

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

*Note: PRA Disclosure Statement to be added here*

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

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

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| <b>State</b>  | <i>Colorado</i>   |
| <b>Demonstration name</b>   | <i>Expanding the Substance Use Disorder Continuum of Care</i>   |
| <b>Approval period for section 1115 demonstration</b>   | <i>01/01/2021 – 12/31/2025</i>  |
| <b>SUD demonstration start date<sup>a</sup></b>   | <i>01/01/2021</i>   |
| <b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b> | <i>01/01/2021</i>   |
| <b>SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives</b>               | <p>Under this demonstration, the State expects to achieve the following:</p> <p>Objective 1. Increase rates of identification, initiation, and engagement in treatment.</p> <p>Objective 2. Increase adherence to and retention in treatment.</p> <p>Objective 3. Reductions in overdose deaths, particularly those due to opioids.</p> <p>Objective 4. Reduce utilization of emergency department and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.</p> <p>Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.</p> <p>Objective 6. Improved access to care for physical health conditions among beneficiaries.</p> |
| <b>SUD demonstration year and quarter</b>   | <i>DY4Q4</i>  |
| <b>Reporting period</b>   | <i>10/01/2024 – 12/31/2024</i>  |

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

request on December 15, 2020, with an effective date of January 1, 2021, for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

<sup>b</sup> **Implementation date of SUD demonstration:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 2. Executive summary

The State submitted amendments to the Colorado Expanding the Substance Use Disorder (SUD) Continuum of Care 1115 Demonstration to add coverage for members diagnosed with a Severe Mental Illness /Serious Emotional Disturbance (SMI/SED) that receive treatment in an institute of mental disease (IMD), continuous eligibility for children aged 0 – 3 years of age and individuals leaving department of corrections, services for members transitioning from carceral settings into the community (reentry), and health related social needs (HRSN). The SMI/SED, reentry and continuous eligibility amendments were submitted to CMS on April 16, 2024. The HRSN amendment application was submitted to CMS for review on August 12, 2024. Colorado received approval of the continuous eligibility amendment on November 14, 2025.

The State continued to complete tasks and deliverables to meet the milestones and objectives of the SUD demonstration this year. American Society of Addiction Medicine (ASAM) level of care 2.5 – Partial Hospitalization Program (PHP) was added to the state plan and became accessible on July 1, 2024. The State also identified an increase in utilization of peer support services for SUD this year. The State has begun engaging with stakeholders to plan for the transition from ASAM 3<sup>rd</sup> edition to ASAM 4<sup>th</sup> edition. Support was provided to the Managed Care Entities (MCEs) on appropriate use of the ASAM entrance, continued stay, and transfer criteria when managing episodes of care.

The State sustained efforts to ensure the provider community had access to trainings that align with the goals and milestones of the SUD demonstration, including the development of an accredited training program educating providers about pain management treatment options, facilitating consultation between primary care providers and pain management specialists, and the development of the Chronic Pain Centers of Excellence (CoE). Data showed that from Calendar Year (CY) 2023 to CY2024 the number of coordinator contacts and member consults provided by the Chronic Pain CoE increased.

This report included the quarterly metrics for April–June 2024. The quarterly metrics reported by Colorado this quarter showed mixed results with some declines which the state attributes some of this to the Public Health Emergency (PHE) unwinding continued through the end of the quarter ending June 30, 2024, and some increases due to the interventions under the demonstration. The Colorado PHE unwinding process began in May 2023 and continued through April 2024, plus a 90 – day reconsideration period, which ended June 2024. The State saw a 17% decrease in Medicaid membership between May 2023 and December 2023.

### 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  |
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| <b>1. Assessment of need and qualification for SUD services</b>  |   |   |   |
| <b>1.1 Metric trends</b>   |   |   |   |
| 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) | <b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br>The State calculated the following changes that were more than a 2% change between DY4Q1 (January 1, 2024, through March 31, 2024) and DY4Q2 (April 1, 2024).<br><br>Metric #3: The number of Medicaid members with a SUD diagnosis decreased in the second quarter of calendar year 2024. There was a -2.5% decrease quarter over quarter. Several subpopulations had similar decreases (Dual eligibles -4.4%; Children <18 -5.7%; Older Adults 65+ -3.4%). Colorado attributes most of these benefit utilization decrease 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. |
| <b>1.2 Implementation update</b>   |   |   |   |
| 1.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br><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   |   |   |

