

Substance Use Disorder Utilization Management Report

January 1, 2024

Data Included
DY3 Q3 (July
2023-
September
2023)



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 residential and inpatient portions of the substance use disorder (SUD) treatment benefit. The report includes all currently available data points defined in SB 21-137¹. This quarterly report includes data from July 2023 through September 2023 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 SUD Demonstration Waiver.

Highlights of this report include:

- Data from the reporting period remained generally consistent with data from previous quarters. However, because of the lag in encounter data submission by MCEs, it's important to note that quarterly reports capture all authorizations but may not account for all SUD services delivered due to data transfer lags in encounter data passed from MCEs to HCPF. The 2023 Annual Report, which will be published in Summer 2024, captures all encounter data and will resolve any gaps in quarterly data due to the lag in data submission.
- Across the review period, IA denials remained steady. Compared to previous quarters, there were fewer IA Administrative Denials (21%). Medical Necessity Denials, specifically missing clinical documentation to support medical necessity, accounted for 79% of all denials. It is noteworthy to highlight that one provider accounted for the majority (56%) of the Medical Necessity Denials.
- Data from across the reporting period shows a continued trend of decreased 3.7 LOC services delivered (1% of all SUD Residential and Inpatient services for this LOC).
- WM services continue to account for the majority of SUD residential services (73%).
- There is a continued trend of increased CA requests for WM LOC. In this reporting period, 38% of the total CA requests were for WM, compared to 22% last quarter.
- With only five MCEs reporting, there were 102 P2P requests during the quarter, a significant increase from previous quarters.
- 28% of P2P requests resulted in overturned denials.

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 9th 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) 21-137¹ 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.

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.

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

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 DY3Q4. During the reporting period encounter data from July 1, 2023- September 30, 2023, indicate that 2,960 unique members utilized inpatient, residential and hospital, SUD services. This number may rise slightly when year-end totals are calculated due to lag in encounter data submissions.

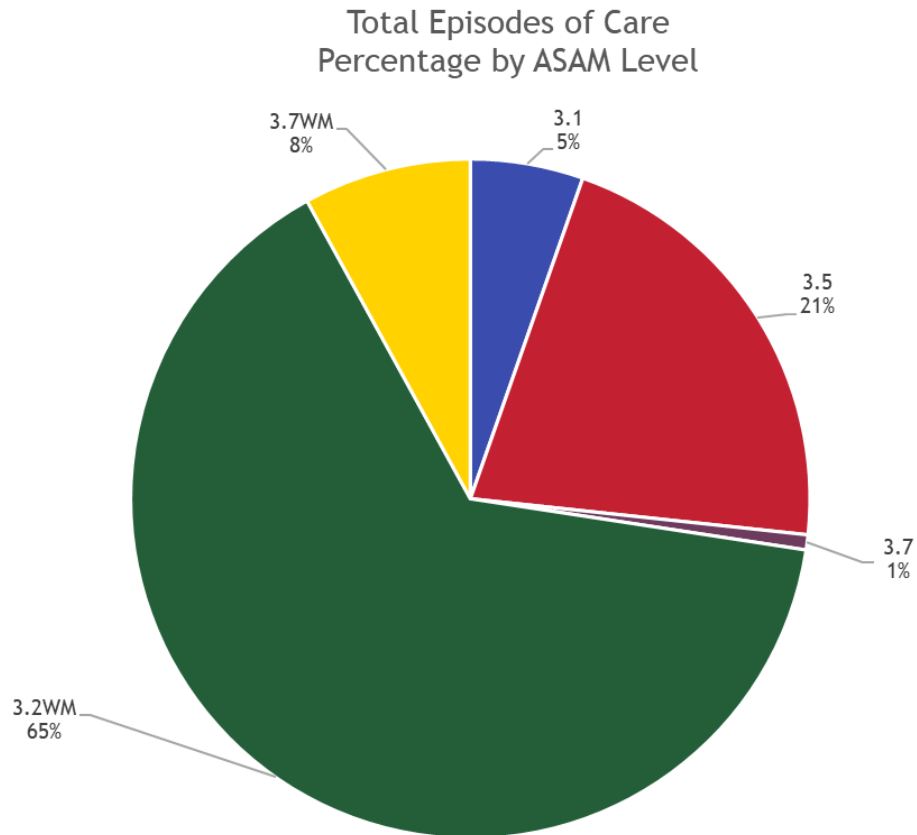
The following episodes of care data reflect member Level of Care (LOC) utilization received by members over the reporting period. In accordance with 1115 Waiver requirements, Colorado is monitoring the services provided to all members and tracking youth and pregnant and parenting people as identified 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.

Data from across the reporting period shows a continued trend of decreased 3.7 LOC services delivered.

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

ASAM LOC	Total Episodes of Care Youth	Total Episodes of Care SC	Total Episodes of Care Non-SC Adults
3.1		*	211
3.3			
3.5	*	*	832
3.7			29
Residential Subtotal	*	38	1,072
3.2WM	*		2,619
3.7WM			324
WM Subtotal	*		2,943
Total	*	38	4,015



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 non-SC adults at all levels of care continue to fall significantly below the standard. However, the average response time for 3.5 LOC for SC members exceeded the standard. 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
30	17	-	3	-	21	31	23	18	5	-

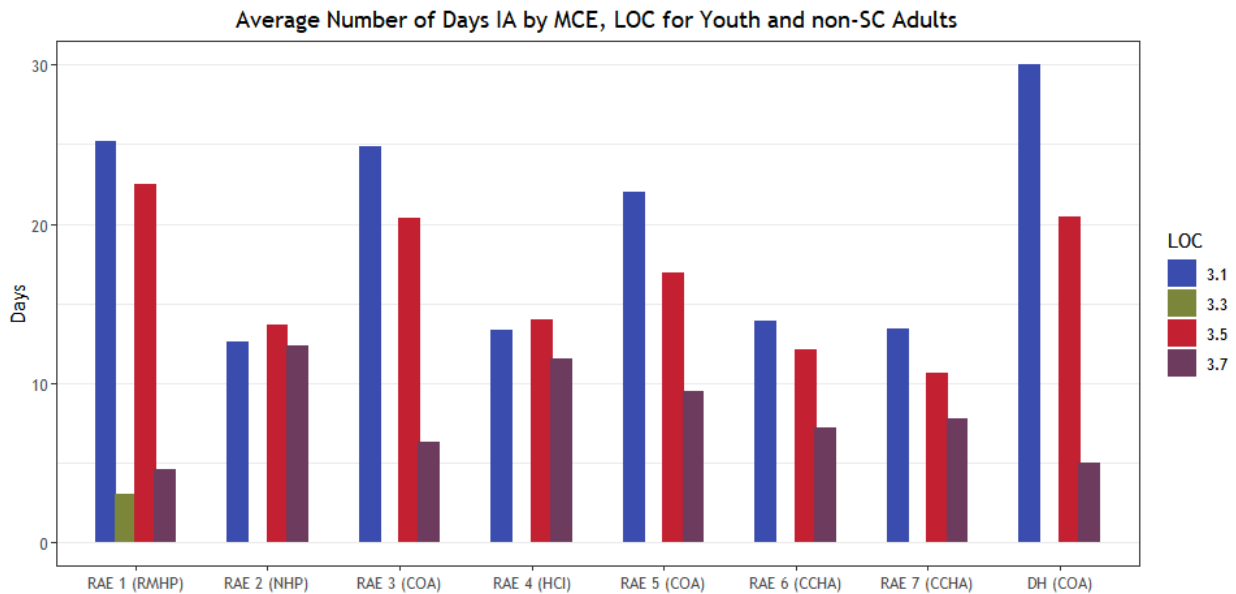
1. Average Length of Initial Authorizations (IA):

