

**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 briefform 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.*

<b>State</b>	<i>Colorado</i>
<b>Demonstration name</b>	<i>Expanding the Substance Use Disorder Continuum of Care</i>
<b>Approval period for section 1115 demonstration</b>	<i>Automatically populated with the current approval period for the section 1115 demonstration as listed in the current special terms and conditions (STC), including the start date and end date (MM/DD/YYYY – MM/DD/YYYY).</i>
<b>SUD demonstration start date<sup>a</sup></b>	<i>01/01/2021</i>
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	<i>01/01/2021</i>
<b>SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives</b>	<p>Under this demonstration, the State expects to achieve the following:</p> <p>Objective 1. Increase rates of identification, initiation, and engagement in treatment.</p> <p>Objective 2. Increase adherence to and retention in treatment.</p> <p>Objective 3. Reductions in overdose deaths, particularly those due to opioids.</p> <p>Objective 4. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.</p> <p>Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.</p> <p>Objective 6. Improved access to care for physical health conditions among beneficiaries.</p>
<b>SUD demonstration year and quarter</b>	<i>DY4Q2</i>
<b>Reporting period</b>	<i>04/01/2024 – 06/30/2024</i>

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

request on 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.

<sup>b</sup> **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

*The executive summary should be reported in the fillable box below. It is intended for summary-level information only. The recommended word count is 500 words or less.*

The State has continued to focus on implementation of the substance use disorder (SUD) waiver, while also seeking to expand the existing 1115 waiver this quarter. Colorado has focused on ensuring that Managed Care Entities (MCEs) are applying the American Society of Addiction Medicine (ASAM) criteria to entrance, continued stay, and transfer requests consistent with guidance provided by the ASAM criteria. Colorado has provided additional ASAM training on level of care determinations to the MCE Utilization Management (UM) staff and has issued policy guidance to providers. The State continues to routinely review UM data to track lengths of initial and continued stay authorizations, as well as the types of services being authorized and readmission rates. The Department of Health Care Policy and Financing (HCPF) has also begun the process of transitioning from ASAM 3<sup>rd</sup> edition to ASAM 4<sup>th</sup> edition, with an implementation date of July 1, 2026. HCPF has been implementing ASAM 2.5 Partial Hospitalization, with a go live date of July 1, 2024.

With a few exceptions, the utilization of SUD metrics reported by Colorado (CO) for Demonstration Year 3 Quarter 4 (DY3Q4, October-December 2023) continued to decline. This could be related to the public health emergency (PHE) unwinding process in Colorado, which began in May 2023. The PHE unwind period spanned May 2023 through April 2024, plus the 90-day reconsideration period, which ended July 2024. Unwind renewal approvals were within 2% of pre-pandemic norms (55% vs. 57%) as were disenrollments (43% vs. 41%). Procedural denials during May 1, 2024, through July 31, 2024, were below the 12% pre-pandemic norm. Overall, Colorado Medicaid enrollment dropped by more than 300,000 members between May 2023 and December 2023 (a 17% decrease in membership). Colorado had 1,251,218 members enrolled in Medicaid in March 2020 (prior to PHE), saw their highest enrollment rate of 1,810,036 in May 2023, and now have 1,263,950 enrolled members in July 2024 (a 30% decrease in membership). The decrease in membership due to the PHE Unwind has leveled off since May 2024, and has seen enrollment rates return to pre-PHE numbers.

