Substance Use Disorder Utilization Management Report

July 1, 2023

Data Included
DY3 Q1
(Jan 23-Mar 23)

COLORADO
Department of Health Care
Policy & Financing

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Summary

This report was developed to publicly report progress and statewide data trends regarding the recently implemented residential substance use disorder (SUD) treatment benefit. The report includes all currently available data points defined in SB 21-137[1]. This quarterly report includes data from October 2022 through December 2022 about service authorizations, denials, response times, and the volume of services being delivered. The data was collected and consolidated from Colorado's Managed Care Entities (MCEs) that administer the SUD benefit.

The Department of Health Care Policy and Financing (HCPF) offers observations of noted trends and changes in trends starting in January 2021, when the benefit was implemented through an 1115 Demonstration Waiver. Highlights of the July 1, 2023 report include:

- Due to a system update, RAE 1 data was not able to be included in summary information regarding total Episodes or Care and Length of Stay measures. This impacted the totals and limits the ability to comment on comparisons to last quarter for these measures.
- There was a significant decrease in 3.7 Level of Care authorized this quarter. HCPF will discuss reasons for this change with the MCEs.
- HCPF will continue to monitor MCE tracking of youth SUD service needs and delivery to ensure member access to the SUD benefit for this subpopulation.
- MCE response time for Initial Authorization (IA) requests from providers **exceeded** the standard response time for non-special connection adults 7% of the time and for special connection pregnant and parenting people 24% of the time.
- The Initial Authorization (IA) denial rate continues to remain low overall, with 61 out of 1,217(5%) of requests being denied. 52 of the 66 denials issued (90%) were technical (23 administrative and 37 documentation) and only 6 of 1,217 requested IA were denied for medical necessity when documentation was presented.
- There were no IA denials for Benefit Issues or Incomplete IA requests. This is a trend that has continued from last quarter.
- Average IAs are well below Average LOS for all Residential ASAM LOCs. HCPF will continue to evaluate the frequency of CA requests and length of CA approvals, and work with MCEs to ensure both efficiency and oversight are maximized and balanced to ensure oversight is appropriate and not overly burdensome.
- 24% of the 46 of P2P requests filed resulted in overturned denials. With 5 of the 8 MCEs reporting (RAEs 3, 5 and DH did not provide P2P data). HCPF will explore MCE tracking and utilization of the peer-to-peer (P2P) process and how it informs decision making for both IA and CA denials to maximize

collection of necessary information from providers to minimize denials that are overturned following consultation.

This report also identifies opportunities where further exploration or statistical analysis of data may be beneficial in evaluating the needs of Health First Colorado Members. This is the 7th report the Department has published. All SUD Utilization Management Reports are available upon request. Please email: SUD Benefits.

Overview & Background

In January 2021, the Department of Health Care Policy and Financing (the Department) expanded its substance use disorder (SUD) benefit to provide services across the full continuum of SUD care. This includes coverage for all of levels of care (LOC) as defined by the American Society of Addiction Medicine (ASAM) Appendix B. The expansion was authorized and funded by Colorado House Bill 18-1136. The benefit expansion also required the Department to secure an 1115 SUD Demonstration Waiver to cover services rendered in Institutions for Mental Disease (IMDs) and a State Plan Amendment to cover residential services in other settings.

Three years after the authorizing legislation was passed the Colorado General Assembly passed Senate Bill (SB) 21-137[1] that mandated HCPF consult with the Office of Behavioral Health (OBH), residential SUD treatment providers, and Managed Care Entities (MCEs) to develop standardized utilization management processes for residential and inpatient SUD treatment. That bill also outlined the methodology for reporting utilization management data on a quarterly basis.

Standard definitions and data collection processes for each metric were established in Demonstration Year one (DY1) of the 1115 waiver (January 1, 2021-December 31, 2021). As of January 2022, all data points have been collected and reported across all MCEs, following defined standard processes.

Data & Methods

Each MCE tracks data for requests for authorization, initial authorizations, denials, appeals and continued authorization of SUD Inpatient (residential and hospital) at each ASAM level of care. Each MCE uploads counts of occurrences and durations of approval periods into a data collection template form generated by the Department. The data collection forms are submitted to the Department quarterly. The Data Analytics Services (DAS) division compiles all count and duration data for all 8 of the MCEs and completes the calculations of averages within and across MCEs. The DAS division also used claims data to determine the length of stay.

[1] The current report includes the metrics outlined in Colorado Senate Bill 21-137: https://leg.colorado.gov/bills/sb21-137

Some of the data in these reports includes very small sample sizes which can distort averages and percentages. Places where the data points are very small are marked with an asterisk (*), and detailed counts are not publicly published due to HCPF policies. Please email: SUD Benefits for additional information.

Residential SUD Services Utilization Overview

The following overview summarizes Episodes of Care provided to members under the “SUD Residential and Inpatient Services Expansion” of the SUD Benefit to members in the current reporting period of DY3 Q2. During the reporting period data from Jan 1, 2023- Mar 31, 2023, indicate that 2,458 unique members utilized inpatient, residential and hospital, SUD services.

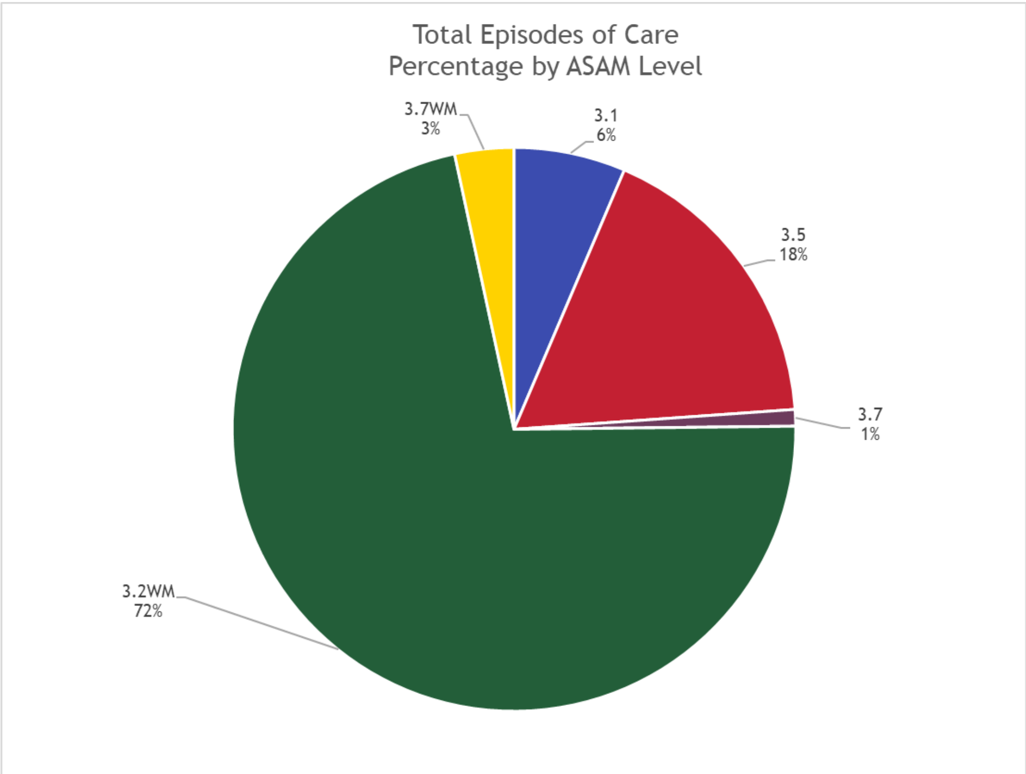
Please note: Episodes of Care data is incomplete. Data was not collected from RAE 1 during this reporting period due to a current system update. This absence of data has a significant impact on the overall aggregated counts for this report when compared to previous quarters.

The following episodes of care data reflect member Level of Care (LOC) utilization received by members over the reporting period. In accordance with 1115 Waiver requirements, Colorado is monitoring the services provided to all members and tracking youth and pregnant and parenting people as identified sub-populations receiving SUD services. 99% of members were adults who were not pregnant or parenting people. 1% of adult members served received services through Special Connections (SC) - defined as pregnant and parenting people up to one-year post-partum, and <1% of members served in inpatient, residential/hospital, SUD designated ASAM LOC services were youth (defined as under 18 years of age).

This summary level data of services delivered informs understanding of member SUD Residential service needs. The table below provides a count and the graph following displays the volume of services delivered at each LOC as a percentage of the overall services provided statewide. Each time a member enters a facility and receives service is counted as an episode of care. Therefore, a single member may have multiple episodes of care reported at the same or different levels.
There was a significant decrease of 74% in the number of 3.7 Episodes of care delivered this reporting period.