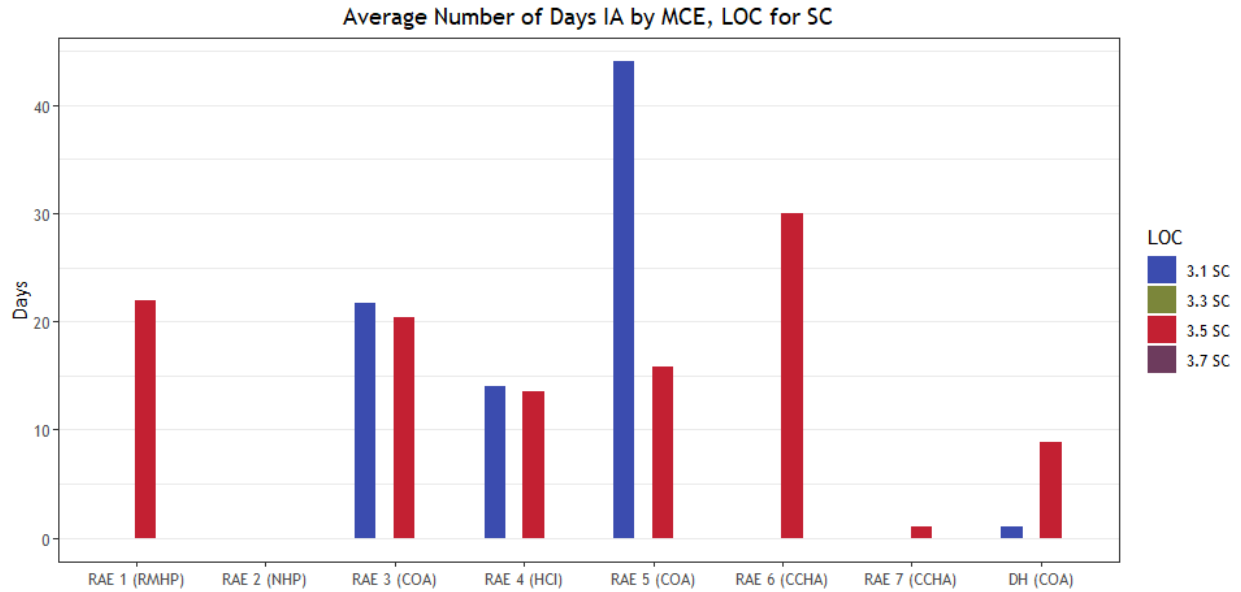
This measure captures the average number of days initially authorized for each Residential LOC service requiring pre-authorization (ASAM LOCs 3.1; 3.3; 3.5; and 3.7). Average LOS is provided for SC and non-SC adults and youth.

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
18	23	-	3	-	17	18	5	8	-	14

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.

