**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** | *01/01/2021-12/31/2025* |
| **SUD demonstration start date[a]** | *01/01/2021* |
| **Implementation date of SUD demonstration, if different from SUD demonstration start date[b]** | *01/01/2021* |
| **SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives** | Under this demonstration, the State expects to achieve the following:<br><br>Objective 1. Increase rates of identification, initiation, and engagement in treatment.<br>Objective 2. Increase adherence to and retention in treatment.<br>Objective 3. Reductions in overdose deaths, particularly those due to opioids.<br>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.<br>Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.<br>Objective 6. Improved access to care for physical health conditions among beneficiaries. |
| **SUD demonstration year and quarter** | *DY4Q3* |
| **Reporting period** | *07/01/2024 – 09/30/2024* |

[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

*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 continues to make progress in meeting the objectives of the 1115 Substance Use disorder (SUD) demonstration waiver. During this quarter, Colorado added coverage for the American Society of Addiction Medicine (ASAM) level 2.5, Partial Hospitalization Program (PHP), on July 1, 2024, thereby completing coverage for the full ASAM continuum of care. The Department of Health Care Policy and Financing (HCPF) and the Behavioral Health Administration (BHA) announced they will be forming an ASAM 4th Edition work group to support providers through the transition from ASAM 3rd edition to ASAM 4th edition, with an estimated implementation date of July 1, 2026. Work group meetings are scheduled to start in October 2024.

Several bills were passed during this quarter that support the 1115 SUD demonstration, including:

- Senate Bill 24-047: Prevention of Substance Use Disorders- requires the existing screening, brief intervention and referral to treatment (SBIRT) grant program to implement a statewide adolescent SBIRT that includes training and technical assistance
- House Bill 24-1045: Treatment for Substance Use Disorders- prohibits insurance carriers from requiring prior authorization for drugs used to treat SUD based on dosage amount

The State continued to ensure SUD providers have access to evidence based trainings on medication assisted treatment, working with pregnant persons diagnosed with opioid use disorder (OUD), harm reduction, and co-occurring disorders.

Colorado was highlighted nationally for promising practices for collaboration on state and local opioid settlement spending by the National Association of Counties and the National Academy for State Health Policy.

The State submitted an 1115 demonstration amendment on August 12, 2024, to add Health Related Social Needs (HRSN) to the demonstration. The State also posted the 1115 extension and presumptive eligibility amendment application for public comment on September 10, 2024.

### 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)<br><br>**Metric #4:** Medicaid beneficiaries with SUD Diagnosis (annually) | The State calculated the following changes that were more than a 2% change between DY3Q4 (October 1, 2023, through December 31, 2023) and DY4Q1 (January 1, 2024, through March 31, 2024).<br><br>Metric #3: The number of Medicaid beneficiaries with a SUD diagnosis decreased more than 2% this quarter (-6.0%) continuing the trend across all Medicaid populations since May 2023.<br><ul><li>The number of Dual-Eligible Medicaid beneficiaries with a SUD diagnosis decreased this quarter (-7.8%).</li><li>The number of Medicaid beneficiaries aged 18 years or younger with a SUD diagnosis decreased this quarter (-6.1%).</li><li>The number of Medicaid beneficiaries ages 65 years or older with a SUD diagnosis decreased this quarter (-8.2%).</li><li>The number of pregnant Medicaid beneficiaries with a SUD diagnosis increased this quarter (+2.0%).</li><li>The number of Medicaid beneficiaries with Criminal Justice involvement with a SUD diagnosis decreased this quarter (-3.7%).</li><li>The number of Medicaid beneficiaries with an opioid use disorder (OUD) diagnosis decreased this quarter (-3.9%).</li></ul>The state continued to see the number of Medicaid beneficiaries with a SUD diagnosis decrease. Overall seeing the largest decrease in Medicaid beneficiaries aged 65 and older. Colorado attributes most of these benefit utilization decreases to the large decrease in membership due to the public health emergency (PHE) unwinding. The PHE unwinding processes ended in April 2024, plus a 90-day reconsideration period. |
| **1.2** | **Implementation update** | | | |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| 1.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: <br> 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 | | |