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

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| <p>2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.</p> |  | <p>Metric #6: Any SUD Treatment</p> <p>Metric #7: Early Intervention</p> <p>Metric #8: Outpatient Services</p> <p>Metric #9: Intensive Outpatient and Partial Hospitalization Services</p> <p>Metric #10: Residential and Inpatient Services</p> <p>Metric #11: Withdrawal Management</p> <p>Metric #12: Medication Assisted Treatment</p> <p>Metric #22: Percentage of adults 18 years of age and older with pharmacotherapy</p> | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b></p> <p>The State calculated the following changes that were more than a 2% change between DY4Q1 (January 1, 2024, through March 31, 2024) and DY4Q2 (April 1, 2024).</p> <p>Metric #6: The number of Medicaid members receiving any services (unduplicated) changed less than 2% in the second quarter of calendar year 2024. Three subpopulations had increases (Dual eligibles 2.6%; Older adults age 65+ 4.3%; pregnant individuals 2.6%). The small increase in subpopulations reflects the effectiveness of the demonstration for these populations.</p> <p>Metric #7: The number of Medicaid members receiving early intervention increased in the second quarter of calendar year 2024 from 60 to 100. The overall utilization continued to be low in all subpopulations but reflects improvement in the criminal justice and OUD subpopulations.</p> <p>Metric #8: The number of Medicaid members receiving outpatient services changed less than +/-2% in the second quarter of calendar year 2024. Children &lt;18 subpopulations decreased -9.5%. Older adults increased 3.6% and pregnant individuals increased 3.3%. The small increases in the children’s subpopulation reflects the effectiveness of the demonstration for this population.</p> <p>Metric #9: The number of Medicaid members receiving IOP/PH increased in the second quarter of calendar year 2024 by 13.9% quarter over quarter. Most subpopulations had increases (Children &lt;18 29.8%; Older Adults 65+ 400%; individuals with criminal justice involvement 29.7%; and individuals with OUD diagnoses 24.5%).</p> |
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|  |  | <p>for OUD who have at least 180 days of continuous treatment</p> | <p>Pregnant individuals and Dual eligibles decreased respectively by -9.5% and -18.5%. The increases reflect the ramp-up in intensive outpatient treatment occurring in the 2<sup>nd</sup> quarter of 2024 for implementation of the new partial hospitalization benefit effective date of July 1, 2024.</p> <p>Metric #10: The number of Medicaid members receiving SUD residential and inpatient services increased in the second quarter of calendar year 2024 by 12.2% increase quarter over quarter. This increase would appear to be a result of the interventions under the demonstration. All subpopulations increased (Dual eligibles 12.0%; Children &lt;18 45.2%; Pregnant individuals 22.3%; Criminal Justice 15.1%; OUD 18.5%).</p> <p>Metric #11: The number of Medicaid members receiving withdrawal management increased in the second quarter of calendar year 2024 by 9.6%. Several subpopulations increased (Dual Eligibles 18.3%; Children &lt;18 20%; Pregnant individuals 16.7%; OUD 12.8%). Older adults decreased by -6.3%. This increase would appear to be a result of the interventions under the demonstration.</p> <p>Metric #12: The number of Medicaid members receiving MAT changed less than +/-2% in the second quarter of calendar year 2024. While the number of older adults 65+ and pregnant individuals receiving MAT decreased (-4.6% and -5.1% respectively), the number of Dual Eligibles, children &lt;18, and individuals with criminal justice involvement increased (6.3%, 59.1% and 3.3% respectively). The quarterly metrics reported by Colorado this quarter showed mixed results with some declines, the state attributes some of this to the PHE unwinding continued through the end of the quarter ending June 30,</p> |
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| Prompt  | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response   |
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|   |   |                            | 2024, and some increases due to the interventions under the demonstration. |
| <b>2.2 Implementation update</b>  |   |                            |  |
| 2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br>2.2.1.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management) | X   |                            | <i>This task is marked complete DYIQI.</i>                                 |
| 2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs   | X   |                            | <i>This task is marked complete DYIQI.</i>                                 |

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| <p>2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.</p> |  |  | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br/>                 MCEs continued to work on contracting with SUD providers for ASAM 2.5/PHP services. They are also working with providers to better understand what the PHP service is and the level of care requirements that must be met. Colorado Health Care Policy and Financing (HCPF) is working to ensure as providers add ASAM 2.5/PHP to their service array, this information is updated and reflected on the HCPF website.</p> <p>HCPF and the MCEs are seeing a growth in Peer Support services for SUD and are looking into potential reasons for the increase in peer support service utilization as well as ensuring the existing policies require a adequate supervision for Peer Support Specialists.</p> <p><b>DY4Q3 (July 1, 2024, through September 30, 2024)</b><br/>                 HCPF expanded coverage of SUD services to include ASAM 2.5 Partial Hospitalization Program (PHP) effective July 1, 2024. PHP was not previously covered by Medicaid. After adding PHP, all outpatient treatment ASAM levels of care will be covered by Medicaid.</p> <p>HCPF and BHA announced they are starting an ASAM 4<sup>th</sup> Edition workgroup that will focus on supporting withdrawal management providers through the transition from ASAM 3<sup>rd</sup> Edition to ASAM 4<sup>th</sup> Edition. The workgroup will begin meeting in September 2024, and a point of contact was provided for interested providers.</p> <p>Senate Bill 24-047, Prevention of Substance Use Disorders, requires that existing SU screening, brief intervention, and referral to treatment grant program</p> |
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|  |  |  | <p>require implementation of statewide adolescent SU 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 SU data linkage project.</p> <p>House Bill 24-1045, Treatment for Substance Use Disorders, prohibits insurance carriers from requiring prior authorization for a drug used to treat a substance use disorder based on the dosage amount, requires an insurance carrier to reimburse a licensed pharmacist prescribing or administering MAT pursuant to a collaborative pharmacy agreement at a rate equal to the reimbursement rate for other health care providers, and supports grants to expand both pharmacies and pharmacists prescribing MAT as well as contingency management services for individuals diagnosed with stimulant use disorder.</p> <p><b>DY4Q2 (April 1, 2024, through June 30, 2024)</b><br/>                 The State is completing foundational work to add ASAM level 2.5 Partial Hospitalization to the SU service array. Once that service has been added, Medicaid funds will cover the full ASAM continuum. The State go live date is July 1, 2024, for ASAM 2.5.</p> <p>The 137 Utilization Management report for DY3Q4</p> |
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|  |  |  | <p>(October 2023–December 2023) was published on April 1, 2024. Overall, there was a 27% increase in episodes of care from DY1 to DY2 of report 137. Data showed that withdrawal management service remain the most heavily utilized level of care, accounting for 74% of total services provided, with 19% of members returning to care within the same quarter. There was a 59% increase in the number of 3.7WM episodes of care. There continues to be a decline in 3.7 episodes of care, with the total episodes of care accounting for 1% of care delivered for the reporting period. Additionally, there is a 31% increase in the number of youth with a primary SUD diagnosis that received behavioral health services. The total episodes of residential care provided to adolescents continued to remain low, with 25 members under the age of 18 years old receiving residential treatment for DY3Q4, a decrease from DY3Q3 when 29 members under the age of 18 years old received residential treatment).</p> <p>The 137 report also found that, across all residential levels of care, length of stay has increased from DY1 to DY3 (of Report 137):</p> <p>Length of Stay</p> |
|--|--|--|--|