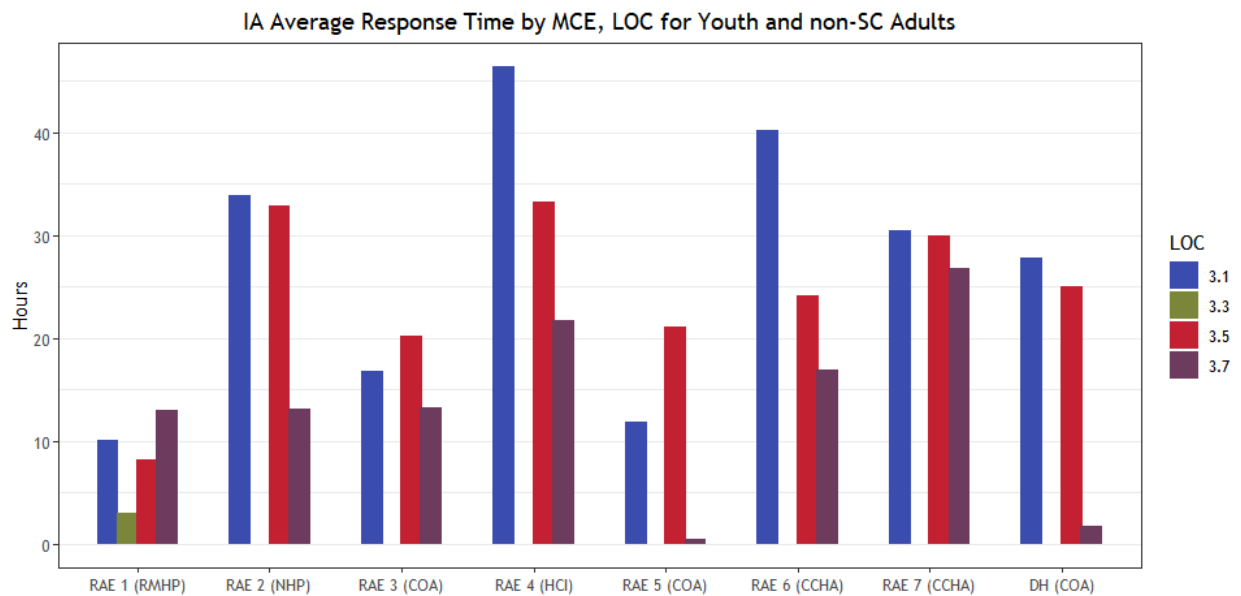


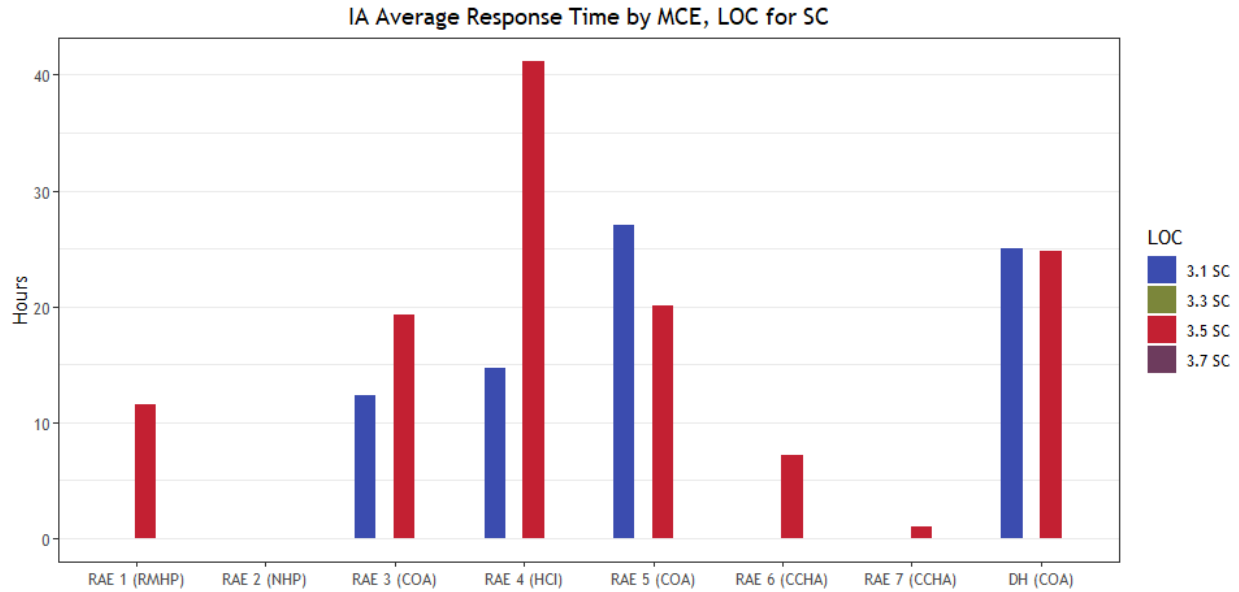


The average length of IA in days is presented by provider in [Table 1](#) in [Appendix C](#). Due to small numbers, sub-population details are not broken out.

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. 95% of IAs met the standard response time for non-SC adults and 72% of IAs met the standard response time for SC.

Number of non-SC Adult IAs issued	Number of IAs meeting 72hrs
1,048	994
Number of SC IAs issued	Number of IAs meeting 24hrs
69	50

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. 5% of IAs exceeded standard response time for non-SC adults and 28% of IAs exceeded the standard response time for SC.

Number of non-SC Adult IAs issued	Number of IAs exceeding 72hrs
1,048	54
Number of SC IAs issued	Number of IAs exceeding 72hrs
69	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 increased by 1% from the previous quarter. There were 57 total IA denials out of 1,117 IA requests (5%). Medical Necessity denials account for a higher percentage of total denials compared to the previous quarter. 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	12	21%
Benefit Issue	0	0%
Medical Necessity	45	79%

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 increased from last quarter, with 4% 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, 25 of the 45 (56%) were attributed to a single provider.

ASAM LOC	# IAs	# IAs Needing Additional Clinical Documentation	% of IAs Needing Additional Clinical Documentation
3.1	127	9	7%
3.1 SC	8	1	13%
3.3	1	0	0%
3.5	797	26	3%
3.5 SC	61	7	11%
3.5Y	3	0	0%
3.7	117	1	<1%
3.7Y	3	0	0%
Totals	1,117	44	4%

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*:

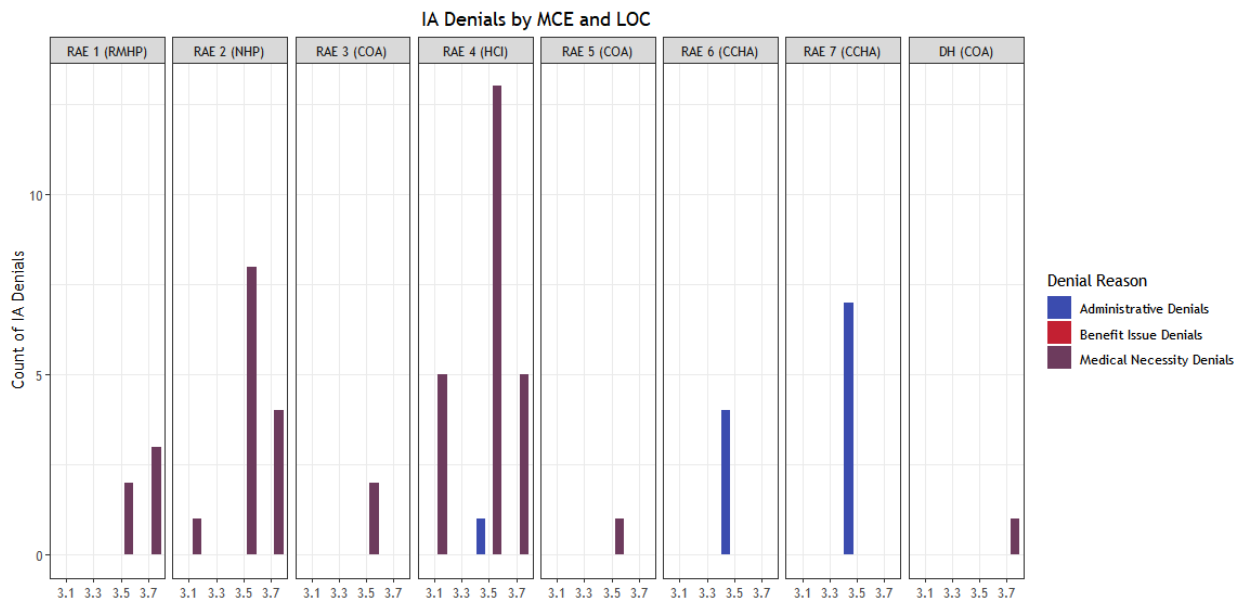
An IA is issued after an admission, following the submission of additional documentation that may not have been available initially, and allows for an IA to be approved is considered retroactive and covers the services from the time of admission. 2% of total IAs were issued retroactively. This rate remained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

ASAM LOC	# of IA Issued Retroactively	% of IAs Issued Retroactively
3.1	1	1%
3.5	13	2%
3.7	5	4%
Totals	19	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 (79%), and 44 of 45 medical necessity denials were due to clinical documentation concerns. The remaining denials were issued for administrative reasons (21%). There were no denials reported due to a benefit issue. Compared to previous quarters, there has been a significant decrease in administrative denials. Regarding medical necessity denials, note that 1 provider accounted for 25 of the 45 total medical necessity denials (56%).



IA Denials by provider and LOC can be viewed in [Table 2](#) located in [Appendix C](#).