| 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<br><br>**Metric #7:** Early Intervention<br><br>**Metric #8:** Outpatient Services<br><br>**Metric #9:** Intensive Outpatient and Partial Hospitalization Services<br><br>**Metric #10:** Residential and Inpatient Services<br><br>**Metric #11:** Withdrawal Management<br><br>**Metric #12:** Medication Assisted Treatment<br><br>**Metric #22:** Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180 | **Metric #6:** The number of Medicaid beneficiaries receiving SUD treatment increased more than 2% this quarter (+2.6%).<br><ul><li>The number of pregnant Medicaid beneficiaries receiving SUD treatment increased this quarter (+2.7%).</li><li>The number of Medicaid beneficiaries with Criminal Justice involvement receiving SUD treatment increased this quarter (+8.6%).</li></ul>Overall, the number of Medicaid members increased from quarter to quarter across all subpopulations. The state saw a meaningful increase in justice involved Medicaid beneficiaries. Although the state saw an decrease in justice involved individuals with a SUD decreased, but individuals receiving increased. The state will continue to monitor this group to further understand the increase. The state saw a small increase in pregnant Medicaid beneficiaries receiving any services. The state will continue to monitor this small group to further understand this increase.<br><br>**Metric #7:** The number of Medicaid beneficiaries receiving Early Intervention treatment increased more than 2% this quarter (+53.8%). Note: all utilization numbers remain small.<br><ul><li>The number of Dual-Eligible Medicaid beneficiaries receiving Early Intervention decreased this quarter (-66.7%).</li><li>The number of Medicaid beneficiaries with Criminal Justice involvement receiving SUD treatment decreased this quarter (-66.7%).</li><li>The number of Medicaid beneficiaries with an OUD diagnosis receiving Early Intervention increased this quarter (+110.0%).</li></ul>Overall, the number of Medicaid members who received an SBIRT screening had some slight increases in SBIRT. |

| | | | days of continuous treatment | Colorado attributes this to regular fluctuations in a small population and will continue to monitor. |
| --- | --- | --- | --- | --- |
| | | | | **Metric #8:** The number of Medicaid beneficiaries receiving outpatient treatment increased this quarter (+1.6%). |

Inside the last cell:

**Metric #8:** The number of Medicaid beneficiaries receiving outpatient treatment increased this quarter (+1.6%).

- The number of Dual-Eligible Medicaid beneficiaries receiving outpatient treatment decreased this quarter (-3.7%).
- The number of Medicaid beneficiaries aged 18 years or younger receiving outpatient treatment increased this quarter (+5.2%)
- The number of Medicaid beneficiaries ages 65 years or older receiving outpatient treatment decreased this quarter (-7.0%).
- The number of pregnant Medicaid beneficiaries receiving outpatient treatment increased this quarter (+12.1%).
- The number of Medicaid beneficiaries with Criminal Justice involvement receiving outpatient treatment increased this quarter (+9.0%).

Overall the number of Medicaid members receiving outpatient services increased. The state saw a notable increase in pregnant Medicaid members and children under the age of 18 receiving outpatient services. The state will continue to monitor this trend to see if this continues. The state did see a decrease in dual eligible and members older than 65 receiving outpatient services. This trend is consistent with the decrease in Metric #3 as well.

**Metric #9:** The number of Medicaid beneficiaries receiving intensive outpatient SUD treatment increased more than 2% this quarter (+15.2%).

- The number of Dual-Eligible Medicaid beneficiaries receiving intensive outpatient SUD treatment decreased this quarter (-10.0%).