ASAM LOC	Total Episodes of Care Youth	Total Episodes of Care SC	Total Episodes of Care Non-SC Adults
3.1	-	*	224
3.3	-	-	-
3.5	*	+	592
3.7	-	-	34
Residential Subtotal	**-**	36	850
3.2WM	*	-	2,563
3.7WM	*	-	120
WM Subtotal		-	2,683
Total	*****	36	3,533

An asterisk (*) denotes a grouping of less than 30 and must be masked for HIPAA compliance
A plus sign (+) denotes a grouping of more than 30 but is masked to allow for the display of totals/subtotals



A. Initial Authorization (IA)

Initial authorization encompasses two processes, a pre-approval process for Residential ASAM levels of care 3.1,3.3, 3.5 and 3.7 and a retrospective approval of ASAM levels 3.2WM and 3.7WM designed to accommodate the urgency of initiating withdrawal management services. Withdrawal management (WM) LOC authorization remains unchanged, no pre-authorization is required for the standard minimum IA period. For WM LOC, concurrent approval is required if medical necessity substantiates a stay beyond the IA minimum standard. These WM concurrent approvals are addressed in the Continuing Approval section of the report.

The IA process is designed to ensure that members receiving SUD inpatient, residential or hospital, services have been assessed and placement has been made in accordance with ASAM LOC criteria, as required by Colorado's 1115 Waiver: "Expanding the Substance Use Disorder Continuum of Care".

Within the scope of IA, there are essentially two factors reported in accordance with HB 21-137. These factors include: the average length of time (in days) that is authorized in the pre-approval process; and the timeliness of responses to IA requests, including overall timeliness as well as counts of IA within the standard time and exceeding the standard time. The metric "Average Length of IAs" across all MCEs allows for comparison of standards across MCEs and informs best practices decisions. Monitoring of this measure allows identification of ongoing variance between MCEs and invites examination of such variances through more specific and detailed data analysis. Since January 1, 2022, the number of IA days has been standardized across all MCEs.

Standard IA Approval Timeframes

ASAM LOC	Minimum Days Authorized
3.1; 3.3; 3.5	14
3.7	7
3.2WM	5 (before CA)
3.7WM	4 (before CA)

The response time standard for non-SC adults (non-Special Connection adults are non-pregnant and parenting people) and youth is 72 hours. The response time standard for SC members is 24 hours. Monitoring timeliness of response allows for periodic review and adjustment of standards. The data for this report period demonstrate average response times for all levels of care continue to fall significantly below the standard for all sub-populations. This visibility into variance from the standard informs the Department when evaluating standards for IA to ensure prompt treatment access.

Average IA Response Time by LOC (hours)

3.1	3.1 SC	3.1 Y	3.3	3.3 SC	3.5	3.5 SC	3.5 Y	3.7	3.7 SC	3.7 Y
21	16				31	23	25	34	2	24

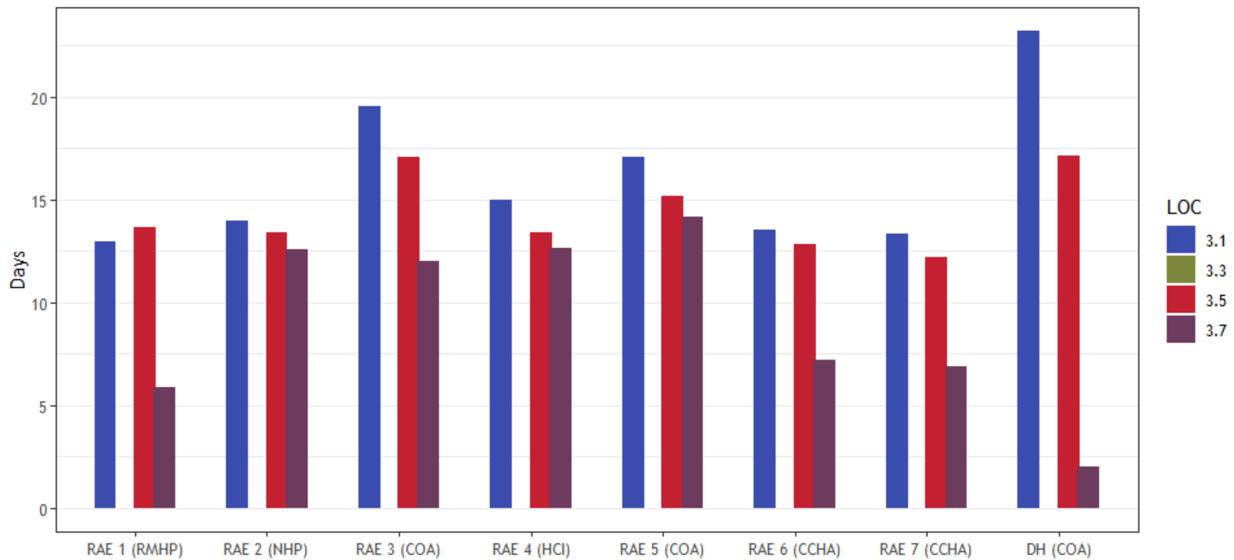
1. **Average Length of Initial Authorizations (IA):**

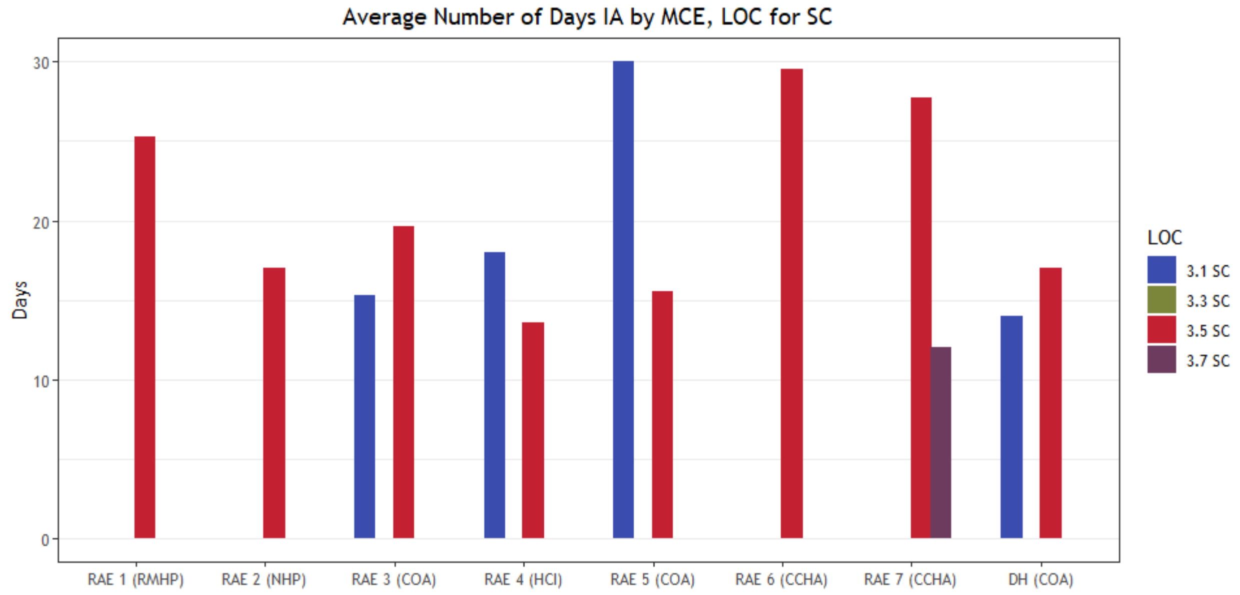
This measure captures the average number of days initially authorized for each Residential LOC service requiring pre-authorization (ASAM LOCs 3.1; 3.3; 3.5; and 3.7). Average LOS is provided for SC and non-SC adults. There were not any IAs for youth in the quarter.

Average Length of IA by LOC (days)

3.1	3.1 SC	3.1 Y	3.3	3.3 SC	3.5	3.5 SC	3.5 Y	3.7	3.7 SC	3.7 Y
15	18				14	20	13	8	12	7

Inpatient LOC IAs represent the pre-authorization durations determined per request for each member across the reporting period. CA is only required if medical necessity substantiates a stay beyond the IA time frame.