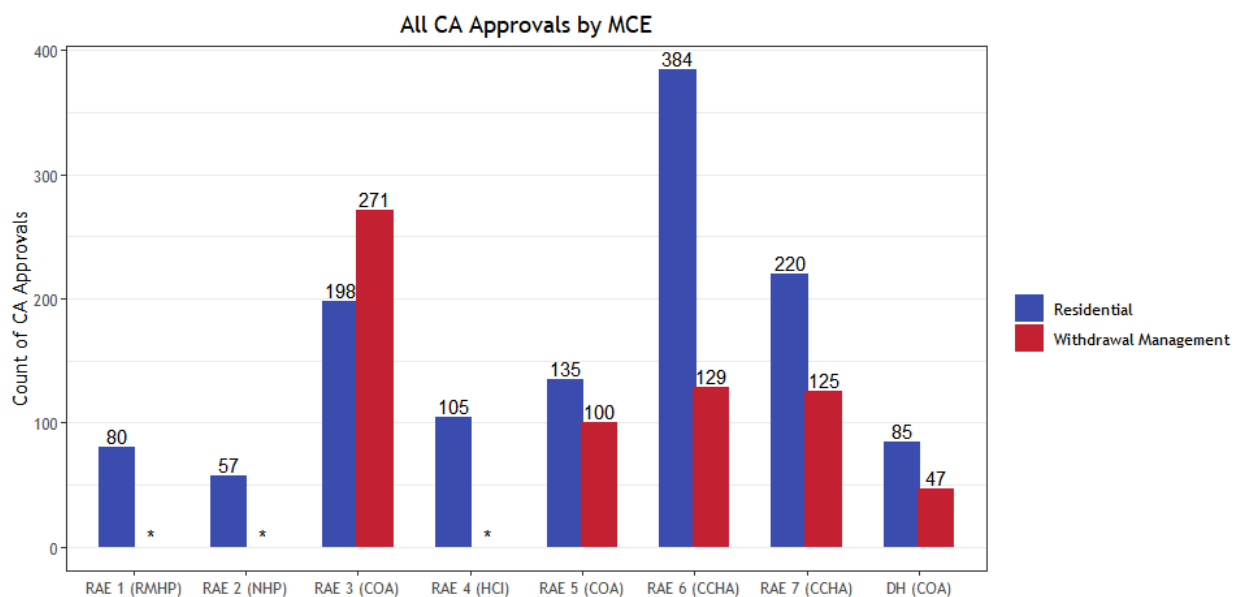
C. Continued Authorization (CA)

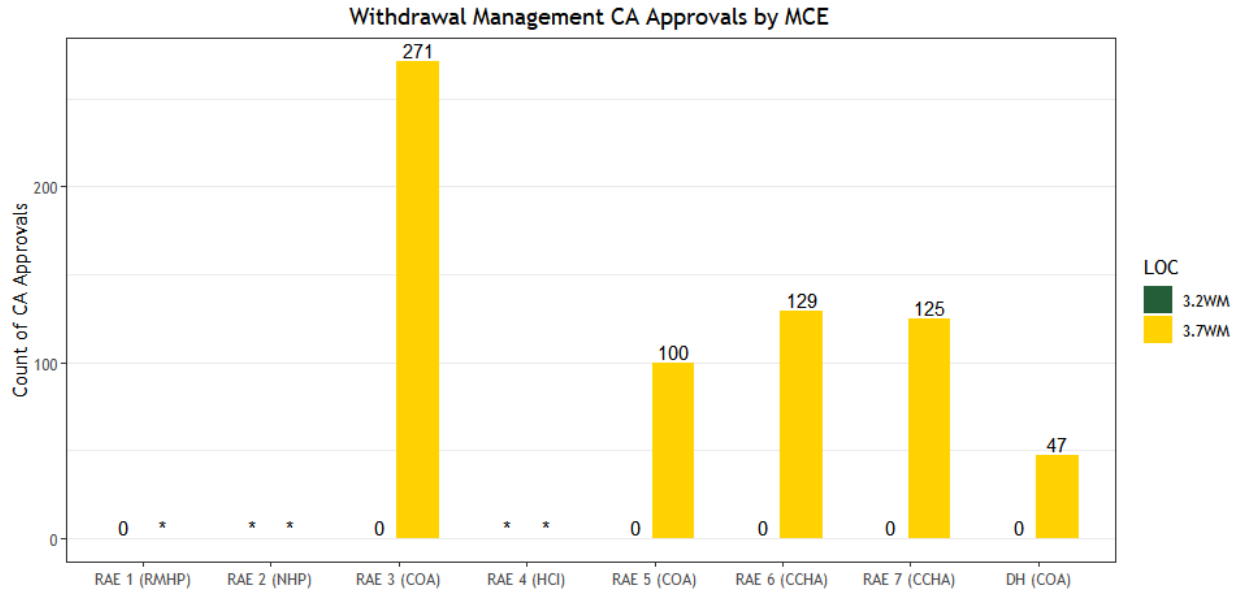
CA measures provide visibility into the volume of requests being submitted for ongoing care at a given ASAM LOC, the number of additional days being approved for continued care at each LOC and the timeliness in reviewing requests. Looking across data from the reporting period, and in consideration of 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 73% of services provided across the reporting period were in the 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.

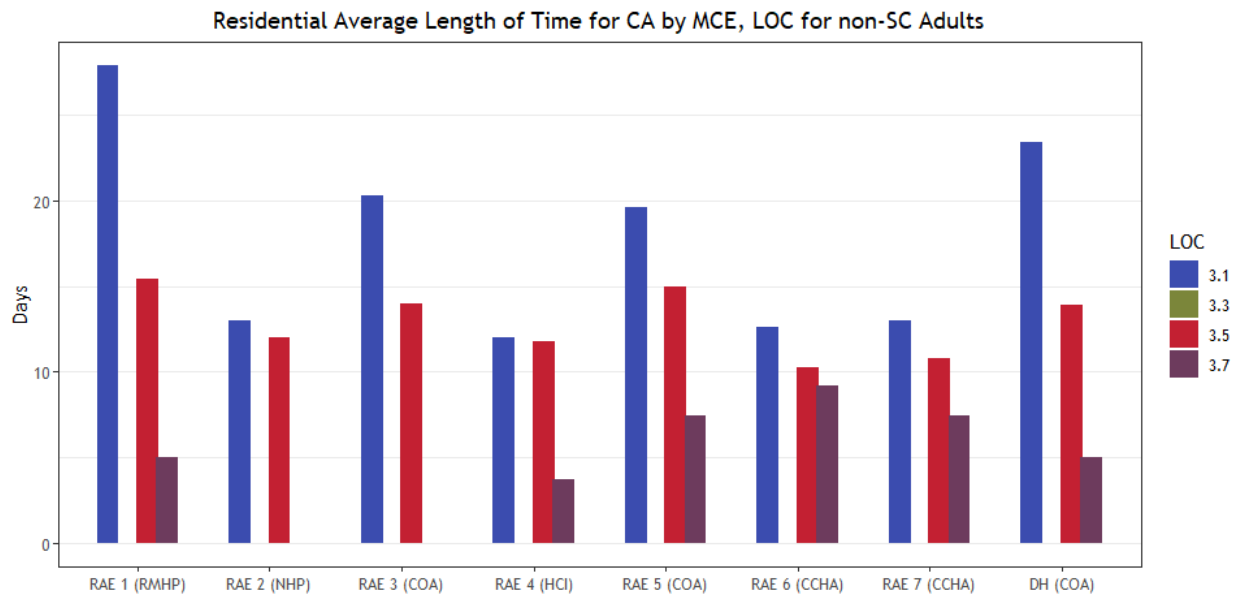
Response time for CA highlights MCE responsiveness to provider requests and members needing services.