| ASAM<br>LOC | DY1<br>(days) | DY2<br>(days) | DY3<br>(days) |
|-------------|---------------|---------------|---------------|
| 3.1         | 25            | 30            | 39            |
| 3.5         | 9             | 19            | 23            |
| 3.7         | 7             | 17            | 23            |
| 3.2WM       | 2             | 4             | 4             |
| 3.7WM       | 4             | 9             | 6             |

**DY4Q1 (January 1, 2024, through March 30, 2024)**

Effective January 1, 2024, the BHA issued rules stating that members cannot be denied services by licensed providers with endorsements for level of care services for the following sole reasons:

- Relapse
- Leaving previous treatment against advice or lack of engagement in previous treatment
- Pregnancy
- Drug use
- Involuntary commitment
- Current utilization of any medication assisted treatment (MAT) or interest in beginning MAT services

| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response   |
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|        |   |                            | <ul style="list-style-type: none"> <li>• Previous or pending disputes, grievances, or appeals</li> <li>• Place of residence</li> </ul> <p>HCPF continues to meet regularly with MCEs to discuss SUD provider licensure, endorsement, and credentialing, and how that supports the MCEs in determining if their current network is adequate to meet the needs of the members. They have also discussed the new BHA rule listed above, and the potential impact it could have on their networks.</p> |

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

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| <p>3.2.1.b Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings</p> |  |  | <p><b>DY4Q2 (April 1, 2024, through June 30, 2024)</b></p> <p>HCPF issued Policy Transmittal 24-04 Re: ASAM Treatment Plan Requirement for Concurrent Review, which stated that providers and MCEs should use the six dimensions of ASAM to make an initial level of care determination. It also indicated that a member’s progress towards their treatment goals should be reflected both in the documentation and treatment plan reviews. These treatment plan reviews are a required part of continued stay, transfer, and discharge criteria. The Policy Transmittal further states that a treatment plan is a required part of all continued stay requirements effective July 1, 2024.</p> <p>The State provided clarification to providers regarding the requirement for development and review of treatment plan for members receiving SUD services. The State informed providers that the MCEs use progress or lack thereof towards goals as one way to authorize continued stay or support transition to a lower or higher level of care. The guidance further explained that the Continued Service and Transfer/Discharge criteria, as well as the treatment plan reviews should include all six dimensions of ASAM.</p> <p>HCPF coordinated a training for MCE utilization management staff covering the ASAM criteria as the utilization management tool. The training covered entrance, continued stay, and transfer/discharge criteria for adults, adolescents, and pregnant and parenting members. The live training was facilitated on June 5, 2024. The deck and materials were then edited</p> |
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| Prompt | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response   |
|--------|---|----------------------------|--|
|        |   |                            | <p>into a self-paced training with utilization management exercises to distribute to the MCEs and staff that were not able to attend the in-person training.</p> <p><b>DY4Q1 (January 1, 2024, through March 30, 2024)</b><br/>                     HCPF revised the minimum days for initial authorization for residential levels of care effective January 1, 2024. The changes were based on regular review of utilization management data and hope to reduce the number of continued authorization requests by authorizing the average full length of stay for the initial authorization. Minimum days authorized by level of care will be:</p> <ul style="list-style-type: none"> <li>• 3.1–30 days</li> <li>• 3.3, 3.5–20 days</li> <li>• 3.7–10 days</li> <li>• 3.2WM–5 days</li> <li>• 3.7WM–4 days</li> </ul> |

| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response   |
|--|---|----------------------------|--|
| <p>3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2.</p> |   |                            | <p><b>DY4Q1 (January 1, 2024, through March 30, 2024)</b></p> <p>HCPF continues to have recurring meetings with MCEs to analyze data regarding SUD denials to identify current barriers as well as recommendations and next steps to reduce the amount of denials and increase the number of complete authorizations for the medically appropriate level of care. HCPF is currently collaborating with the MCEs to develop a communication plan that outlines authorization expectations.</p> <p>HCPF developed draft Policy Transmittal guidance addressing the requirement for a treatment plan to be completed and submitted for continuing level of care requests after the initial placement in a level of care. They further clarify that the treatment plan must include progress towards treatment goals or lack thereof to support the consideration for a continuation of care at the current level, or the need to transition the member to a higher or lower level of care. This expectation will go into effect July 1, 2024. HCPF shared the draft language with the MCEs for review and feedback.</p> |