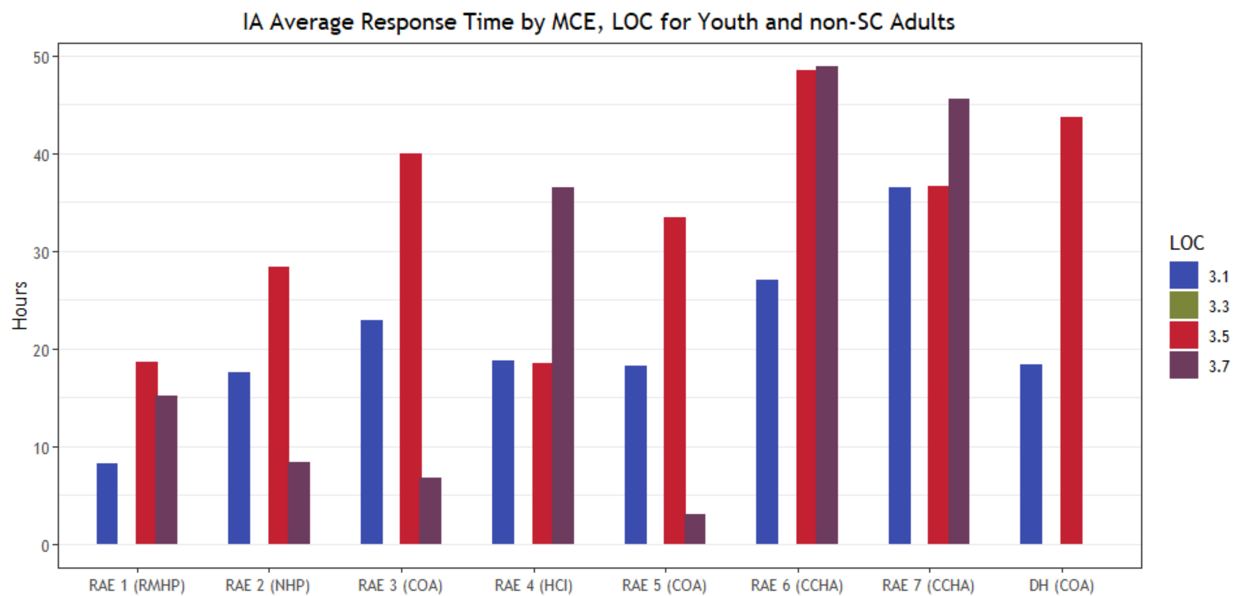


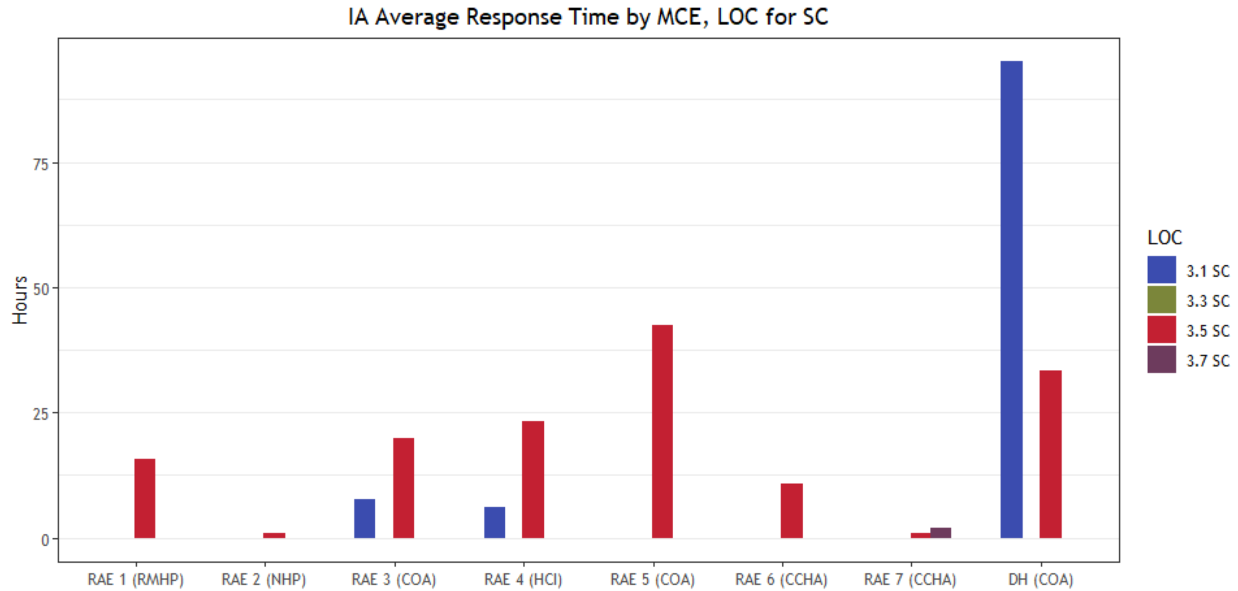


The average length of IA in days is presented by provider in Table 1 in Appendix C. Due to small numbers, sub-population details are not broken out.

2. **Average Response Time for IAs (in hours):**

Response times for MCEs to review facility requests for IAs for Residential LOC services are reported in hours. Response times for SC members appear on a separate graph because the standard differs.





3. **Total Number of IAs that Met the Response Time Standard:**

This measure is a compilation across all MCEs. It is a count of all IA requests submitted for Residential ASAM LOC 3.1; 3.3; 3.5 & 3.7 and the number that met the standard across the reporting period. 93% of IAs met the standard response time for non-SC adults and 76% of IAs met the standard response time for SC.

Number of non-SC Adult IAs issued	Number of IAs meeting 72hrs
1,139	1,054
Number of SC IAs issued	**Number of IAs meeting 24hrs**
78	59

4. **Total Number of IAs that Exceeded the Response Time Standard:**

This metric is a compilation across all MCEs. It is a count of all IA requests submitted for residential ASAM LOC 3.1; 3.3; 3.5 & 3.7 and a count of IAs that exceeded the standard during the reporting period. 7% of IAs exceeded standard response time for non-SC adults and 24% of IAs exceeded the standard response time for SC.

Number of non-SC Adult IAs issued	Number of IAs exceeding 72hrs
1,139	85
Number of SC IAs issued	**Number of IAs exceeding 24 hrs**
78	19

B. Initial Authorization Denials

This metric provides an overview of not only the numbers and rates of IA denials issued by the MCEs, but also the reasons the denials are being issued.
The data provides visibility into the overall effectiveness of the SUD pre-authorization system. Identification of reasons for denials illustrates how MCEs are making authorization determinations and highlights barriers to authorization. Identifying such barriers provides opportunities to take measurable actions such as provider education to improve quality of submissions and ultimately support timely access to services.

Across the review period, IA denials remained steady. There were 61 total IA denials out of 1,217 IA requests (5%). Medical Necessity denials decreased slightly but remained proportionately high. This is explained by IAs needing additional clinical documentation, mostly attributed to a single provider.

Type of IA Denial	Number of Denials	% of Total Denials
Administrative	23	38%
Benefit Issue	0	0%
Medical Necessity	38	62%

5. **Percentage of IAs Needing Additional Clinical Documentation*:**

An IA can only be counted as "needing additional clinical documentation" if the response time standard is exceeded. Compiling IA data from all MCEs, across the report period, the rate remained consistent from last quarter, with only 3% of IA requests receiving denials due to insufficient clinical documentation to support a medical necessity determination. However, of these denials, a disproportionate share, of Medical Necessity denials, 17 of the 38 (45%) were attributed to a single provider.

ASAM LOC	# IAs	# IAs Needing Additional Clinical Documentation	% of IAs Needing Additional Clinical Documentation
3.1	142	4	3%
3.1 SC	9	0	0%
3.5	802	15	2%
3.5 SC	68	5	7%
3.5 Y	3	0	0%
3.7	191	4	2%
3.7 SC	1	0	0%
3.7 Y	1	0	0%
Totals	**1,217**	**37**	**3%**

6. **Percentage of IAs that were Incomplete*:**

An IA only counts as incomplete if it is incomplete past the response time standard. No IAs were reported as incomplete in the report period.