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|---|---|---|---|
| | | | <ul><li>The number of Medicaid beneficiaries aged 18 years or younger receiving intensive outpatient SUD treatment increased this quarter (+103.6%).</li><li>The number of Medicaid beneficiaries ages 65 years or older receiving intensive outpatient SUD treatment decreased this quarter (-85.7%).</li><li>The number of Medicaid beneficiaries with Criminal Justice involvement receiving intensive outpatient SUD treatment increased this quarter (+17.5%).</li><li>The number of Medicaid beneficiaries with an OUD diagnosis receiving intensive outpatient SUD treatment increased this quarter (+9.4%).</li></ul>Overall the number of Medicaid members receiving intensive outpatient services increased. The state saw a significant increase in Medicaid members 18 years or younger receiving intensive outpatient services. Colorado began covering partial hospitalization July 1, 2024.<br><br>**Metric #10:** The number of Medicaid beneficiaries receiving residential or inpatient SUD treatment increased more than 2% this quarter (+17.1%).<ul><li>The number of Dual-Eligible Medicaid beneficiaries receiving residential or inpatient SUD treatment increased this quarter (+2.5%).</li><li>The number of Medicaid beneficiaries aged 18 years or younger receiving residential or inpatient SUD treatment increased this quarter (+24.0%).</li><li>The number of Medicaid beneficiaries ages 65 years or older receiving residential or inpatient SUD treatment increased this quarter (+7.7%).</li><li>The number of pregnant Medicaid beneficiaries receiving residential or inpatient SUD treatment increased this quarter (+43.3%).</li></ul> |

|  |  |  | <ul><li>The number of Medicaid beneficiaries with Criminal Justice involvement receiving residential or inpatient SUD treatment increased this quarter (+6.6%).</li><li>The number of Medicaid beneficiaries with an OUD diagnosis receiving residential or inpatient SUD treatment increased this quarter (+11.5%).</li></ul>Overall, the number of members receiving SUD residential and inpatient services saw an increase. While numbers remain small, the State saw meaningful increases in in pregnant Medicaid members and Medicaid members 18 and younger utilizing residential or inpatient SUD treatment.<br><br>**Metric #11:** The number of Medicaid beneficiaries receiving withdrawal management treatment increased more than 2% this quarter (+13.3%).<ul><li>The number of Dual-Eligible Medicaid beneficiaries receiving withdrawal management treatment decreased this quarter (-4.7%).</li><li>The number of Medicaid beneficiaries aged 18 years or younger receiving withdrawal management treatment increased this quarter (+66.7%).</li><li>The number of Medicaid beneficiaries ages 65 years or older receiving withdrawal management treatment increased this quarter (+3.3%).</li><li>The number of pregnant Medicaid beneficiaries receiving withdrawal management treatment increased this quarter (+50.0%).</li><li>The number of Medicaid beneficiaries with Criminal Justice involvement receiving withdrawal management treatment increased this quarter (7.3%).</li><li>The number of Medicaid beneficiaries with an OUD diagnosis receiving withdrawal</li></ul> |
|---|---|---|---|

management treatment increased this quarter (11.3%).

Overall the number of Medicaid members receiving withdrawal management increased. The state saw a meaningful increase in members 18 years or younger and pregnant Medicaid members. Colorado attributes this to regular fluctuations in a small population and will continue to monitor.

**Metric #12:** The number of Medicaid beneficiaries receiving MAT treatment increased more than 2% this quarter (+5.1%).

- The number of Dual-Eligible Medicaid beneficiaries receiving MAT treatment increased this quarter (+7.2%).
- The number of Medicaid beneficiaries aged 18 years or younger receiving MAT treatment increased this quarter (+46.7%).
- The number of Medicaid beneficiaries ages 65 years or older receiving MAT treatment decreased this quarter (-6.2%).
- The number of pregnant Medicaid beneficiaries receiving MAT treatment increased this quarter (+16.2%).
- The number of Medicaid beneficiaries with Criminal Justice involvement receiving MAT treatment increased this quarter (+10.2%).
- The number of Medicaid beneficiaries with an OUD diagnosis receiving MAT treatment increased this quarter (+4.3%).