| Prompt  | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response                             |
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| <b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>   |   |                            |  |
| <b>4.1 Metric trends</b>  |   |                            |  |
| 4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3.<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   |                            |  |
| <b>4.2 Implementation update</b>  |   |                            |  |
| 4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<br><br>4.2.1.a Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards                                       | X   |                            | <i>This task is marked complete DY2Q3.</i> |
| 4.2.1.b Review process for residential treatment providers' compliance with qualifications  | X   |                            | <i>This task is marked complete DY2Q3.</i> |
| 4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site  | X   |                            | <i>This task is marked complete DY2Q3.</i> |

| Prompt  | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response  |
|---|---|----------------------------|---|
| 4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3. |   |                            | <p><b>DY4Q2 (April 1, 2024, through June 30, 2024)</b></p> <p>In the May 2, 2024, SUD Stakeholder Newsletter, HCPF communicated the intention to transition to ASAM 4<sup>th</sup> edition July 1, 2026. In this newsletter, HCPF provided recipients a survey to let HCPF know how they would like to be involved in this transition, and what is important to them and their community during this change process. HCPF indicated results would be included in engagement opportunities as much as possible by July 1, 2026. At that time, HCPF may need to review the State Plan Amendment to address potential service policy and coding changes. HCPF and BHA expect to fully transition to ASAM 4<sup>th</sup> edition.</p> |

| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any)   | State response |
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| <b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>  |   |  |                |
| <b>5.1 Metric trends</b>   |   |  |                |
| 5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4.   | X   | Metric #13 – SUD Provider Availability<br><br>Metric #14 – SUD Provider Availability – MAT |                |
| <b>5.2 Implementation update</b>   |   |  |                |
| 5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients across the continuum of SUD care. | X   |  |                |
| 5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4.  | X   |  |                |

| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any)  | State response   |
|--|---|---|--|
| <b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>        |   |   |  |
| <b>6.1 Metric trends</b>   |   |   |  |
| 6.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5. |   | Metric #18: Use of Opioids at High Dosage in Persons Without Cancer<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><br>Metric #27: Overdose Deaths (rate) | <b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br>The State calculated the following changes that were more than a 2% change between DY4Q1 (January 1, 2024, through March 31, 2024) and DY4Q2 (April 1, 2024).<br><br>Metric #23: The number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members increased in the second quarter of calendar year 2024 by 14.4% quarter over quarter. The ED utilization rate increased for Children by 11.1%, for Older adults by 15.1% and for the OUD subpopulation by 3.7%. 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. The state will monitor this trend. |
| <b>6.2 Implementation update</b>   |   |   |  |

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| <p>6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD</p> |  |  | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br/>                 During this calendar year, the American Rescue Plan Act of 2021 (ARPA) funding:</p> <ul style="list-style-type: none"> <li>• Developed an accredited training program (live and on-demand) for providers to educate about pain management treatment options.</li> <li>• Established a process to offer consultations with a pain management specialist for members’ primary care providers.</li> <li>• Developed an extensive outreach effort to engage providers and other stakeholders from around the state.</li> </ul> <p>Funding also established the CoE to address gaps in care experienced by people with chronic pain enrolled in Health First Colorado. The program offers primary care providers accredited provider education, consults for complex pain cases, and connections to multidisciplinary care modalities for people who live with chronic pain through a referral coordinator and linkage to locally available resources. The number of coordinator contacts to the Chronic Pain CoE increased from CY2023 to CY2024 as did the number of member consults.</p> <p>The program has offered live and on-demand educational sessions to over 100 Medicaid enrolled providers, completed complex pain consultations with a double board-certified pain specialist and/ or pharmacist, provided support to RAE Representatives, and connected dozens of people who live with chronic pain to appropriate resources and options for individualized care.</p> <p><b>DY4Q2 (April 1, 2024, through June 30, 2024)</b><br/>                 HCPF communicated that, effective July 1, 2024, they will allow buprenorphine doses greater than 24</p> |
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| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response   |
|--|---|----------------------------|--|
|  |   |                            | <p>milligrams based on provider attestation through the prescriber tool. The prescriber tool will allow authorization at the time of prescribing through the electronic health record with no call or fax needed. HCPF is also extending the approval time period from six months to twelve months.</p> <p><b>DY4Q1 (January 1, 2024, through March 30, 2024)</b></p> <p>Colorado launched a \$3.94 million agreement to provide medications for OUD in the Department of Corrections for eligible inmates and care continuity upon release. This two-year agreement will support OUD medication delivery, behavioral health counseling, and care coordination for inmates in State correctional facilities through their release from prison.</p> |
| 6.2.1.b Expansion of coverage for and access to naloxone | X   |                            | <i>This task is marked complete DY2Q4.</i>   |

| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response  |
|--|---|----------------------------|---|
| <p>6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5.</p> |   |                            | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br/>                     HCPF announced a Maternal Opioid Misuse (MOM) Model meeting and invited providers, advocates, and stakeholders that provide integrated care for pregnant and postpartum people with SUD to attend. The meeting was scheduled for November 22, 2024, and provided an overview of work completed by the MOM model, and breakout sessions focused on peer support special lists, plans of safe care, and more.</p> <p><b>DY4Q3 (July 1, 2024, through September 30, 2024)</b><br/>                     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 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.</p> <p><b>DY4Q1 (January 1, 2024, through March 30, 2024)</b><br/>                     Colorado announced the Opioid Impact Strategic Grant, which will include \$8 million from the State. Applicants must be organizations working to combat the opioid epidemic in Colorado, and funds should be used to implement far-reaching solutions to combat the opioid crisis. Applications can be submitted through March 8, 2024, and the Department of Law anticipates announcing recipients in August of 2024, with the intent to execute contracts in October 2024.</p> |

| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any)   | State response |
|--|---|--|----------------|
| <b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>  |   |  |                |
| <b>7.1 Metric trends</b>   |   |  |                |
| 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:<br>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)<br><br>Metric #17(1):<br>Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD)<br><br>Metric #17(2):<br>Follow-up After Emergency Department Visit for Mental Illness (FUM-AD)<br><br>Metric #25:<br>Readmissions Among Beneficiaries with SUD |                |

| Prompt  | State has no trends/update to report (place an X) | Related metric(s) (if any) | State response |
|---|---|----------------------------|----------------|
| <b>7.2 Implementation update</b>  |   |                            |                |
| 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   |                            |                |

|  |  |  |   |
|--|--|--|---|
| <p>7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6.</p> |  |  | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br/>                 The John Snow Research and Training Institute shared the following key accomplishments and activities they delivered during their work with HCPF, which started in February 2023:</p> <ul style="list-style-type: none"> <li>• 36 key informant interviews conducted, four group forums with RAEs and CMAs facilitated, created tools and templates to support the implementation of seven priority best practice initiatives</li> <li>• Conducted two training webinars, one covering the primary functions of a CMA and RAE, and where their responsibilities intersect, and the other focusing on best practices for care/case management</li> <li>• Establishment of the Cross Agency Forum, composed of RAE and CMA representatives</li> <li>• Development of a sustainability plan that includes action steps, monitoring activities, contract/rule changes, and resources needed to sustain critical priorities for this project.</li> </ul> <p><b>DY4Q3 (July 1, 2024, through September 30, 2024)</b><br/>                 The John Snow Research and Training Institute delivered trainings to CMAs and RAEs covering implementation of best practices in care/case management. The two trainings will cover 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.</p> |
|--|--|--|---|

| Prompt  | State has no trends/update to report (place an X) | Related metric(s) (if any)   | State response |
|---|---|--|----------------|
| <b>8. SUD health information technology (health IT)</b>   |   |  |                |
| <b>8.1 Metric trends</b>  |   |  |                |
| 8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.  | X   | 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 |                |
| <b>8.2 Implementation update</b>  |   |  |                |
| 8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<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   |                            |                |
| <b>9. Other SUD-related metrics</b>   |   |                            |                |
| <b>9.1 Metric trends</b>  |   |                            |                |

| Prompt   | State has no trends/update to report (place an X) | Related metric(s) (if any)  | State response   |
|--|---|---|--|
| 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:<br>Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b></p> <p>The State calculated the following changes that were more than a 2% change between DY4Q1 (January 1, 2024, through March 31, 2024) and DY4Q2 (April 1, 2024).</p> <p>Metric #24: The number of Medicaid members with inpatient stays for SUD per 1,000 members increased in the second quarter of calendar year 2024 by 16.0% quarter over quarter. The hospitalization rate increased by 13.4% for children, 17.5% for older adults and 8.6% for the OUD subpopulation. The State will continue to monitor this metric.</p> |
| <b>9.2 Implementation update</b>   |   |   |  |