7. **Percentage of IAs that were Issued Retroactively*:**

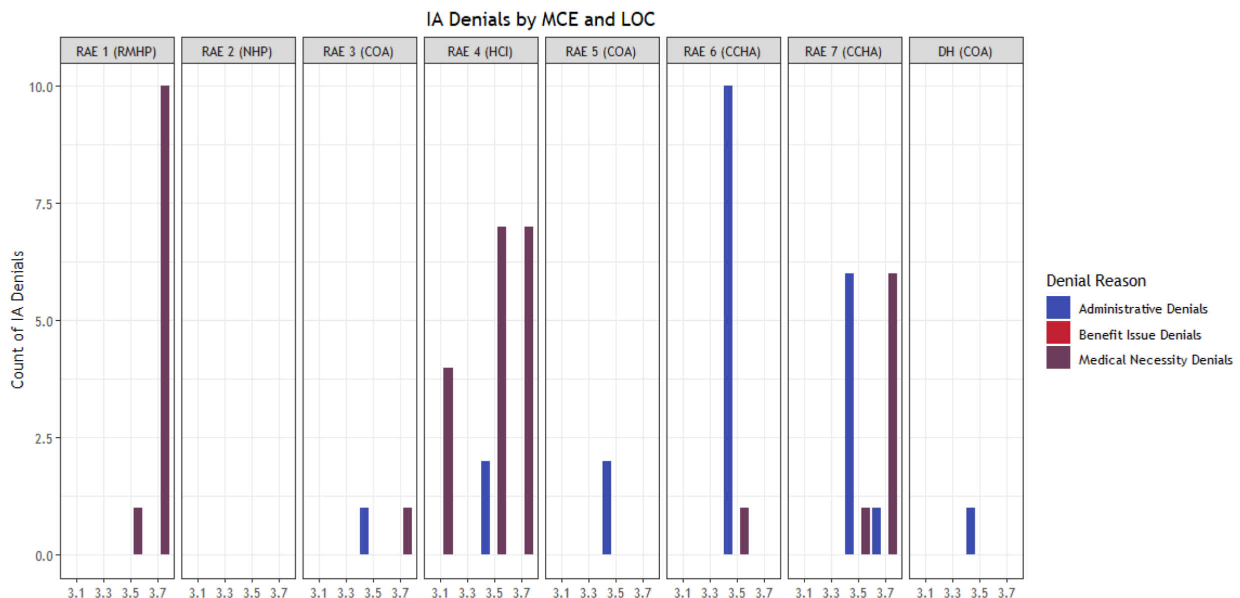
An IA is issued after an admission, following the submission of additional documentation that may not have been available initially, and allows for an IA to be approved is considered retroactive and covers the services from the time of admission. 2% of total IAs were issued retroactively. This rate remained generally stable across the report period.

ASAM LOC	# of IA Issued Retroactively	% of IAs Issued Retroactively
3.5	19	2%
3.5 Y	3	100%
3.7	9	5%
Totals	**24**	**2%**

***Metrics 5, 6, and 7 are mutually exclusive categories.**

8. **Total IA Denials by Reason by MCE for each LOC:**

IA denials over the report period were primarily issued for medical necessity (62%), and 37 of the 38 medical necessity denials were due to clinical documentation concerns. The remaining denials were issued for administrative reasons (38%). Compared to previous quarters, there has been a slight increase in the proportion of administrative denials. Regarding medical necessity denials, note that 1 provider accounted for 17 of the 38 total medical necessity denials (45%).



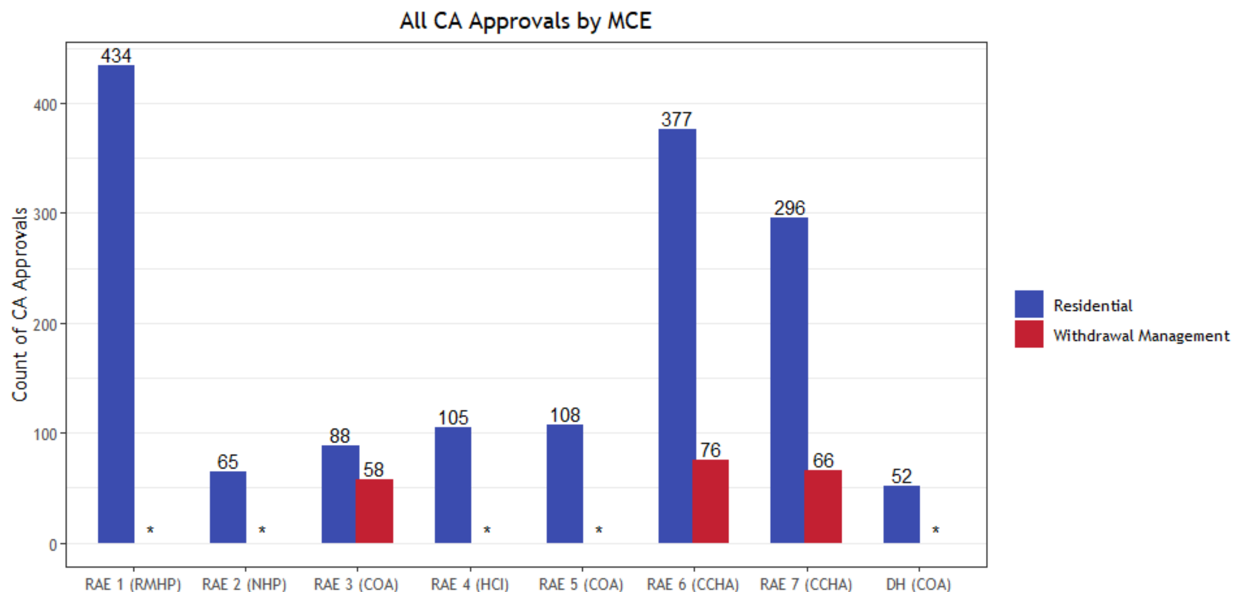
C. Continued Authorization (CA)

CA measures provide visibility into the volume of requests being submitted for ongoing care at a given ASAM LOC, the number of additional days being approved for continued care at each LOC and the timeliness in reviewing requests. Looking across data from the reporting period, and in consideration of two separate processes for Residential LOC services (3.1, 3.3, 3.5 and 3.7) versus Withdrawal Management LOC services (3.2WM and 3.7WM), data presented in this section is organized to highlight patterns unique to each category in recognition of the fact that 75% of services provided across the reporting period were in the residential WM space. For WM LOC, concurrent approval is required if medical necessity substantiates a stay beyond the IA minimum standard. WM concurrent approvals are counted as CA approvals in the WM category. As with IA, CA information is provided for SC and non-SC Adults to identify any potential trends in this special populations.

Evaluation of what LOCs require CA most frequently and the volume of the requests that impact provider time and MCE time can inform decision making regarding standard length of IA.

Tracking length of CA additional days approved at each ASAM level highlights member need for services and identifies any variances across MCEs in CA requests for additional clinical care.

Response time for CA highlights MCE responsiveness to provider requests and members needing services.



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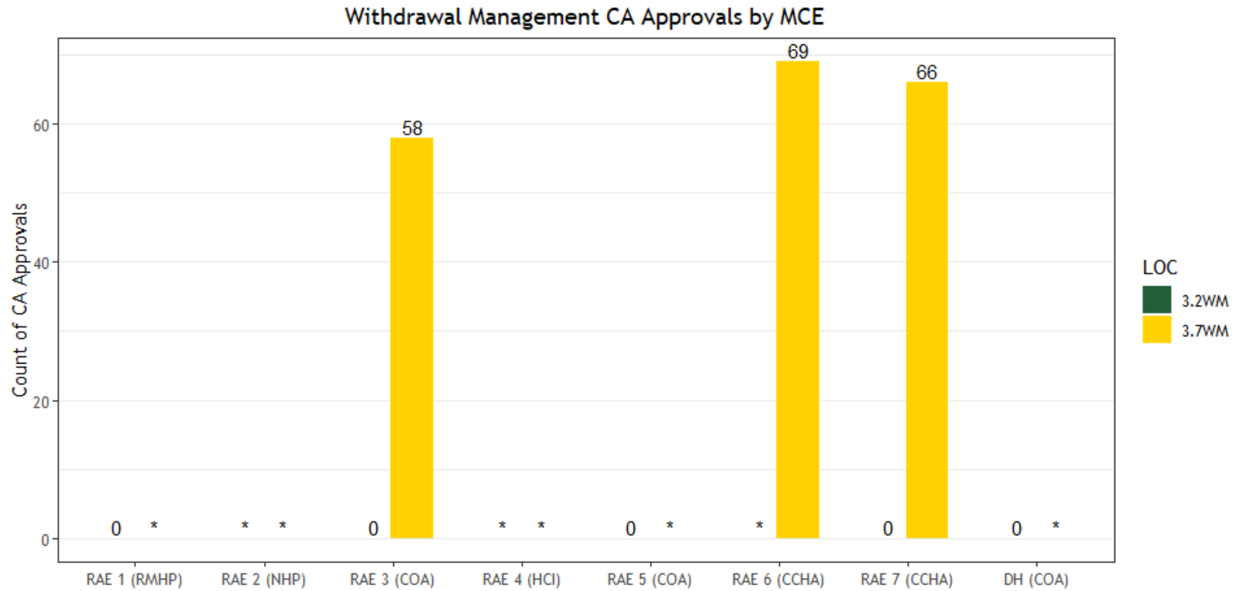