Overall, the number of Medicaid members receiving MAT increased. The state saw the largest increase in Medicaid members 18 years or younger and pregnant Medicaid members. The state would like to note that while we saw a decrease overall with members with OUD, when looking at metric #3, the State saw an increase in MAT providers and Medicaid members with

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|---|---|
| | | | an OUD diagnosis receiving MAT. This may be accounting for slightly fewer members being better connected and receiving the services the member needs. |
| **2.2** **Implementation update** | | | |
| 2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: | X | | *This task is marked complete 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 | | *This task is marked complete DY1Q1.* |

| 2.2.2 | The state expects to make other program changes that may affect metrics related to Milestone 1. | | | HCPF expanded coverage of SUD services to include ASAM 2.5 Partial Hospitalization Program (PHP) level of care, effective July 1, 2024. Since adding PHP, Colorado Medicaid now covers all ASAM levels of care.<br><br>HCPF and BHA announced they are starting an ASAM 4th Edition workgroup that will focus on supporting withdrawal management providers through the transition from ASAM 3rd Edition to ASAM 4th Edition. The workgroup will begin meeting in October 2024.<br><br>Senate Bill 24-047, Prevention of Substance Use Disorders, requires that the existing SUD screening, brief intervention, and referral to treatment grant program require implementation of statewide adolescent SUD SBIRT that includes training and technical assistance for appropriate professionals in schools to support the identification of students that would benefit from SBIRT, and SBIRT training and technical assistance for pediatricians and professionals in pediatric settings to improve the identification of adolescents that could benefit from SBIRT interventions. It also requires completion of a statewide perinatal SUD data linkage project.<br><br>House Bill 24-1045, Treatment for Substance Use Disorders:<br>- Prohibits insurance carriers from requiring prior authorization for a drug used to treat a substance use disorder based on the dosage amount;<br>- Requires an insurance carrier to reimburse a licensed pharmacist prescribing or administering Medication Assisted Treatment (MAT) pursuant to a collaborative pharmacy agreement at a rate |

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
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|  |  |  | equal to the reimbursement rate for other health care providers;<br>- Supports grants to expand both pharmacies and pharmacists prescribing MAT as well as contingency management services for individuals diagnosed with stimulant use disorder. |

| 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.<br><br>**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:<br>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 | X | | |
| 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 |
|---|---|---|---|
| **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.<br><br>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 | | |
| **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 | | *This task is marked complete 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 | | *This task is marked complete 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 | | *This task is marked complete DY2Q3.* |
| 4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3. | X | | |

| 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<br><br>**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. | 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 |
|---|---|---|---|
| **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 Dosage in Persons Without Cancer<br><br>**Metric #21:** Concurrent Use of Opioids and Benzodiazepines<br><br>**Metric #23:** Emergency Department Utilization for SUD per 1,000 Medicaid beneficiaries<br>Metric #27: Overdose Deaths (rate) | **Metric #23:** The number of Medicaid beneficiaries with emergency department (ED) usage per 1,000 members increased more than 2% this quarter (+21.3%).<br>• The number of Medicaid beneficiaries aged 18 years or younger with ED usage per 1,000 members decreased this quarter (-5.3%).<br>• The number of Medicaid beneficiaries ages 65 years or older with ED usage per 1,000 members increased this quarter (+12.6%).<br>• The number of Medicaid beneficiaries with an OUD diagnosis with ED usage per 1,000 members increased this quarter (+19.0%).<br>Overall, the number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members increased. ED usage is up considerably across the board for Colorado. Effective July 1, 2024, the State rolled out the new Comprehensive and Essential Safety Net Providers hoping that a more robust safety net system will provide better alternatives to EDs to members as a point of entry for detox and services. The state will continue to build an increase in screening and prevention services and monitor this trend. |
| **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: <br><br> 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD | X | | |
| 6.2.1.b Expansion of coverage for and access to naloxone | X | | *This task is marked complete DY2Q4.* |
| 6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5. | | | Senate Bill 24-047 was signed into law on June 6, 2024, and created several measures addressing prevention of SUD including creation of a grant program, modifying the prescription drug monitoring program (PDMP), creating a data linkage project, establishing procedures for local drug overdose fatality review teams, and a provision to provide HCPF access to the PDMP for specific purposes. |