| 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:<br>Grievances Related to SUD Treatment Services<br><br>Metric #34:<br>Appeals Related to SUD Treatment Services | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br/> <b>The State reports the following Grievance and Appeals data for DY4Q2 (April 1, 2024, through June 30, 2024)</b></p> <table border="1" data-bbox="1276 532 1766 1040"> <thead> <tr> <th data-bbox="1276 532 1539 597">#33 Grievances</th> <th data-bbox="1539 532 1766 597">DY4Q2</th> </tr> </thead> <tbody> <tr> <td data-bbox="1276 597 1539 662">Numerator SUD</td> <td data-bbox="1539 597 1766 662">7</td> </tr> <tr> <td data-bbox="1276 662 1539 727">Denominator All</td> <td data-bbox="1539 662 1766 727">107</td> </tr> <tr> <td data-bbox="1276 727 1539 792">Metric</td> <td data-bbox="1539 727 1766 792">6.5%</td> </tr> <tr> <th data-bbox="1276 792 1539 857">#34 Appeals</th> <th data-bbox="1539 792 1766 857">DY4Q2</th> </tr> <tr> <td data-bbox="1276 857 1539 922">Numerator SUD</td> <td data-bbox="1539 857 1766 922">29</td> </tr> <tr> <td data-bbox="1276 922 1539 987">Denominator All</td> <td data-bbox="1539 922 1766 987">275</td> </tr> <tr> <td data-bbox="1276 987 1539 1040">Metric</td> <td data-bbox="1539 987 1766 1040">10.5%</td> </tr> </tbody> </table> | #33 Grievances | DY4Q2 | Numerator SUD | 7 | Denominator All | 107 | Metric | 6.5% | #34 Appeals | DY4Q2 | Numerator SUD | 29 | Denominator All | 275 | Metric | 10.5% |
| #33 Grievances   | DY4Q2   |   |  |                |       |               |   |                 |     |        |      |             |       |               |    |                 |     |        |       |
| Numerator SUD  | 7   |   |  |                |       |               |   |                 |     |        |      |             |       |               |    |                 |     |        |       |
| Denominator All  | 107   |   |  |                |       |               |   |                 |     |        |      |             |       |               |    |                 |     |        |       |
| Metric   | 6.5%  |   |  |                |       |               |   |                 |     |        |      |             |       |               |    |                 |     |        |       |
| #34 Appeals  | DY4Q2   |   |  |                |       |               |   |                 |     |        |      |             |       |               |    |                 |     |        |       |
| Numerator SUD  | 29  |   |  |                |       |               |   |                 |     |        |      |             |       |               |    |                 |     |        |       |
| Denominator All  | 275   |   |  |                |       |               |   |                 |     |        |      |             |       |               |    |                 |     |        |       |
| Metric   | 10.5%   |   |  |                |       |               |   |                 |     |        |      |             |       |               |    |                 |     |        |       |

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

| Prompts  | State has no update to report (place an X) | State response   |
|--|--|--|
| <b>10. Budget neutrality</b>   |  |  |
| <b>10.1 Current status and analysis</b>  |  |  |
| <p>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.</p> |  | <p><b>DY4Q3 (July 1, 2024, through September 30, 2024)</b><br/>                     HCPF requested a corrected budget neutrality (BN) workbook to reflect the BN technical amendment corrections. The budget neutrality workbook CMS provided on August 28, 2024, did not have updated figures in the WOW PMPM and Agg tab, and the Summary TC tab was not updated to reflect the technical amendment.</p> <p><b>DY4Q2 (April 1, 2024, through June 30, 2024)</b><br/>                     HCPF submitted an amendment to the existing 1115 on April 1, 2024, that would authorize:</p> <ul style="list-style-type: none"> <li>• Continuous eligibility for children ages 0 years-3 years old and adults leaving a Colorado Department of Corrections facility</li> <li>• Provide pre-release services for individuals transitioning from correctional facilities to the community</li> <li>• Provide reimbursement for acute inpatient and residential stays in IMDs for individuals diagnosed with a serious mental illness or serious emotional disturbance</li> </ul> <p>HCPF is in the process of amending the existing 1115 waiver to include Health Related Social needs (HRSN) focused on housing and nutrition supports. HCPF facilitated three stakeholder meetings to provide additional information on the proposed HRSN waiver during this quarter. The amendment was posted to HCPF’s website for public comment June 10, 2024, through July 10, 2024. HCPF intends to submit the amendment to CMS in August 2024.</p> |

| Prompts   | State has no update to report (place an X) | State response  |
|---|--|---|
| <b>10.2 Implementation update</b>   |  |   |
| 10.2.1 The state expects to make other program changes that may affect budget neutrality. |  | <b>DY4Q2 (April 1, 2024, through June 30, 2024)</b><br>HCPF is waiting for final approval from CMS on the budget neutrality technical amendment from July 2022. |

| <b>Prompts</b>   | <b>State has no<br/>update to report<br/>(place an X)</b> | <b>State response</b> |
|--|---|-----------------------|
| <b>11. SUD-related demonstration operations and policy</b> |   |                       |
| <b>11.1 Considerations</b>                                 |   |                       |

|   |  |  |
|---|--|--|
| <p>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.</p> |  | <p><b>DY4Q3 (July 1, 2024, through September 30, 2024)</b></p> <p>HCPF announced a new Training Library page, which has recordings of live trainings, links to pre-recorded trainings, and slides from each training. Trainings relevant to SU services available on the website include:</p> <ul style="list-style-type: none"> <li>• <i>Medication Assisted Treatment in Jails/Prisons: Supporting Re-Entry and Recovery</i></li> <li>• <i>Treatment Approaches for Pregnant Persons with OUD</i></li> <li>• <i>Understanding Opioid Treatment Programs</i></li> <li>• <i>Medications for Addiction Treatment</i></li> <li>• <i>Co-Occurring Disorders</i></li> <li>• <i>Building a Harm Reduction Philosophy</i></li> </ul> <p>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.</p> <p>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.</p> <p>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.</p> <p>HCPF shared the 2024 Mental Health and Substance Use Disorder, which found that the following limitations were found to be compliant with parity requirements:</p> <ul style="list-style-type: none"> <li>• Aggregate lifetime and annual dollar limits</li> <li>• Financial requirements and quantitative treatment limitations</li> </ul> |
|---|--|--|