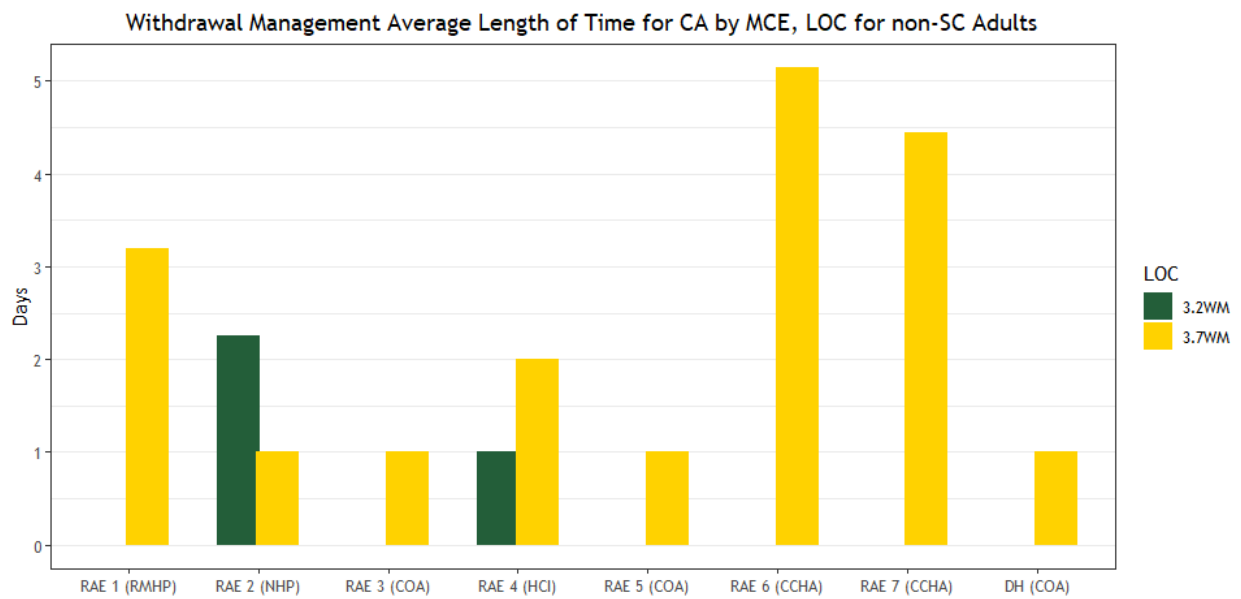
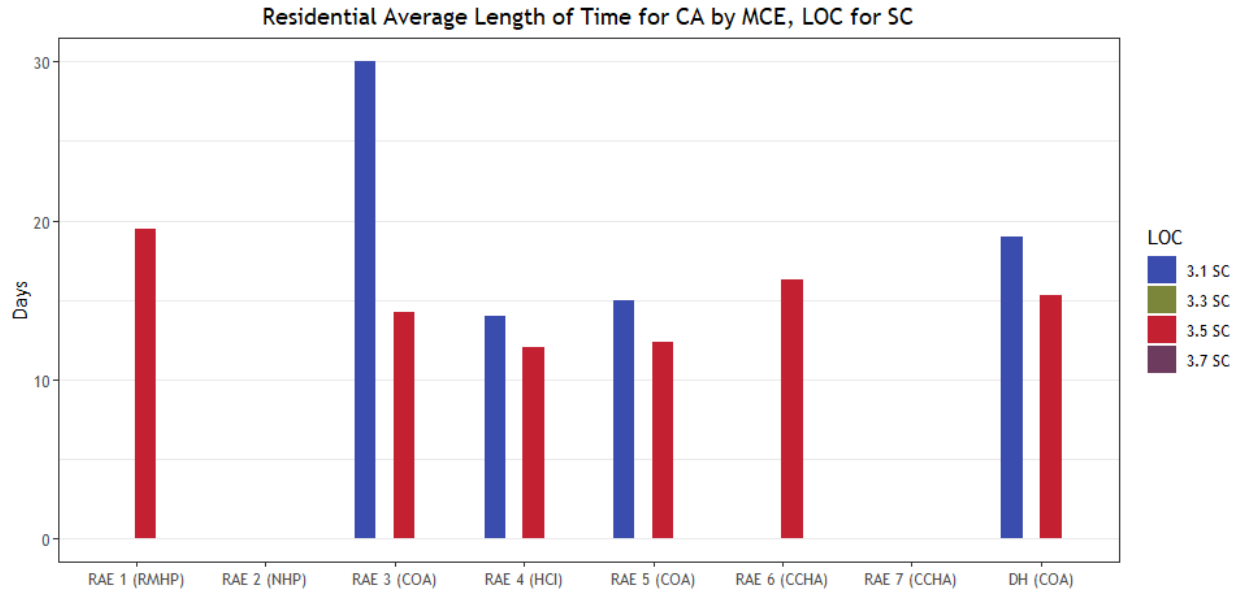




9. Average Length of Continued Authorization (CA):

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 2,181 CA requests total with 821 CA requests for WM LOC. 1,957 CA requests were approved (90%). Out of these total number of requests the following details provide a breakdown by population. 2,091 CA requests (96%) were for non-SC Adults, 88 CA requests (4%) were for SC, and 2 CA requests were for youth (<1%) in the reporting period.