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			

<p>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.</p>		<p>Metric #3: Medicaid beneficiaries with SUD Diagnosis (monthly)</p> <p>Metric #4: Medicaid beneficiaries with SUD Diagnosis (annually)</p>	<p>The State calculated the following changes that were more than a 2% change between DY3Q3 (July 1, 2023, through September 30, 2023) and DY3Q4 (October 1, 2023, through December 31, 2023).</p> <p><b>Metric #3:</b> The number of Medicaid beneficiaries with a SUD diagnosis decreased more than 2% this quarter (-6.4%) continuing the trend across all Medicaid populations since May 2023.</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries with a SUD diagnosis decreased this quarter (-6.1%).</li> <li>• The number of Medicaid beneficiaries aged 18 years or younger with a SUD diagnosis decreased this quarter (-7.5%).</li> <li>• The number of Medicaid beneficiaries ages 65 years or older with a SUD diagnosis decreased this quarter (-4.6%).</li> <li>• The number of pregnant Medicaid beneficiaries with a SUD diagnosis decreased this quarter (-8.1%).</li> <li>• The number of Medicaid beneficiaries with Criminal Justice involvement with a SUD diagnosis decreased this quarter (-4.2%).</li> <li>• The number of Medicaid beneficiaries with an opioid use disorder (OUD) diagnosis decreased this quarter (-3.1%).</li> </ul> <p>The state continued to see the number of Medicaid beneficiaries with a SUD diagnosis decrease. Overall seeing the largest decrease in pregnant Medicaid members. Based on quarter over quarter reporting through the first quarter of DY3 and observing relatively small fluctuations in the demonstration, Colorado attributes most of these benefit utilization decreases to the large decrease in membership due to PHE unwinding.</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Overall, HealthFirst Colorado membership decreased by 17% between May 2023 and December 2023.
<b>1.2 Implementation update</b>			
1.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a The target population(s) of the demonstration	X		
1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.	X		

<b>Prompt</b>	<b>State has no trends/update to report (place an X)</b>	<b>Related metric(s) (if any)</b>	<b>State response</b>
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			