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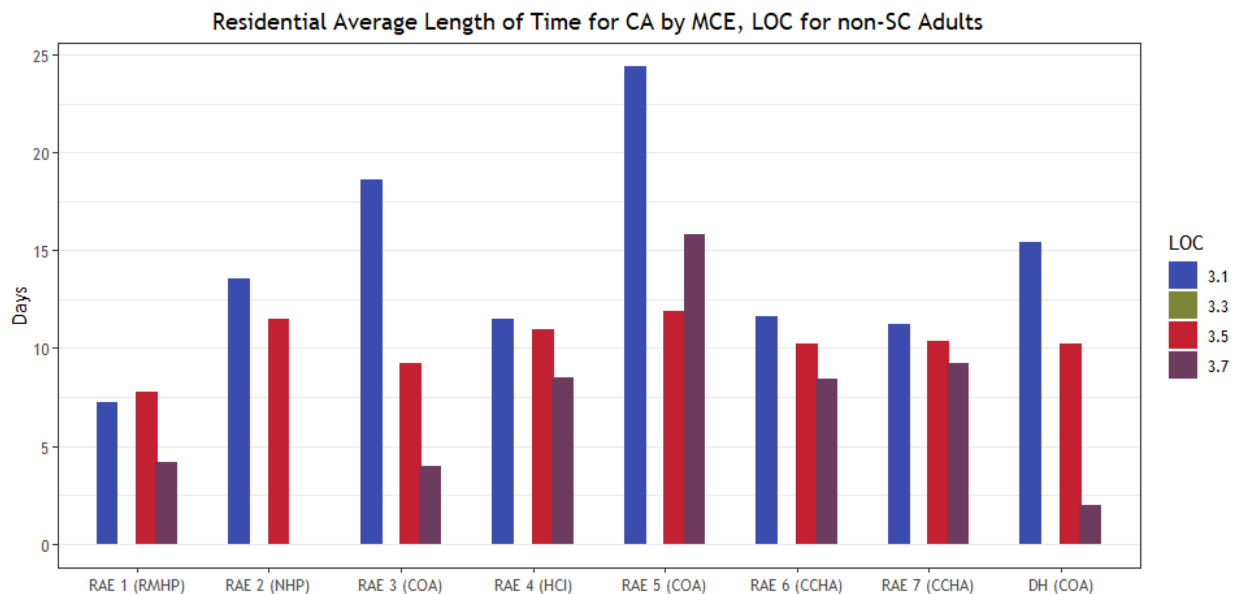
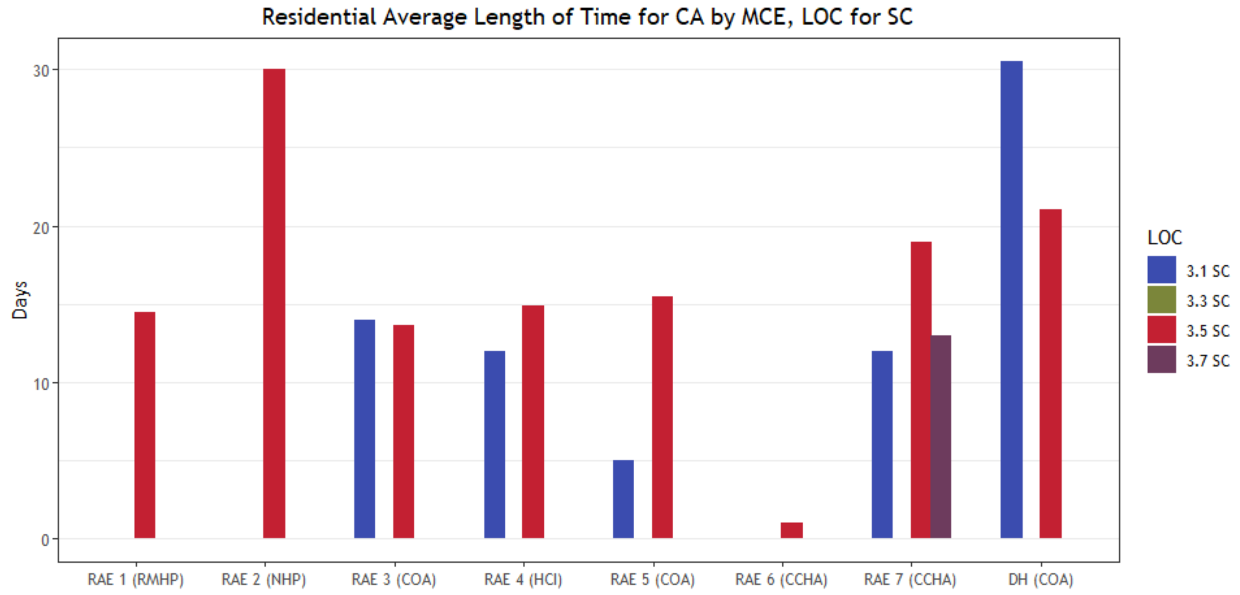
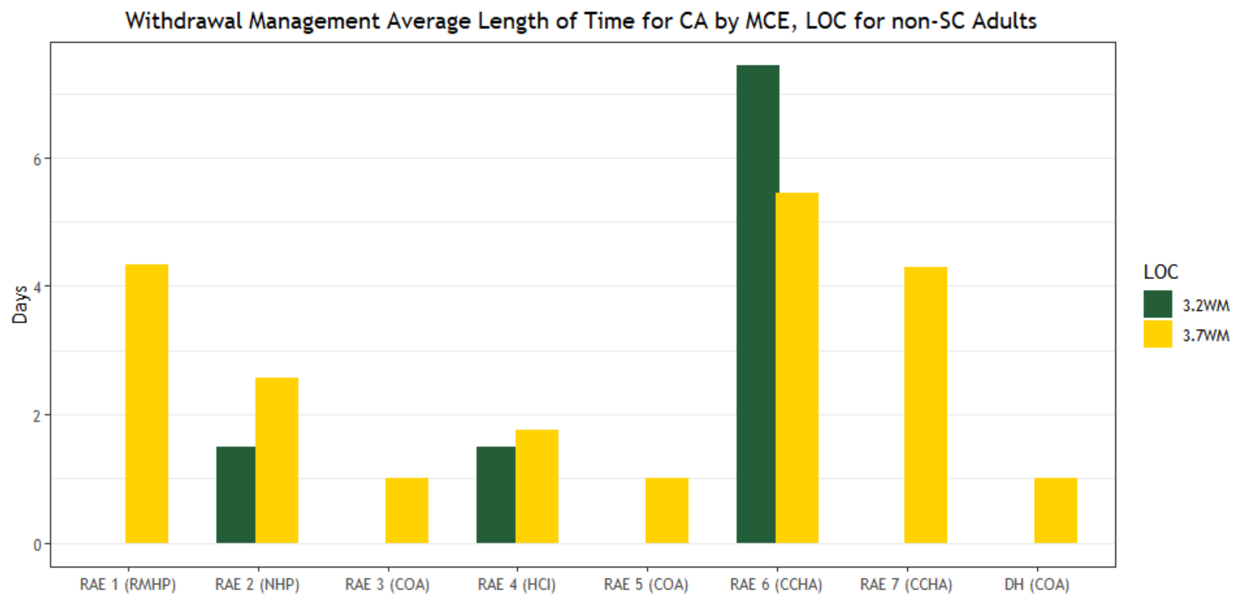
9. **Average Length of Continued Authorization (CA):**

This is a measure of the average length of additional days authorized through CA at each LOC by each MCE. Across the report period, there were 1,669 CA requests total with 266 CA requests for WM LOC. 1,527 CA requests were approved (92%). Out of these total number of requests the following details provide a breakdown by population. 1,564 CA requests (94%) were for non-SC Adults, 103 CA requests (6%) were for SC in the reporting period.





