DY3Q3 (July 1, 2023, to September 30, 2023)** The third annual SUD post award forum will be held virtually on Tuesday, October 10.

Prompts	State has no update to report (place an X)	State response
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.		**DY3Q3 (July 1, 2023, to September 30, 2023)** 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. **DY3Q2 (April 1, 2023, to June 30, 2023)** HCPF began working on Phase III of the ACC concept papers, with work scheduled from spring to summer 2023. The ACC started in 2011 to 'deliver cost-effective, quality health care services to its Colorado Medicaid members and to improve the health of Coloradans.' The goals for ACC Phase III include: - Improve quality care for members. - Close health disparities and promote health equity for members. - Improve care access for members. - Improve member and provider service experience. - Manage costs to protect member coverage, benefits, and provider reimbursements. HCPF indicated that concept papers for priority initiatives would be available Spring–Summer 2023.

*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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