<p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.</p>		<p>Metric #6: Any SUD Treatment</p> <p>Metric #7: Early Intervention</p> <p>Metric #8: Outpatient Services</p> <p>Metric #9: Intensive Outpatient and Partial Hospitalization Services</p> <p>Metric #10: Residential and Inpatient Services</p> <p>Metric #11: Withdrawal Management</p> <p>Metric #12: Medication Assisted Treatment</p> <p>Metric #22: Percentage of adults 18 years of age and older with pharmacotherapy</p>	<p><b>Metric #6:</b> The number of Medicaid beneficiaries receiving SUD treatment decreased more than 2% this quarter (-9.2%).</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving SUD treatment decreased this quarter (-9.2%).</li> <li>• The number of Medicaid beneficiaries aged 18 years or younger receiving SUD treatment decreased this quarter (-8.7%).</li> <li>• The number of Medicaid beneficiaries ages 65 years or older receiving SUD treatment decreased this quarter (-6.8%).</li> <li>• The number of pregnant Medicaid beneficiaries receiving SUD treatment decreased this quarter (-14.0%).</li> <li>• The number of Medicaid beneficiaries with Criminal Justice involvement receiving SUD treatment decreased this quarter (-7.6%).</li> <li>• The number of Medicaid beneficiaries with an OUD diagnosis receiving SUD treatment decreased this quarter (-5.9%).</li> </ul> <p>Overall, the number of Medicaid members receiving any service continues to decrease. The state saw the largest decrease in pregnant Medicaid members. Based on quarter over quarter reporting through the first quarter of DY3 and observing relatively small fluctuations in the demonstration, Colorado attributes most of these benefit utilization decreases to the large decrease in membership due to PHE unwinding. Overall, Health First Colorado membership decreased by 17% between May 2023 and December 2023.</p> <p><b>Metric #7:</b> The number of Medicaid beneficiaries receiving Early Intervention treatment increased more</p>
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		<p>for OUD who have at least 180 days of continuous treatment</p>	<p>than 2% this quarter (2.6%). Note: all utilization numbers remain small.</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving Early Intervention increased this quarter (20.0%).</li> <li>• The number of Medicaid beneficiaries aged 18 years, or younger receiving Early Intervention decreased this quarter to zero (-100%).</li> <li>• The number of Medicaid beneficiaries ages 65 years or older receiving Early Intervention decreased this quarter to one (-66.7%).</li> <li>• The number of Medicaid beneficiaries with an OUD diagnosis receiving Early Intervention decreased this quarter (-41.2%).</li> </ul> <p>Overall, the number of Medicaid members who received an SBIRT screening still remains low. Colorado attributes this to regular fluctuations in a small population and will continue to monitor.</p> <p><b>Metric #8:</b> The number of Medicaid beneficiaries receiving outpatient treatment decreased more than 2% this quarter (-6.7%).</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving outpatient treatment decreased this quarter (-6.6%).</li> <li>• The number of Medicaid beneficiaries ages 65 years or older receiving outpatient treatment decreased this quarter (-2.6%).</li> <li>• The number of pregnant Medicaid beneficiaries receiving outpatient treatment decreased this quarter (-8.6%).</li> <li>• The number of Medicaid beneficiaries with Criminal Justice involvement receiving</li> </ul>
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			<p>outpatient treatment decreased this quarter (-3.9%).</p> <ul style="list-style-type: none"> <li>The number of Medicaid beneficiaries with an OUD diagnosis receiving outpatient treatment decreased this quarter (-4.7%).</li> </ul> <p>Overall, the number of Medicaid members receiving outpatient services continued to decrease. The state saw the largest decrease in pregnant members. Based on quarter over quarter reporting through the first quarter of DY3 and observing relatively small fluctuations in the demonstration, Colorado attributes most of these benefit utilization decreases to the large decrease in membership due to PHE unwinding. Overall, Health First Colorado membership decreased by 17% between May 2023 and December 2023.</p> <p><b>Metric #9:</b> The number of Medicaid beneficiaries receiving intensive outpatient SUD treatment decreased more than 2% this quarter (-4.4%).</p> <ul style="list-style-type: none"> <li>The number of Dual-Eligible Medicaid beneficiaries receiving intensive outpatient SUD treatment decreased this quarter (-25.0%).</li> <li>The number of Medicaid beneficiaries aged 18 years or younger receiving intensive outpatient SUD treatment decreased this quarter (-30.0%).</li> <li>The number of Medicaid beneficiaries ages 65 years or older receiving intensive outpatient SUD treatment decreased this quarter (-22.2%).</li> <li>The number of pregnant Medicaid beneficiaries receiving intensive outpatient SUD treatment decreased this quarter (-16.0%).</li> <li>The number of Medicaid beneficiaries with Criminal Justice involvement receiving intensive</li> </ul>
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			<p>outpatient SUD treatment increased this quarter (57.5%).</p> <ul style="list-style-type: none"> <li>The number of Medicaid beneficiaries with an OUD diagnosis receiving intensive outpatient SUD treatment decreased this quarter (-3.5%).</li> </ul> <p>Overall, the number of Medicaid members receiving intensive outpatient services decreased. The state saw the largest decrease in Medicaid members aged 18 years or younger receiving intensive outpatient SUD treatment. Colorado began covering partial hospitalization July 1, 2024. Based on quarter over quarter reporting through the first quarter of DY3 and observing relatively small fluctuations in the demonstration, Colorado attributes most of these benefit utilization decreases to the large decrease in membership due to PHE unwinding. Overall, Health First Colorado membership decreased by 17% between May 2023 and December 2023.</p> <p><b>Metric #10:</b> The number of Medicaid beneficiaries receiving residential or inpatient SUD treatment decreased more than 2% this quarter (-10.8%).</p> <ul style="list-style-type: none"> <li>The number of Dual-Eligible Medicaid beneficiaries receiving residential or inpatient SUD treatment decreased this quarter (-17.8%).</li> <li>The number of Medicaid beneficiaries aged 18 years, or younger receiving residential or inpatient SUD treatment decreased this quarter (-13.8%).</li> <li>The number of Medicaid beneficiaries ages 65 years or older receiving residential or inpatient SUD treatment decreased this quarter (-19.5%).</li> <li>The number of pregnant Medicaid beneficiaries receiving residential or inpatient SUD treatment decreased this quarter (-17.1%).</li> </ul>
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			<p>Overall, the number of members receiving SUD residential and inpatient services saw a decrease. The state saw the largest decrease in dual-eligible Medicaid beneficiaries. Based on quarter over quarter reporting through the first quarter of DY3 and observing relatively small fluctuations in the demonstration, Colorado attributes most of these benefit utilization decreases to the large decrease in membership due to PHE unwinding. Overall, HealthFirst Colorado membership decreased by 17% between May 2023 and December 2023.</p> <p><b>Metric #11:</b> The number of Medicaid beneficiaries receiving withdrawal management treatment decreased more than 2% this quarter (-4.6%).</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving withdrawal management treatment decreased this quarter (-14.5%).</li> <li>• The number of Medicaid beneficiaries ages 65 years or older receiving withdrawal management treatment decreased this quarter (-29.9%).</li> <li>• The number of pregnant Medicaid beneficiaries receiving withdrawal management treatment decreased this quarter (-16.2%).</li> <li>• The number of Medicaid beneficiaries with Criminal Justice involvement receiving withdrawal management treatment increased this quarter (2.2%).</li> <li>• The number of Medicaid beneficiaries with an OUD diagnosis receiving withdrawal management treatment increased this quarter (3.9%).</li> </ul> <p>Overall, the number of Medicaid members receiving withdrawal management decreased. The state saw the largest decrease in members 65 years or older. The state</p>
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		<p>did see increases in subpopulations, members diagnosed with an OUD, and criminal justice involved receiving withdrawal management. Based on quarter over quarter reporting through the first quarter of DY3 and observing relatively small fluctuations in the demonstration, Colorado attributes most of these benefit utilization decreases to the large decrease in membership due to PHE unwinding. Overall, Health First Colorado membership decreased by 17% between May 2023 and December 2023.</p> <p><b>Metric #12:</b> The number of Medicaid beneficiaries receiving MAT treatment decreased more than 2% this quarter (-3.0%).</p> <ul style="list-style-type: none"> <li>• The number of Dual-Eligible Medicaid beneficiaries receiving MAT treatment decreased this quarter (-6.7%).</li> <li>• The number of Medicaid beneficiaries aged 18 years or younger receiving SUD MAT treatment decreased this quarter (-41.2%).</li> <li>• The number of pregnant Medicaid beneficiaries receiving MAT treatment decreased this quarter (-6.7%).</li> <li>• The number of Medicaid beneficiaries with Criminal Justice involvement receiving MAT treatment decreased this quarter (-3.2%).</li> <li>• The number of Medicaid beneficiaries with an OUD diagnosis receiving MAT treatment decreased this quarter (-2.6%).</li> </ul> <p>Overall the number of Medicaid members receiving MAT decreased. The state saw the largest decrease in members aged 18 years or younger receiving MAT. Based on quarter over quarter reporting through the first quarter of DY3 and observing relatively small fluctuations in the demonstration, Colorado attributes</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			most of these benefit utilization decreases to the large decrease in membership due to PHE unwinding. Overall, Health First Colorado membership decreased by 17% between May 2023 and December 2023.
<b>2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.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)	X		<i>This task is marked complete DY1Q1.</i>
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		<i>This task is marked complete DY1Q1.</i>