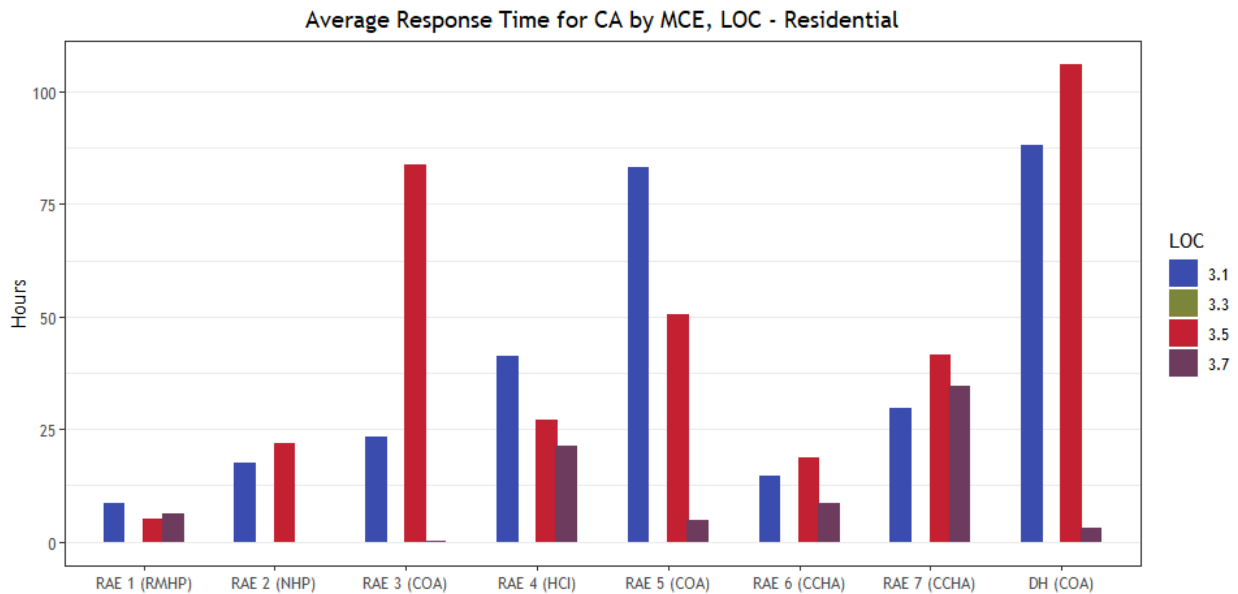


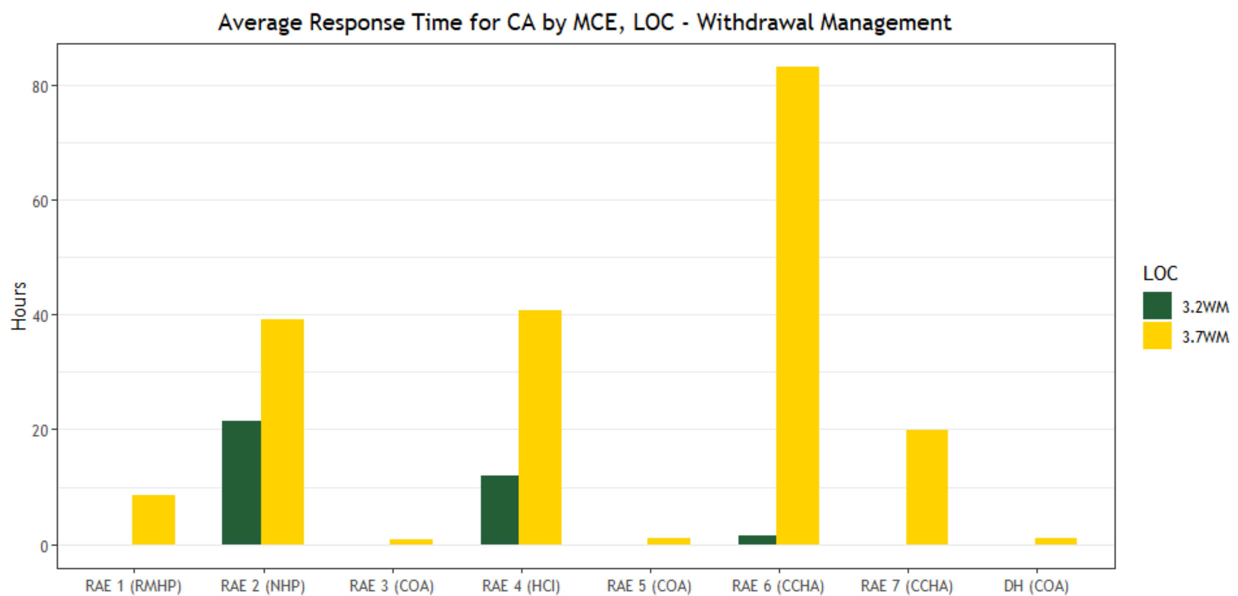
The average length of CA in days can also be viewed by provider in Table 2 located in Appendix C.

10. **Average Response Time for CAs:**

This measure captures each MCE's reported average of time it took to issue a CA approval for each LOC. There are not standard or required response times defined by population for CA. Therefore, no breakdown of times is provided. Across the report period, the range of average response times for Residential LOC was 1-106

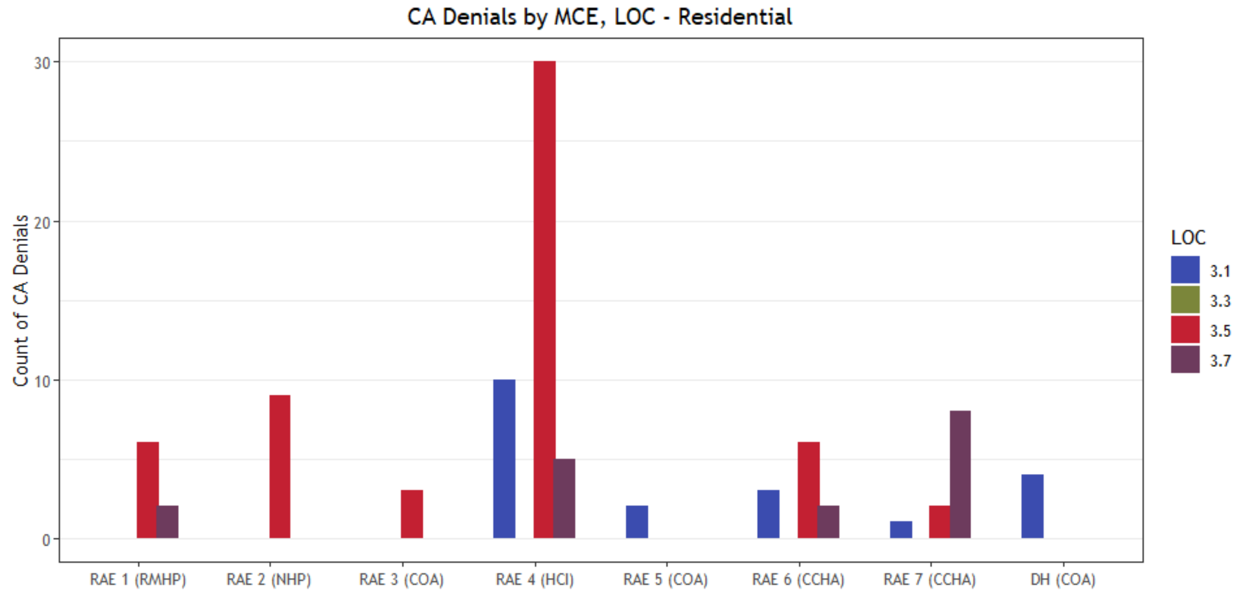
hours and for WM LOC was 1-83 hours. Average CA response time for Residential LOC was 28 hours. Average CA response time for WM LOC was 32 hours.