|  |  |   |
|--|--|---|
|  |  | <ul style="list-style-type: none"> <li>• Non-quantitative treatment limitations</li> </ul> <p>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.</p> <p><b>DY4Q2 (April 1, 2024, through June 30, 2024)</b></p> <p>The State continues to ensure there is clear communication regarding member access to SUD services when they are also a transplant recipient. HCPF collaborated with the MCEs to develop a SUD treatment protocol for transplant recipients that provides guidance on the expectations for the continuum of SUD care for these members, as well as the MCE’s responsibility to coordinate care when they receive notification.</p> <p><b>DY4Q1 (January 1, 2024, through March 30, 2024)</b></p> <p>The Medicaid Provider Rate Review Advisory Committee (MPRRAC) announced that fee-for-service (FFS) BH SUD services are scheduled to be reviewed under the MPRRAC process in 2024. The MPRRAC works in collaboration with HCPF to review the sufficiency of FFS provider reimbursement rates to ensure adequate access to services is available. Stakeholders are strongly encouraged to provide feedback during this process. Rates slated to review are:</p> <ul style="list-style-type: none"> <li>• H0001</li> <li>• H0004</li> <li>• H0005</li> <li>• H0006</li> <li>• H0010</li> <li>• S9445</li> <li>• H0020</li> </ul> |
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|  |  | <p>HCPF has begun work on the annual Mental Health Parity and Addiction Equity ACT report to assess compliance with MH/SU parity laws. Stakeholders are encouraged to provide feedback via an online form through March 15, 2024.</p> <p>HCPF created a Criminal Justice Collaborative, which held its first meeting on March 27, 2024. The Criminal Justice Collaborative meets monthly and is seeking behavioral health and MAT provider representation, as justice-involved members present with SUD at a higher rate than the general population.</p> <p>HCPF announced a new Training and Technical Assistance (TTA) program for BH providers through a contract with Health Management Associates. The trainings scheduled for March included Treatment Approaches for Pregnant Persons with OUD and Co-Occurring Treatment. The TTA program also provides office hours where providers can drop in and ask questions about any of the trainings.</p> <p>HCPF, in collaboration with the MCEs, published Transplant Patients with SUD Diagnosis-Protocol for SUD Treatment. This protocol indicates that members with a SUD diagnosis that are either pre- or post-transplant that agree to SUD treatment can access the full array of services when an ASAM level of care determination has been completed. The MCE will be bound to initially authorize the specific level of care indicated by the assessing provider.</p> <p>HCPF received the FY 2-23-2024 Inpatient and Residential Substance Use Disorder Service Denial Determination Analysis report, produced by Health Services Advisory Group, Inc. This report was required by Senate Bill 21-137 and focuses on if the MCEs are properly adhering to the ASAM criteria when making denial determinations, and to provide recommendations to HCPF for program improvement. HCPF reviewed</p> |
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| Prompts  | State has no update to report (place an X) | State response  |
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|  |  | this report with the MCEs and engaged in discussion regarding next steps for program improvement. |
| <b>11.2 Implementation update</b>  |  |   |
| 11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:<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  |   |

|   |  |  |
|---|--|--|
| <p>11.2.1.c Partners involved in service delivery</p> |  | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br/>                 The Colorado Opioid Abatement Council announced it is accepting applications for \$5 million of Opioid Response Infrastructure Share funding. Completed applications are due by February 3, 2025. Infrastructure Share grant funds can be used to promote capital improvements and provide operational assistance for developing and improving the infrastructure necessary to abate the opioid crisis in Colorado and also meets the needs of rural and underserved populations.</p> <p><b>DY4Q1 (January 1, 2024, through March 30, 2024)</b><br/>                 The Colorado Department of Law published the Opioid Response Strategic Impact Grant Announcement, seeking applications from organizations working to combat the opioid epidemic and allocate Opioid Settlement Funds. Targeted focus areas include:</p> <ul style="list-style-type: none"> <li>• Strengthen peer recovery support and peer services</li> <li>• Promote culturally responsive SU prevention, harm reduction, treatment and recovery services</li> <li>• Expand access to MOUD, naloxone, contingency management and other evidence-based clinical interventions</li> <li>• Bolster housing for people with SUD</li> <li>• Develop family peer support services and/or expand treatment for pregnant and postpartum women</li> <li>• Promote recovery-friendly workplaces</li> </ul> <p>The Colorado Consortium for Prescription Drug Abuse Prevention (The Consortium) published their 2023 Annual Report. The report highlighted major work group projects completed in 2023, funders and</p> |
|---|--|--|

| Prompts  | State has no update to report (place an X) | State response  |
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|  |  | activities that The Consortium supported, and identified areas of focus for 2024. |
| 11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities. | X  |   |
| 11.2.3 The state is working on other initiatives related to SUD or OUD.  | X  |   |
| 11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration).  | X  |   |

| Prompts  | State has no update to report (place an X) | State response   |
|--|--|--|
| <b>12. SUD demonstration evaluation update</b>   |  |  |
| <b>12.1 Narrative information</b>  |  |  |
| 12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details. |  | <p><b>DY4Q3 (July 1, 2024, through September 30, 2024)</b><br/>                     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 12/31/2024.</p> <p><b>DY4Q2 (April 1, 2024, through June 30, 2024)</b><br/>                     The State finalized the draft of the interim evaluation and anticipates meeting the deliverable date to CMS. Work completed this quarter included facilitating stakeholder feedback groups for State staff, MCEs, providers, and members.</p> <p><b>DY4Q1 (January 1, 2024, through March 30, 2024)</b><br/>                     The State has begun work on the Interim Evaluation and anticipates meeting the deliverable date to CMS.</p> |
| 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.  |  | <p><b>DY4Q2 (April 1, 2024, through June 30, 2024)</b><br/>                     The State anticipates meeting all expected timelines for all evaluations and reporting.</p> <p><b>DY4Q1 (January 1, 2024, through March 30, 2024)</b><br/>                     The State anticipates meeting all expected timelines for all evaluations and reporting.</p>   |
| 12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.   | X  |  |