<p>2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.</p>			<p>The State is completing foundational work to add ASAM level 2.5 Partial Hospitalization to the SU service array. Once that service has been added, Medicaid funds will cover the full ASAM continuum. The State go live date is July 1, 2024, for ASAM 2.5.</p> <p>The 137 Utilization Management report for DY3Q4 (October 2023–December 2023) was published on April 1, 2024. Overall, there was a 27% increase in episodes of care from DY1 to DY2 of report 137. Data showed that withdrawal management service remain the most heavily utilized level of care, accounting for 74% of total services provided, with 19% of members returning to care within the same quarter. There was a 59% increase in the number of 3.7WM episodes of care. There continues to be a decline in 3.7 episodes of care, with the total episodes of care accounting for 1% of care delivered for the reporting period. Additionally, there is a 31% increase in the number of youth with a primary SUD diagnosis that received behavioral health services. The total episodes of residential care provided to adolescents continued to remain low, with 25 members under the age of 18 years old receiving residential treatment for DY3Q4, a decrease from DY3Q3 when 29 members under the age of 18 years old received residential treatment).</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response																								
			<p>The 137 report also found that, across all residential levels of care, length of stay has increased from DY1 to DY3 (of Report 137):</p> <p><b>Length of Stay</b></p> <table border="1" data-bbox="1289 612 1885 1161"> <thead> <tr> <th data-bbox="1289 612 1430 760">ASAM LOC</th> <th data-bbox="1430 612 1585 760">DY1 (days)</th> <th data-bbox="1585 612 1728 760">DY2 (days)</th> <th data-bbox="1728 612 1885 760">DY3 (days)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1289 760 1430 841">3.1</td> <td data-bbox="1430 760 1585 841">25</td> <td data-bbox="1585 760 1728 841">30</td> <td data-bbox="1728 760 1885 841">39</td> </tr> <tr> <td data-bbox="1289 841 1430 922">3.5</td> <td data-bbox="1430 841 1585 922">9</td> <td data-bbox="1585 841 1728 922">19</td> <td data-bbox="1728 841 1885 922">23</td> </tr> <tr> <td data-bbox="1289 922 1430 1003">3.7</td> <td data-bbox="1430 922 1585 1003">7</td> <td data-bbox="1585 922 1728 1003">17</td> <td data-bbox="1728 922 1885 1003">23</td> </tr> <tr> <td data-bbox="1289 1003 1430 1084">3.2WM</td> <td data-bbox="1430 1003 1585 1084">2</td> <td data-bbox="1585 1003 1728 1084">4</td> <td data-bbox="1728 1003 1885 1084">4</td> </tr> <tr> <td data-bbox="1289 1084 1430 1161">3.7WM</td> <td data-bbox="1430 1084 1585 1161">4</td> <td data-bbox="1585 1084 1728 1161">9</td> <td data-bbox="1728 1084 1885 1161">6</td> </tr> </tbody> </table>	ASAM LOC	DY1 (days)	DY2 (days)	DY3 (days)	3.1	25	30	39	3.5	9	19	23	3.7	7	17	23	3.2WM	2	4	4	3.7WM	4	9	6
ASAM LOC	DY1 (days)	DY2 (days)	DY3 (days)																								
3.1	25	30	39																								
3.5	9	19	23																								
3.7	7	17	23																								
3.2WM	2	4	4																								
3.7WM	4	9	6																								



Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X	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.	
<b>3.2. Implementation update</b>			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		

<p>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</p>			<p>HCPF issued Policy Transmittal 24-04 Re: ASAM Treatment Plan Requirement for Concurrent Review, which stated that providers and MCEs should use the six dimensions of ASAM to make an initial level of care determination. It also indicated that a member’s progress towards their treatment goals should be reflected both in the documentation and treatment plan reviews. These treatment plan reviews are a required part of continued stay, transfer, and discharge criteria. The Policy Transmittal further states that a treatment plan is a required part of all continued stay requirements effective July 1, 2024.</p> <p>The State provided clarification to providers regarding the requirement for development and review of treatment plan for members receiving SUD services. The State informed providers that the MCEs use progress or lack thereof towards goals as one way to authorize continued stay or support transition to a lower or higher level of care. The guidance further explained that the Continued Service and Transfer/Discharge criteria, as well as the treatment plan reviews should include all six dimensions of ASAM.</p> <p>HCPF coordinated a training for MCE utilization management staff covering the ASAM criteria as the utilization management tool. The training covered entrance, continued stay, and transfer/discharge criteria for adults, adolescents, and pregnant and parenting members. The live training was facilitated on June 5, 2024. The deck and materials were then edited</p>
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			into a self-paced training with utilization management exercises to distribute to the MCEs and staff that were not able to attend the in-person training.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.  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.	X		
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  4.2.1.a 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.b Review process for residential treatment providers' compliance with qualifications	X		<i>This task is marked complete DY2Q3.</i>
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		<i>This task is marked complete DY2Q3.</i>