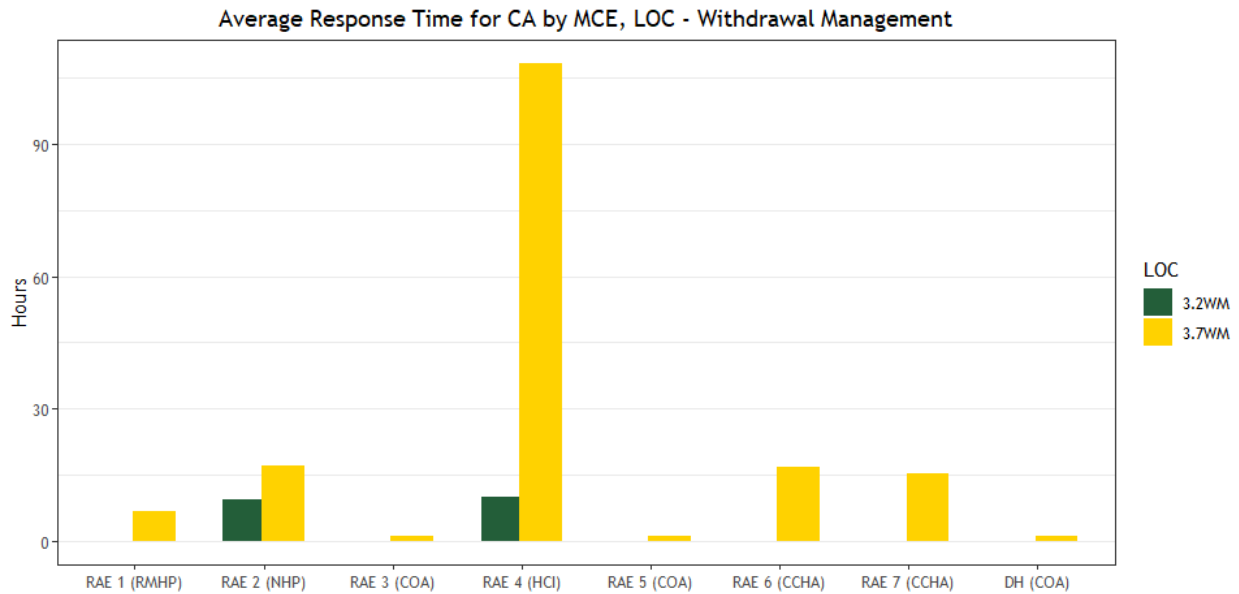
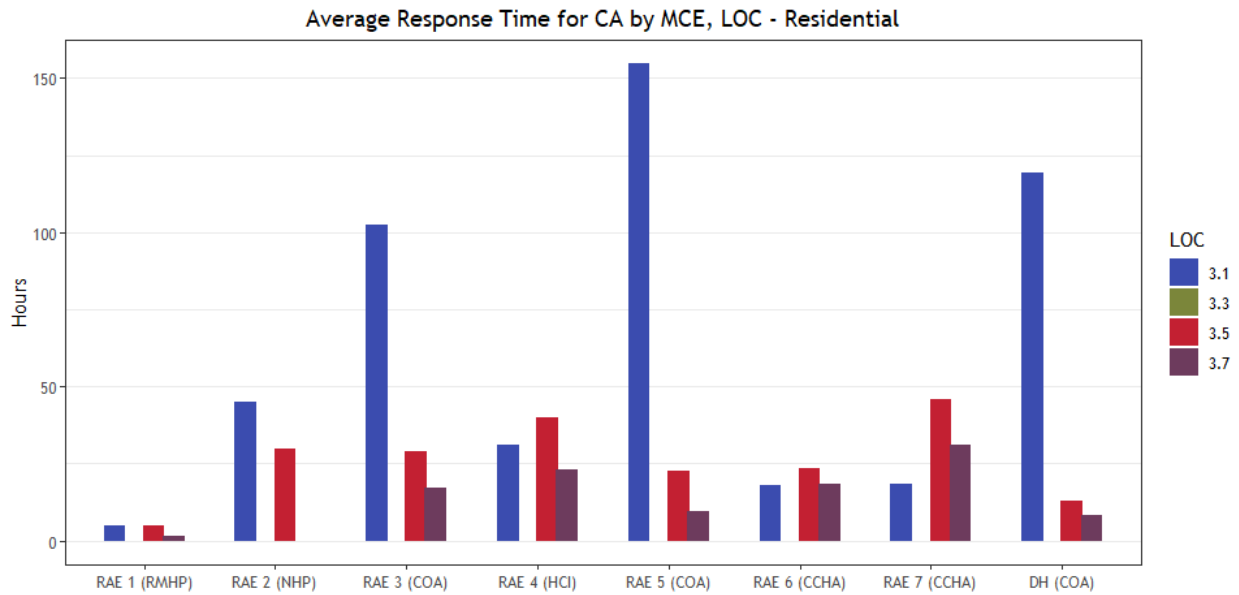


The average length of CA in days can also be viewed by provider in [Table 3](#) located in Appendix C.

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 1-155 hours and for WM LOC was 1-108 hours. Average CA response time for Residential

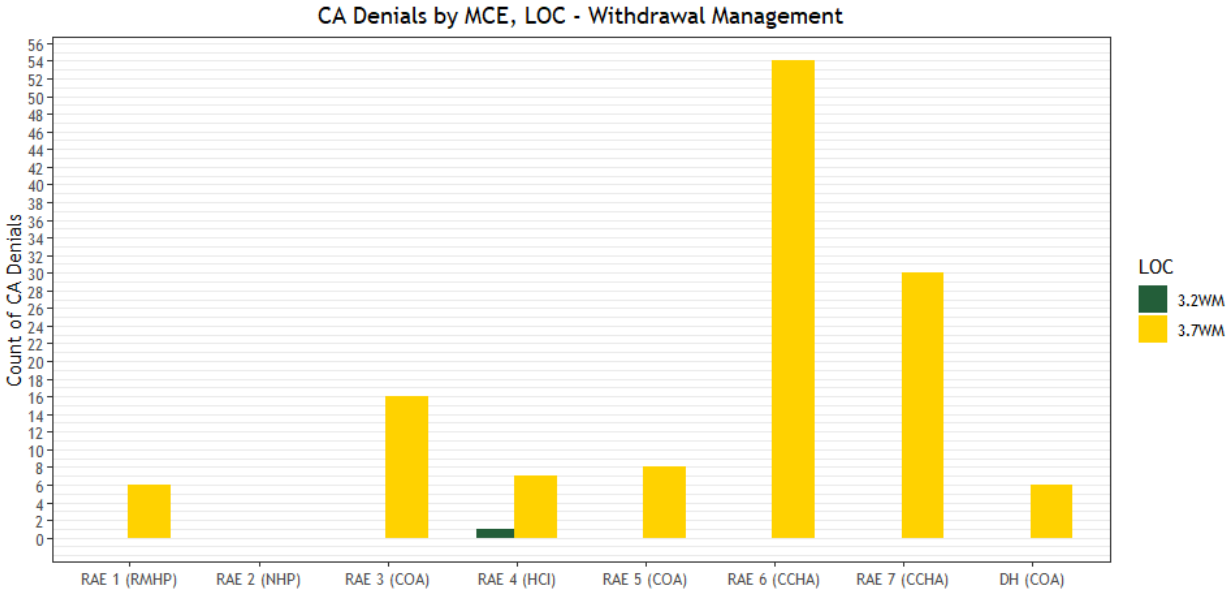
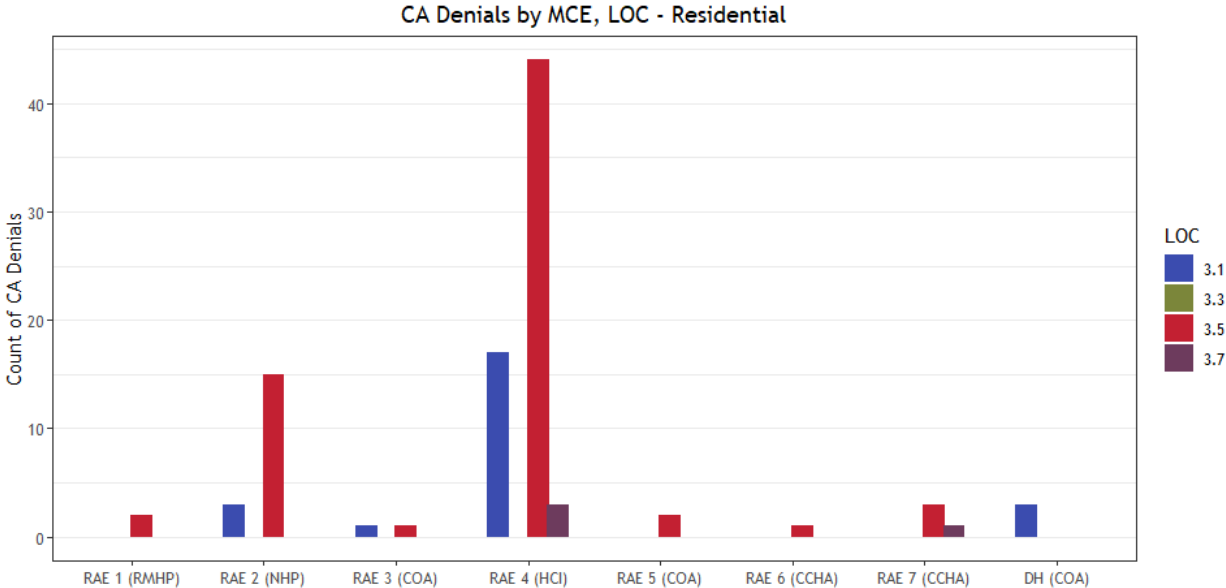
LOC was 33 hours, an increase from the previous quarter. Average CA response time for WM LOC was 9 hours, a decrease from the previous quarter.