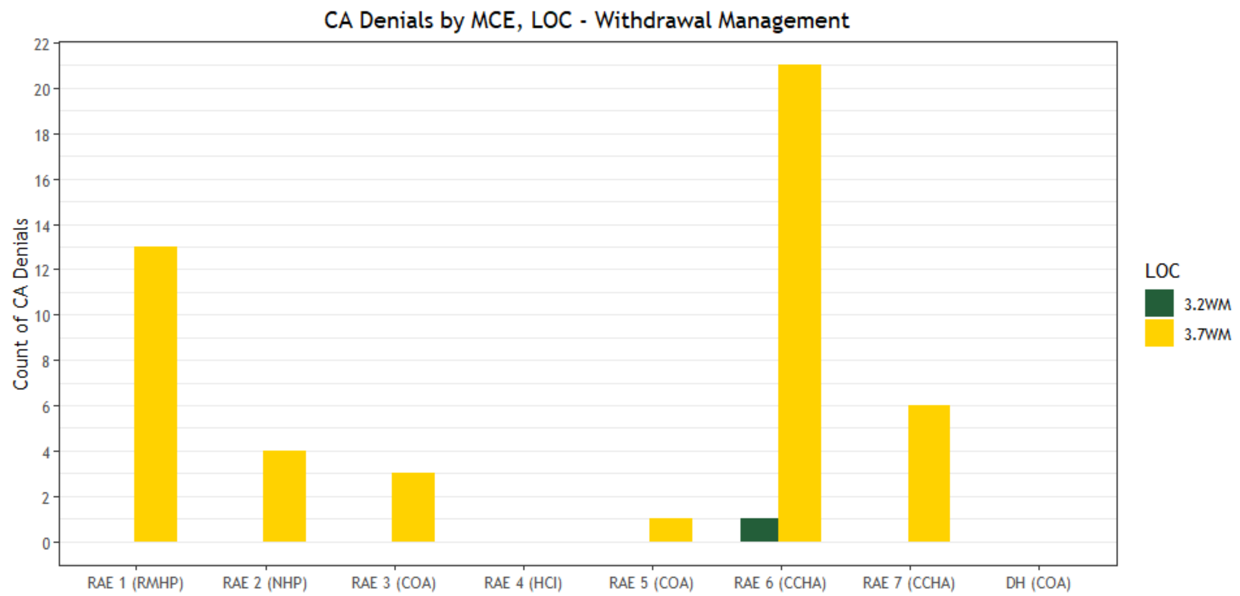




D. Continued Authorization Denials and Appeals

CA denials and appeals data is provided to frame the magnitude of the denials made for members in SUD treatment at each LOC and identify frequency of appeals and the ultimate outcome of those determinations. Across all MCEs for all LOC there were a total of 1,669 CA requests. 142 CAs were denied (9%). 9 denials (6% of all denials) were for SC. With the numbers being so small for special populations only the totals are displayed in graph below.





Review of the frequency of appeals at each LOC and the ultimate outcome of these appeals allows visibility into consistency across MCEs quality of requests received. The response time metrics for review of appeals highlights MCE consistency and timeliness in providing feedback to providers. The number of appeals has decreased significantly with only 3 appeals, none of which resulted in a denial being overturned.

P2P request is a data point that should be viewed in consideration that not all MCEs contributed data. COA has been unable to provide data for RAEs 3, 5 and DH. Data from the other 5 MCEs is included. Response time for P2P requests as a metric is intended to provide a mechanism for monitoring responsiveness of MCEs to peer to peer requests.

Finally, the last item included in this section combines CA data with IA data. This total service data provides visibility into the average LOS per LOC. This informs decision making about bed capacity needs as well as IA standards.

11. **Number of CA Appeals by LOC:**

For the report period there were 3 appeals to CA denials out of 142 denials (2%).

ASAM LOC	# of CA Denials	# of CA Appeals	% of CA Denials Appealed
3.1	20	0	0%
3.5	56	0	0%
3.7	17	0	0%
3.2WM	1	0	0%
3.7WM	48	3	6%
Total	142	3	2%

12. **Number of CA Appeals that Overturned Denials per LOC:**

For the report period, there were no CA appeals that resulted in overturned denials.

ASAM LOC	# of CA Appeals	# Overturned Denials	% Denials Overturned
3.1	0	0	0%
3.5	0	0	0%
3.7	0	0	0%
3.2WM	0	0	0%
3.7WM	3	0	0%
Total	**3**	**0**	**0%**

13. **Number of P2P Requests:**

There were 46 P2P requests.

ASAM LOC	Number of P2P Requests
3.1	0
3.5	9
3.7	14
3.2WM	0
3.7WM	23
Total	**46**

14. **Average Response Time for P2P Decisions after Request Submitted:**

***This data is unavailable

15. **Percent of P2P Requests that Overturned Denials:**

Based on the limited set of data collected from 5 of 8 MCEs (Excluding RAEs 3, 5 and DH) across the report period, there were 46 P2P requests. 11 P2P requests (24%) of resulted in overturned denials.

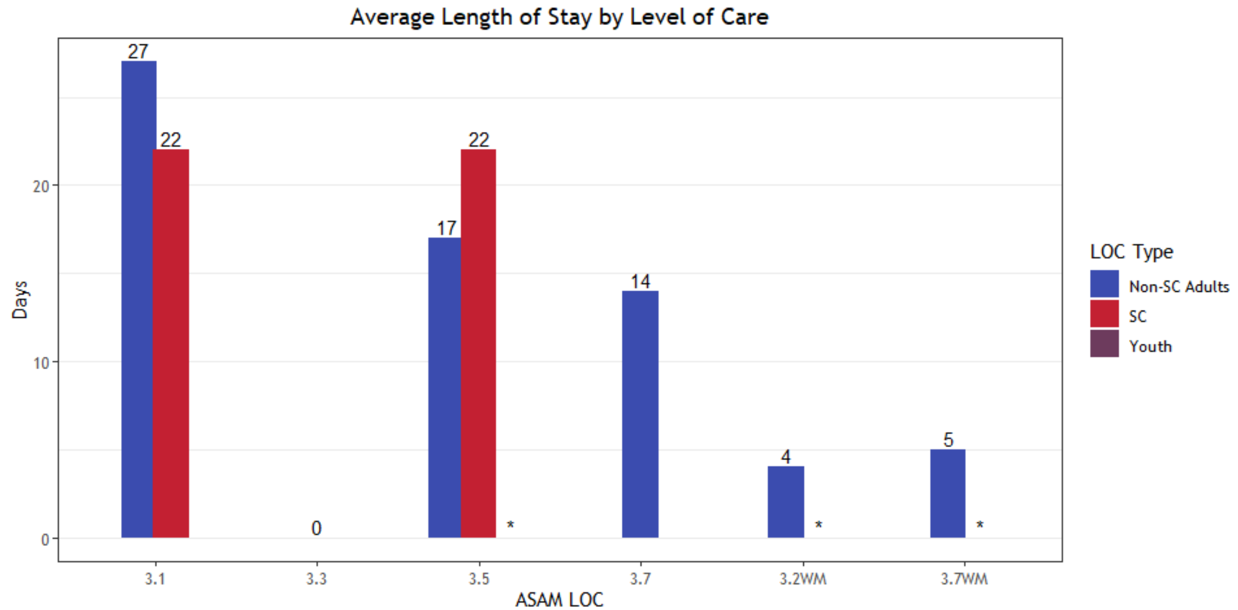
ASAM LOC	# P2P Requests	# Overturned Denials	% Overturned Denials
3.1	0	0	0%
3.5	9	4	44%
3.7	14	3	20%
3.2WM	0	0	21%
3.7WM	23	4	17%
Total	**46**	**11**	**24%**

16. **Average Length of Stay (LOS) per LOC:**

This metric shows the average length of stay for members at each level of care across all MCEs for the reporting period (January 1, 2023- March 31, 2023) based on completed services delivered (as measured by claims data filed), as compared to services authorized by the MCEs. Data is presented for each sub-population for length of stay at each ASAM LOC. Colorado data is generally consistent with ASAM guidelines regarding dimensions of care and a progression through the continuum.

Please note: LOS data is incomplete. Data was not collected from RAE 1 during this reporting period due to a current system update. This absence of data has a significant impact on the overall aggregated counts for this report when compared to previous quarters.

The graph below presents information based on claims data available, which captures claims filed during the period of January 2023 – March 2023. Therefore, not every service initiated in the reporting period may be captured, and services delivered in the previous period, but filed in this period (the episodes of youth care) are include.



An asterisk (*) denotes a grouping of less than 30 and must be masked for HIPAA compliance

Discussion

As noted above in impacted sections of the report, it is important to consider the absence of RAE 1 data when reviewing Episodes of Care and Length of Stay data. This absence of data has a significant impact on the overall aggregated counts for this report when compared to previous quarters.

Overall member access to SUD services captured in this report indicates 2,458 members received services in the DY3Q2 reporting period covering services delivered between January 1, 2023 – March 31, 2023. The number of members served reflects Residential LOC services delivered in both hospital and residential SUD facilities (including WM) provided to members in each of the following sub-populations:

Special Connections (SC): accounted for 1% members served with an average LOS of 22 days for Residential and no episodes of care for Residential WM LOC.

Youth: accounted for <1% of members served, details are not provided in accordance with small count rules established by the department.

Non-SC Adults: accounted for 99% members served with an average LOS of 19 days for Residential and 4 days for Residential WM.

Data from across the reporting period remained generally consistent with data from previous quarters, with the exceptions of a decrease in 3.7 LOC and Episodes of Care and LOS missing data, preventing an evaluation of trend.