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.			In the May 2, 2024, SUD Stakeholder Newsletter, HCPF communicated the intention to transition to ASAM 4 <sup>th</sup> edition July 1, 2026. In this newsletter, HCPF provided recipients a survey to let HCPF know how they would like to be involved in this transition, and what is important to them and their community during this change process. HCPF indicated results would be included in engagement opportunities as much as possible by July 1, 2026. At that time, HCPF may need to review the State Plan Amendment to address potential service policy and coding changes. HCPF and BHA expect to fully transition to ASAM 4 <sup>th</sup> edition.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
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	
<b>5.2 Implementation update</b>			
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.	X		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
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 Dosage in Persons Without Cancer  Metric #21: Concurrent Use of Opioids and Benzodiazepines  Metric #23: Emergency Department Utilization for SUD per 1,000 Medicaid beneficiaries  Metric #27: Overdose Deaths (rate)	<p><b>Metric #23:</b> The number of Medicaid beneficiaries with emergency department (ED) usage per 1,000 members decreased more than 2% this quarter (-15.8%).</p> <ul style="list-style-type: none"> <li>• The number of Medicaid beneficiaries aged 18 years or younger with ED usage per 1,000 members decreased this quarter (-8.6%).</li> <li>• The number of Medicaid beneficiaries ages 65 years or older with ED usage per 1,000 members decreased this quarter (-24.4%).</li> <li>• The number of Medicaid beneficiaries with an OUD diagnosis with ED usage per 1,000 members decreased this quarter (-15.9%).</li> </ul> <p>Overall the number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members decreased. The state anticipates with a alternative facilitates offering withdrawal management, the state will continue to see a decrease in ED utilization. The state saw the largest decrease in medicaid members aged 65 and older. Based on quarter over quarter reporting through the first quarter of DY3 and observing relatively small fluctuations in the demonstration, Colorado attributes most of these benefit utilization decreases to the large decrease in membership due to PHE unwinding. Overall, Health First Colorado membership decreased by 17% between May 2023 and December 2023.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>6.2 Implementation update</b>			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			HCPF communicated that, effective July 1, 2024, they will allow buprenorphine doses greater than 24 milligrams based on provider attestation through the prescriber tool. The prescriber tool will allow authorization at the time of prescribing through the electronic health record with no call or fax needed. HCPF is also extending the approval time period from six months to twelve months.
6.2.1.b 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.	X		



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

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	
<b>7.2 Implementation update</b>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.	X	Total Number of PDMP Users  Number of Opioid Prescriptions in PDMP  Tracking MAT with Use of Counseling and Behavioral Therapies	
<b>8.2 Implementation update</b>			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.a How health IT is being used to slow down the rate of growth of individuals identified with SUD	X		
8.2.1.b How health IT is being used to treat effectively 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.c How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	X		
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		
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<p>9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.</p>			<p><b>Metric #24:</b> The number of Medicaid beneficiaries with inpatient stays per 1,000 members decreased more than 2% this quarter (-17.2%).</p> <ul style="list-style-type: none"> <li>• The number of Medicaid beneficiaries aged 18 years or younger with inpatient stays per 1,000 members decreased this quarter (-21.1%).</li> <li>• The number of Medicaid beneficiaries ages 65 years or older with inpatient stays per 1,000 members increased this quarter (8.1%).</li> <li>• The number of Medicaid beneficiaries with an OUD diagnosis with inpatient stays per 1,000 members decreased this quarter (-30.9%).</li> </ul> <p>Overall the number of Medicaid members with hospital stays for SUD per 1,000 members decreased. The state saw the largest decrease in Medicaid members with an OUD diagnosis. The state also saw the subpopulation of members 65 years or older increased. Based on quarter over quarter reporting through the first quarter of DY3 and observing relatively small fluctuations in the demonstration, Colorado attributes most of these benefit utilization decreases to the large decrease in membership due to PHE unwinding. Overall, Health First Colorado membership decreased by 17% between May 2023 and December 2023.</p>
<p><b>9.2 Implementation update</b></p>			