| 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** | | | |
| 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)<br><br>**Metric #17(1):** Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD)<br><br>**Metric #17(2):** Follow-up After Emergency Department Visit for Mental Illness (FUM-AD)<br><br>**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. | X | | |
| 7.2.2 | The state expects to make other program changes that may affect metrics related to Milestone 6. | | | The John Snow Research and Training Institute delivered trainings to Case Management Agencies (CMAs) and Regional Accountable Entities (RAEs) covering implementation of best practices in care/case management. The two trainings addressed how CMAs and RAEs can coordinate to improve member care and experience, best practices for implementing processes for communication and collaboration, creating and executing memoranda of understanding and data agreements, and utilizing a shared online workspace. |

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| 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 | **Q1:** Total Number of PDMP Users<br><br>**Q2:** Number of Opioid Prescriptions in PDMP<br><br>**Q3:** 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:<br>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 | | |
| **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 #24:** The number of Medicaid beneficiaries with inpatient stays per 1,000 members | **Metric #24:** The number of Medicaid beneficiaries with inpatient stays per 1,000 members increased more than 2% this quarter (+51.0%). <br> • The number of Medicaid beneficiaries aged 18 years or younger with inpatient stays per 1,000 members increased this quarter (+5.2%). <br> • The number of Medicaid beneficiaries ages 65 years or older with inpatient stays per 1,000 members increased this quarter (+24.7%). <br> • The number of Medicaid beneficiaries with an OUD diagnosis with inpatient stays per 1,000 members increased this quarter (+53.0%). <br><br> Overall, the number of Medicaid members with hospital stays for SUD per 1,000 members increased. The State is monitoring ASAM 3.7 and 3.7WM. As the State allows 3.7 and 3.7WM to be delivered in the hospital or residential and the State feels these numbers may be reflecting the hospital stays for these levels of care. The State will continue to monitor this metric. |
| **9.2     Implementation update** | | | |

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| 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<br><br>Metric #34: Appeals Related to SUD Treatment Services | The State reports the following Grievance and Appeals data for DY4Q1 (January 1, 2024, through March 30, 2024) |

| #33 Grievances | DY4Q1 |
|---|---|
| Numerator SUD | 5 |
| Denominator All | 207 |
| Metric | 2.42% |

| #34 Appeals | DY4Q1 |
|---|---|
| Numerator SUD | 9 |
| Denominator All | 218 |
| Metric | 4.13% |

### 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. | | HCPF requested a corrected budget neutrality (BN) workbook to reflect the BN technical amendment corrections. DY4Q3 BN was submitted on November 26th, 2024. |
| **10.2** **Implementation update** | | |
| 10.2.1 The state expects to make other program changes that may affect budget neutrality. | X | |