The very limited services delivered to youth is noteworthy because the number of youths with an SUD Diagnosis who have received any service, used as an indicator of active care with Health First Colorado, suggest there are youth who would benefit from SUD services. **The absence of data from RAE 1 impacts the total number of youth members counted this quarter.**

HCPF is aware of the shortage in licensed providers for Youth Residential Level of Care Services in the state and continues to partner with the BHA to support capacity building for this population and ensure that as capacity is built providers will be serving Health First Colorado youth members. Currently, it is the understanding of HCPF, based on feedback from the MCEs, that most youth with a primary SUD diagnosis are also diagnosed with a co-occurring mental health condition and that most of the SUD support being delivered is concurrent care delivered with other mental health disorder treatment in non-SUD specific hospital and residential settings.

Next steps for further exploration and analysis include continued investigation with the MCEs regarding how youth with SUD diagnosis are being treated, including where services are being delivered and the scope of those services.

Average IAs continue to fall well below Average LOS at every ASAM level.

- 3.1 LOC Average LOS exceeds IA by 60%
- 3.5 LOC Average LOS exceeds IA by 14%
- 3.7 LOC Average LOS exceeds IA by 75%

This data, combined with the data regarding the number of CA requests with high approval rates (92%), suggests IA LOS minimums should be re-examined.

P2P requests resulting in overturned denials continues to remain fairly constant at 24%. This also suggests that continued examination of provider documentation of level of care evaluation is warranted. It may be beneficial to explore broader use of standardized assessment tool as a documentation approach.

Appendix A: Acronyms

Acronym	Definition
ASAM	American Society of Addiction Medicine
BHA	Behavioral Health Administration
CA	Continued Authorization
CCHA	Colorado Community Health Alliance
COA	Colorado Access
DAS	Data Analytics Services
DY	Demonstration Year
FY	Fiscal Year
HCI	Health Colorado, Inc.
IA	Initial Authorizations
IMD	Institution for Mental Disease
LOC	Level of Care
LOS	Length of Stay
MCE	Managed Care Entity
NHP	Northeast Health Partners
OBH	Office of Behavioral Health
P2P	Peer-to-Peer
RAE	Regional Accountable Entity
RMHP	Rocky Mountain Health Plans
SB	Senate Bill
SC	Special Connections (pregnant and parenting persons)
SUD	Substance Use Disorder
WM	Withdrawal Management

Appendix B: ASAM Level of Care (excerpt from The ASAM Criteria)

Level of Care	Adolescent Title	Adult Title	Description
3.1	Clinically Managed Low-intensity Residential	Clinically Managed Low-intensity Residential	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	*This Level of Care not designated for adolescent populations	Clinically Managed Population-specific High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger; less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-intensity Residential	Clinically Managed High-intensity Residential	24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment; able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High-intensity Inpatient	Medically Monitored Intensive Inpatient	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2 or 3; sixteen hour/day counselor availability
3.2WM	*This Level of Care not designated for adolescent populations	Clinically Managed Residential Withdrawal Management	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery
3.7WM	*This Level of Care not designated for adolescent populations	Medically Monitored Inpatient Withdrawal Management	Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring

Appendix C: Provider Data Tables

Table 1 – Average Length of IA in Days by Provider and LOC Non-SC Adults

Provider	3.1	3.3	3.5	3.7
A LIFE WORTH LIVING	14		14	
BEHAVIORAL TREATMENT SERVICES			14	
CEDAR SPRINGS HOSPITAL				9
CENTENNIAL PEAKS HOSPITAL				1
COLORADO WEST REGIONAL MENTAL HEALTH	14		14	
CROSSROADS' TURNING POINTS, INC.	15		13	13
CURAWEST	14		18	5
DENVER HEALTH & HOSPITAL AUTHO	13			1
DENVER SPRINGS				2
JEFFERSON CENTER FOR MENTAL HEALTH			12	
JOHNSTOWN HEIGHTS BEHAVIORAL HLTH				5
LARIMER COUNTY			13	
LIFE RECOVERY CENTER			14	
MENTAL HEALTH CENTER OF BOULDER COUNTY, INC.	14		14	
MIDWESTERN CO MENTAL HEALTH CENTERS				
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE	14		20	
MOUNTAINSIDE RECOVERY, LLC	14		14	
Mountain Crest				
NEW BEGINNINGS RECOVERY CENTER			14	
NORTH RANGE BEHAVIORAL HEALTH	13		13	
NORTHPOINT COLORADO, LLC			13	4
PATHFINDERS RECOVERY CENTER COLORADO, LLC			12	
POUDRE VALLEY HEALTH CARE INC (Mountain Crest Behavioral Health)				6
POUDRE VALLEY HOSPITAL				3
REGENTS OF THE UNIVERSITY OF COLORADO	14		18	
REGION SIX ALCOHOL AND DRUG ABUSE CORP (RESADA)	12			
RESADA	17			
SBH COLORADO LLC				2
SCL HEALTH - FRONT RANGE				14
SERENITY AT STOUT STREET(STOUT STREET FOUNDATION - SERENITY)			18	
SOBRIETY HOUSE, INC.	21		22	
SOUTHEAST MENTAL HEALTH SERVICES	14			
SUMMITSTONE HEALTH PARTNERS			15	9
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	14			8

Provider	3.1	3.3	3.5	3.7
VALLEY HOPE ASSOCIATION	17		13	
WEST PINES(SCL HEALTH FRONT RANGE HOSPITAL				7

Table 2 – Average Length of CA in Days by Provider and LOC Non-SC Adults

Provider	3.1	3.3	3.5	3.7	3.2WM	3.7WM
A LIFE WORTH LIVING	11		10			
BEHAVIORAL TREATMENT SERVICES			8			
Boulder Community Hospital						18
CEDAR SPRINGS HOSPITAL				4		3
CENTENNIAL PEAKS HOSPITAL						3
COLORADO WEST REGIONAL MENTAL HEALTH	8		8			
CROSSROADS' TURNING POINTS, INC.	11		11	14		
CURAWEST			13	3		2
DENVER HEALTH & HOSPITAL AUTHO	16			3		
DENVER SPRINGS				2	1	3
JEFFERSON CENTER FOR MENTAL HEALTH			9		8	
Johnstown Heights Behavioral Health						5
LARIMER COUNTY			9			
MENTAL HEALTH CENTER OF BOULDER COUNTY, INC.	11		13			
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			21			
MOUNTAINSIDE RECOVERY, LLC			9			
Mountain Crest						3
NEW BEGINNINGS RECOVERY CENTER			10			8
NORTH RANGE BEHAVIORAL HEALTH	7		10			
NORTHPOINT COLORADO, LLC			8	4	2	4
PATHFINDERS RECOVERY CENTER COLORADO, LLC			9		2	
POUDRE VALLEY HEALTH CARE INC (Mountain Crest Behavioral Health)				4		4
POUDRE VALLEY HEALTHCARE INC					2	
POUDRE VALLEY HOSPITAL						5
REGENTS OF THE UNIVERSITY OF COLORADO	9		14			
REGION SIX ALCOHOL AND DRUG ABUSE CORP (RESADA)	6					
RESADA	13					
SBH COLORADO LLC				4	1	4
SCL HEALTH – FRONT RANGE						3
SERENITY AT STOUT STREET(STOUT STREET FOUNDATION – SERENITY)			11			
SOBRIETY HOUSE, INC.	21		13			
SOUTHEAST MENTAL HEALTH SERVICES	21					
SUMMITSTONE HEALTH PARTNERS			8	2		4

Provider	3.1	3.3	3.5	3.7	3.2WM	3.7WM
The Medical Center OF Aurora						10
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	8			6		3
VALLEY HOPE ASSOCIATION	17		12			
WEST PINES(SCL HEALTH FRONT RANGE HOSPITAL)						4

Table 3 – Average Length of CA in Days by Provider and LOC SC Adults

Provider	3.1 SC	3.3 SC	3.5 SC	3.7 SC	3.2WM SC	3.7WM SC
COLORADO WEST REGIONAL MENTAL HEALTH			12			
CROSSROADS' TURNING POINTS, INC.	12		15	13		
CURAWEST			5			
DENVER HEALTH & HOSPITAL AUTHO	14					
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			17			
NEW BEGINNINGS RECOVERY CENTER			14			
NORTH RANGE BEHAVIORAL HEALTH			16			
SERENITY AT STOUT STREET(STOUT STREET FOUNDATION - SERENITY)			15			
SOBRIETY HOUSE, INC.	30					
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY			14			
VALLEY HOPE ASSOCIATION			15			