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	The State reported the Grievances and Appeals data for DY3Q4 (October 1, 2023, through December 30, 2023) in Part A. Please note: the Monitoring protocol called for CO to report the Grievances and Appeals from April 1, 2024-June 30, 2024, this quarter. However, there is a reporting delay, and the State is reporting the Grievances and Appeals with the same delay as the other reporting metrics in Part A.

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

Prompts	State has no update to report (place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		
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.		HCPF submitted an amendment to the existing 1115 on April 1, 2024, that would authorize: <ul style="list-style-type: none"> <li>• Continuous eligibility for children ages 0 years-3 years old and adults leaving a Colorado Department of Corrections facility</li> <li>• Provide pre-release services for individuals transitioning from correctional facilities to the community</li> <li>• Provide reimbursement for acute inpatient and residential stays in IMDs for individuals diagnosed with a serious mental illness or serious emotional disturbance</li> </ul> HCPF is in the process of amending the existing 1115 waiver to include Health Related Social needs (HRSN) focused on housing and nutrition supports. HCPF facilitated three stakeholder meetings to provide additional information on the proposed HRSN waiver during this quarter. The amendment was posted to HCPF’s website for public comment June 10, 2024, through July 10, 2024. HCPF intends to submit the amendment to CMS in August 2024.
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality.		HCPF is waiting for final approval from CMS on the budget neutrality technical amendment from July 2022.



Prompts	State has no update to report (place an X)	State response
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
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.		The State continues to ensure there is clear communication regarding member access to SUD services when they are also a transplant recipient. HCPF collaborated with the MCEs to develop a SUD treatment protocol for transplant recipients that provides guidance on the expectations for the continuum of SUD care for these members, as well as the MCE’s responsibility to coordinate care when they receive notification.
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.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	

Prompts	State has no update to report (place an X)	State response
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.	X	
11.2.3 The state is working on other initiatives related to SUD or OUD.	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration).	X	

Prompts	State has no update to report (place an X)	State response
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this 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.		The State finalized the draft of the interim evaluation and anticipates meeting the deliverable date to CMS. Work completed this quarter included facilitating stakeholder feedback groups for State staff, MCEs, providers, and members.
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.		The State anticipates meeting all expected timelines for all evaluations and reporting.
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
<b>13. Other SUD demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
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.	X	

Prompts	State has no update to report (place an X)	State response
<b>13.2 Post-award public forum</b>		
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.		The State will begin preparing for the Post Award Forum in DY4Q2, with plans to facilitate the fourth annual Post Award Forum on October 16, 2024.

Prompts	State has no update to report (place an X)	State response
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		HCPF announced that behavioral health clinicians, support workers, clinical support staff, or staff trained in SUDs can apply to the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP), where they can receive up to \$250,000 in loan repayment in exchange for working full-time for six years in a STAR LRP approved facility.  In the April 2024 meeting, the Colorado Collaborative for Addiction and Recovery Services released nearly \$15 million additional funds to the seven Regional Opioid Abatement Councils, bringing the total released to date to the 19 regions to over \$74 million.

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

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