| 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. | | HCPF announced a new Training Library webpage, which has recordings of live trainings, links to pre-recorded trainings, and slides from each training. Trainings relevant to SUD services available on the webpage include:<br><br>• Medication Assisted Treatment in Jails/Prisons: Supporting Re-Entry and Recovery<br>• Treatment Approaches for Pregnant Persons with OUD<br>• Understanding Opioid Treatment Programs<br>• Medications for Addiction Treatment<br>• Co-Occurring Disorders<br>• Building a Harm Reduction Philosophy<br><br>The Colorado Opioid Abatement Council (COAC) announced that, to date, it has awarded over $4 million dollars from the Infrastructure Share. The COAC recently adopted the 2024 Recommendations and Guiding principles for the Use and Management of Opioid Settlement funds, and Colorado was recently highlighted nationally as a Promising Practice state for collaboration on State and Local Opioid Settlement Spending.<br><br>CO's public health emergency (PHE) unwinding period began in May 2023 and ended in April 2024, plus a 90-day reconsideration period. Medicaid membership is returning to pre-pandemic levels.<br><br>On September 11, 2024, HCPF issued the intent to award four Regional Accountable Entity (RAE) contracts in the Accountable Care Collaborative (ACC) Phase III. Phase III is set to begin on July 1, 2025.<br><br>HCPF shared the 2024 Mental Health Parity and Addiction Equity Act (MHPAEA) Report. The MHPAEA report found that the following limitations were found to be compliant with parity requirements:<br><br>• Aggregate lifetime and annual dollar limits<br>• Financial requirements and quantitative treatment limitations |

| Prompts | State has no update to report (place an X) | State response |
|---|---|---|
| | | • Non-quantitative treatment limitations<br><br>Colorado was highlighted nationally for promising practices for collaboration on state and local opioid settlement spending by the National Association of Counties and the National Academy for State Health Policy. |
| **11.2   Implementation update** | | |
| 11.2.1   Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>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. | 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 |
|---|---|---|
| **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. | | As part of the 1115 extension and amendment application, HCPF included the Draft Interim Evaluation. The renewal, including the Interim Evaluation, will be submitted to CMS on or before December 31, 2024. |
| 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. | | HCPF submitted a request to CMS to amend the 1115 SUD waiver to expand coverage for health-related social needs (HRSN) services. This is in addition to the amendment submitted on April 1, 2024 that requested authorization for: continuous eligibility for ages 0-3 years and adults leaving a Department of Corrections facility, pre-release services for individuals transitioning from correctional facilities, and reimbursement for acute inpatient and residential stays in an Institution for Mental Diseases (IMD) for individuals diagnosed with a serious mental illness or serious emotional disturbance.<br><br>HCPF submitted an 1115 demonstration amendment to CMS on August 12, 2024, requesting authorization to add HRSN to the 1115 demonstration.<br><br>HCPF posted the 1115 extension and amendment application for public comment on September 10, 2024, with the public comment period running through October 10, 2024. The application will convert the 1115 SUD demonstration to a comprehensive 1115 demonstration titled, "Comprehensive Care for Colorado." |
| 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:<br>13.1.3.a The schedule for completing and submitting monitoring reports | X | |

| Prompts | State has no update to report (place an X) | State response |
|---|---|---|
| 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 | |
| **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. | | HCPF hosted the fourth annual post-award forum on October 16, 2024. |

| 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. | | The Accountable Care Collaborative Phase III Request for Proposal period officially closed on July 13, 2024. In August 2024, HCPF posted a fact sheet titled "How Feedback Shaped ACC Phase III". Some of the actions HCPF took as a result of stakeholder feedback include: <br>• Fewer RAE regions (reducing from 7 to 4) <br>• Supporting RAEs in collaborating with the BHA and BHASOs to support continuity of care for members <br>• Establishing a directed payment, which will set a minimum reimbursement rate, to be outlined in the BH Services billing Manual <br>• Improving care coordination through clarifying roles and responsibilities for RAEs and other agencies, collecting additional metrics around care coordination engagement, and establishing care coordination specific standards <br><br> HCPF provided each RAE incentive funding to promote the use of eConsult, a free and secure statewide electronic consultation platform that allows Primary Care Medical Providers to communicate electronically with specialty providers, including addiction medicine specialists. Funding must be used by the end of September 2024. <br><br> Colorado House Bill 24-1384 required HCPF, in collaboration with the BHA, to apply for a Substance Abuse and Mental Health Services (SAMHSA) Certified Community Behavioral Health Clinic (CCBHC) demonstration planning grant. The application was submitted on September 11, 2024. |

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

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

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