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 2,181 CA requests. 224 (10%) of CAs were denied, it is noteworthy that the majority of these were requests for extending 3.7 WM LOC (57%) stays. 10

denials (4%) were for SC; 1 denial (<1%) was for youth. 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. There were 7 appeals, none resulted in the 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.

Response time for P2P requests as a metric is intended to provide a mechanism for monitoring responsiveness of MCEs to P2P requests.

Finally, the last item included in this section is calculated based on actual total length of stay per episode, essentially combining all CAs with IA for each total episode of care. This total episode of care data provides visibility into the average LOS per LOC. This informs decision making about bed capacity needs as well as IA standards. It must be noted that this is the measure that is impacted by the transfer of encounter data from the MCEs to the department, and therefore there is the potential for modest underreporting that will be corrected with full year data in the annual report.

11. Number of CA Appeals by LOC:

For the report period there were 7 appeals to CA denials out of 224 denials (3%). Note that 3.7WM LOC denials account for 57% of all CA denials issued.

ASAM LOC	# of CA Denials	# of CA Appeals	% of CA Denials Appealed
3.1	24	0	0%
3.5	68	2	3%
3.7	4	1	25%
3.2WM	1	0	0%
3.7WM	127	4	3%
Total	224	7	3%

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	2	0	0%
3.7	1	0	0%
3.2WM	0	0	0%
3.7WM	4	0	0%
Total	7	0	0%

13. Number of P2P Requests:

There were 102 P2P requests, up from 66 requests in the previous quarter. Again, it is noteworthy that 47% of the P2P requests involved 3.7WM LOC, aligning with the high rate of 3.7WM CA denials.

ASAM LOC	Number of P2P Requests
3.1	19
3.5	25
3.7	9
3.2WM	1
3.7WM	48
Total	102

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

***This data is unavailable

15. Percent of P2P Requests that Overturned Denials:

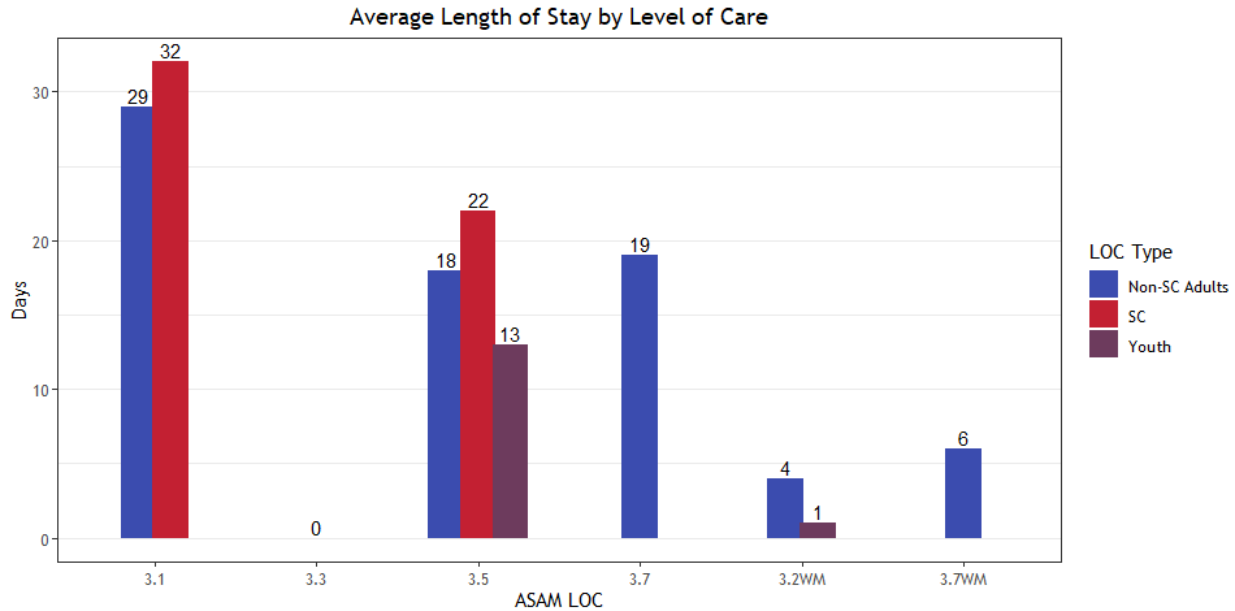
Based on the limited set of data collected from 5 of 8 MCEs (Excluding RAEs 3, 5 and DH) across the report period, there were 102 P2P requests. 29 P2P requests (28%) of resulted in overturned denials.

ASAM LOC	# P2P Requests	# Overturned Denials	% Overturned Denials
3.1	19	10	53%
3.5	25	9	36%
3.7	9	4	44%
3.2WM	1	0	0%
3.7WM	48	6	13%
Total	102	29	28%

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 (July 1, 2023- September 1, 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.

The graph below presents information based on claims data available, which captures claims filed during the period of July 2023- September 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.



Discussion

Overall member access to SUD services captured in this report indicates 2,960 members received services in the DY3Q4 reporting period covering services delivered between July 1, 2023- September 30, 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 24 days for Residential and no WM LOC.
- Youth: accounted for <1% of members served with an average LOS of 13 days for Residential and 1 day WM LOC.
- Non-SC Adults: accounted for 99% members served with an average LOS of 20 days for Residential and 4 days WM LOC.

Data from across the reporting period remained generally consistent with data from previous quarters; average lengths of stay, IA approval rates and CA approval rates remain consistent and WM services continue to account for the majority of SUD residential services (73%). While 95% of IAs met the standard response time for non-SC adults, only 72% of IAs met the standard response time for SC. The average response time for 3.5 LOC for SC members exceeded the standard. HCPF will continue to monitor MCE responsiveness to this sub-population and explore the response time issues with the MCEs. In addition, youth services remain limited. The number of youths with an SUD Diagnosis who have received any service is an indicator of active care with Health First Colorado. This quarter non-SUD claims for 398 youth with an SUD diagnosis were processed. HCPF is continuing to explore with the MCEs where youth with SUD diagnosis are being treated and the scope of those services.

Data from the reporting period shows that IAs continue to fall well below actual LOS Averages at every ASAM level, based on the current IA minimums.

- 3.1 LOC Average LOS exceeds IA by 61%
- 3.5 LOC Average LOS exceeds IA by 6%
- 3.7 LOC Average LOS exceeds IA by 138%

However, following review of this consistent trend, the MCEs and HCPF revised the minimums for IA for 3.1, 3.5 and 3.7 levels of care, and based on the new standards that will be going into effect January 1, 2024, the average lengths of stay are aligned with the new minimums, posted below for reference. This change is intended to support a reduction in CA utilization.

Standard IA Approval Timeframes Effective January 1, 2024

ASAM LOC	Minimum Days Authorized
3.1	30
3.3; 3.5	20
3.7	10
3.2WM	5 (before CA)
3.7WM	4 (before CA)

Data from across the reporting period shows a continued trend of decreased 3.7 LOC services delivered (1% of all SUD Residential and Inpatient services for this LOC). This suggests that it is not a system change anomaly and bears further exploration. Providing a full continuum of care is intended to support members living with substance use disorders from only using “crisis” or “detox” services to engaging with treatment services and progressing to ongoing recovery support.

Withdrawal Management (aka “detox”) services continue to account for the majority of SUD residential services delivered to Health First Colorado members (73%). This data suggests members with SUD may not be receiving maximum benefit of the continuum of care services offered under the SUD benefit. There is an upward trend in repeat WM utilization. Of the 2,290 members who utilized WM services in the three months between July 1, 2023 and September 30, 2023 17% used WM services more than once. This is a continued increase over the previous quarter (up from 7%). HCPF will continue to explore with the MCEs the reasons for the increasing repeat utilization of WM services and the dispositions of members leaving WM. There is also a continued trend of increased CA requests for WM LOC. 38% of the total CA requests were for WM, up from 22% last quarter. Across all MCEs for all LOC, the CA denial rate was 10% and within this 10% more than ½ (57%) were denials of CA for 3.7WM LOC.

The number of P2P requests also continues to increase, up significantly (65%) from last quarter. This is particularly noteworthy since data from RAEs 3, 5 and DH is not included. Of these increased requests, the rate of overturned denials remains

stable, 28% this quarter. HCPF examination of provider documentation of level of care evaluation and review of assessment standards and tools and guidance across MCEs will continue.

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	18		17	
ADVANTAGE TREATMENT CENTERS INC			15	
BEHAVIORAL TREATMENT SERVICES			12	
COLORADO WEST REGIONAL MENTAL HEALTH			21	
CROSSROADS' TURNING POINTS, INC.	17		15	9
CURAWEST			16	
DENVER HEALTH & HOSPITAL AUTHO	26			
DENVER SPRINGS				6
INSIGHT SERVICES			14	
JEFFERSON CENTER FOR MENTAL HEALTH			13	
JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH LLC				4
LARIMER COUNTY			17	
MENTAL HEALTH CENTER OF BOULDER COUNTY, INC.	16			
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			16	
MOUNTAINSIDE RECOVERY, LLC	10	3	18	
NEW BEGINNINGS RECOVERY CENTER			16	
NORTH RANGE BEHAVIORAL HEALTH	24		20	
PATHFINDERS RECOVERY CENTER COLORADO, LLC			16	
POUDRE VALLEY HEALTH CARE, INC				5
RECOVERY UNLIMITED			14	
REGENTS OF UNIVERSITY OF CO	20		22	
RESADA	14			
SBH COLORADO LLC				2
SCL HEALTH - FRONT RANGE				13
SERENITY AT STOUT STREET			22	
SOBRIETY HOUSE, INC.	22		21	
SOUTHWEST COLORADO MENTAL HEALTH CENTER INC			9	
SUMMITSTONE HEALTH PARTNERS			17	5
TRIBE RECOVERY SERVICES INC			13	
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY				10
VALLEY HOPE ASSOCIATION	14		20	3
WEST PINES				7

Table 2- IA Denials by Provider and LOC Non-SC Adults

Provider	Administrative Denials				Benefit Denials				Medical Necessity Denials			
	3.1	3.3	3.5	3.7	3.1	3.3	3.5	3.7	3.1	3.3	3.5	3.7
A LIFE WORTH LIVING									1			
ADVANTAGE TREATMENT CENTERS INC			1								4	
CROSSROADS' TURNING POINTS, INC.			8						4		12	7
MOUNTAINSIDE RECOVERY, LLC			2								3	
NORTH RANGE BEHAVIORAL HEALTH											1	
SOBRIETY HOUSE, INC.											2	
SUMMITSTONE HEALTH PARTNERS			1								1	1
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY												4
WEST PINES												1

Table 3 - 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	12		14			
ADVANTAGE TREATMENT CENTERS INC			17			
BEHAVIORAL TREATMENT SERVICES			6			
CEDAR SPRINGS HOSPITAL						4
CENTENNIAL PEAKS HOSPITAL					2	3
COLORADO WEST REGIONAL MENTAL HEALTH			15			
CROSSROADS' TURNING POINTS, INC.	13		11	9	1	
CURAWEST			9			2
DENVER HEALTH & HOSPITAL AUTHO	22					4
DENVER SPRINGS				0		2
JEFFERSON CENTER FOR MENTAL HEALTH			12			
JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH LLC				7		4
LARIMER COUNTY			8			
MENTAL HEALTH CENTER OF BOULDER COUNTY, INC.	13			14		
MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE			14			
MOUNTAINSIDE RECOVERY, LLC			10			
NEW BEGINNINGS RECOVERY CENTER			15			
NORTH RANGE BEHAVIORAL HEALTH	16		16			
PATHFINDERS RECOVERY CENTER COLORADO, LLC			10			
POUDRE VALLEY HEALTH CARE, INC				3	3	3
POUDRE VALLEY HOSPITAL						4
REGENTS OF UNIVERSITY OF CO	19		15			
RESADA	11					
SBH COLORADO LLC				1		4
SCL HEALTH - FRONT RANGE						1
SERENITY AT STOUT STREET			15			
SOBRIETY HOUSE, INC.	21		12			13
SOUTHWEST COLORADO MENTAL HEALTH CENTER INC			12			
SUMMITSTONE HEALTH PARTNERS			17	7		2
TRIBE RECOVERY SERVICES INC			9			
UNIVERSITY OF COLORADO HOSPITAL AUTHORITY				5		
VALLEY HOPE ASSOCIATION	15		11			3
WEST PINES				7		5