| <b>Prompts</b>                               | <b>State has no<br/>update to report<br/>(place an X)</b> | <b>State response</b> |
|--|---|-----------------------|
| <b>13. Other SUD demonstration reporting</b> |   |                       |
| <b>13.1 General reporting requirements</b>   |   |                       |

|   |  |  |
|---|--|--|
| <p>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.</p> |  | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br/>                 Colorado received a approval of the continuous eligibility amendment on November 14, 2025.</p> <p><b>DY4Q3 (July 1, 2024, through September 30, 2024)</b><br/>                 HCPF submitted a request to CMS to amend the 1115 SUD waiver to expand coverage for health-related social needs. 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 a acute inpatient and residential stays in an IMD for individuals diagnosed with a serious mental illness or serious emotional disturbance.</p> <p>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.” In addition to continuing the SUD demonstration, Comprehensive Care for Colorado would add presumptive eligibility, Re-entry services for adults and youth transitioning from correctional facilities, reimbursement for a acute inpatient and residential stays in IMDs for individuals diagnosed with a serious mental illness or serious emotional disturbance, continuous eligibility for children 0-3 years and 12 months of continuous eligibility for individuals leaving incarceration, and health related social needs.</p> <p>HCPF submitted an 1115 demonstration amendment to CMS on August 12, 2024, requesting authorization to add HRSN to the 1115 demonstration.</p> <p>One of two public hearings is scheduled for Wednesday, September 25, 2024, during the State Medical Assistance and Services Advisory</p> |
|---|--|--|

| Prompts  | State has no update to report (place an X) | State response   |
|--|--|--|
|  |  | Council Meeting. The other public hearing is scheduled for Thursday, October 3, 2024 |
| 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  |  |
| 13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports  | X  |  |
| 13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.   | X  |  |
| 13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5. | X  |  |

| Prompts  | State has no update to report (place an X) | State response  |
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| <b>13.2 Post-award public forum</b>  |  |   |
| <p>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.</p> |  | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br/>                     HCPF facilitated the annual post-award public forum virtually on October 16, 2024. Thirty-nine individuals registered to attend, and seventeen attended.</p> <p>The Department did not receive any questions during the annual stakeholder forum.</p> <p><b>DY4Q3 (July 1, 2024, through September 30, 2024)</b><br/>                     HCPF has scheduled the annual post-award forum for October 16, 2024.</p> <p><b>DY4Q2 (April 1, 2024, through June 30, 2024)</b><br/>                     The State will begin preparing for the Post Award Forum in DY4Q2, with plans to facilitate the fourth annual Post Award Forum on October 16, 2024.</p> <p><b>DY4Q1 (January 1, 2024, through March 30, 2024)</b><br/>                     The State will begin preparing for the Post Award Forum in DY4Q2, with plans to facilitate the fourth annual Post Award Forum in October 2024.</p> |

| <b>Prompts</b>   | <b>State has no<br/>update to report<br/>(place an X)</b> | <b>State response</b> |
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| <b>14. Notable state achievements and/or innovations</b> |   |                       |
| <b>14.1 Narrative information</b>                        |   |                       |

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| <p>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.</p> |  | <p><b>DY4Q4 (October 1, 2024, through December 31, 2024)</b><br/>                 HCPF issued an intent to award four RAE contracts for Accountable Care Collaborative (ACC) Phase III. All four awardees are returning RAE partners. ACC Phase III will continue to work on improving quality of care, closing health disparities, improving care access and member experience and managing cost. HCPF led stakeholder engagement throughout the process, and over 5,700 stakeholders participated in 133 meetings over 18 months.</p> <p>The Colorado Department of Law announced they were seeking applications for community-driven projects in coordination with schools that focus on increasing protective factors for children and youth to decrease vaping.</p> <p>The Health First Colorado BH Updates highlighted the Special Connections providers. Special Connections provides gender-responsive treatment for pregnant and parenting women who are Medicaid eligible to maximize healthy births and provide postpartum treatment services. It provided information regarding how to bill for Special Connections services, as well as a point of contact for providers wanting to learn how to become a Special Connections provider.</p> <p><b>DY4Q3 (July 1, 2024, through September 30, 2024)</b><br/>                 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 includes:</p> <ul style="list-style-type: none"> <li>• Fewer RAE regions (reducing from 7 to 4)</li> <li>• Supporting RAEs in collaborating with the BHA and BHASOs to support continuity of care for members</li> <li>• Establishing a directed payment, which will set a minimum reimbursement rate, to be outlined in the BH Services billing Manual</li> </ul> |
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|  |  | <ul style="list-style-type: none"> <li>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</li> </ul> <p>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.</p> <p>Colorado House Bill 24-1384 required HCPF, in collaboration with the BHA, to apply for a SAMHSA Certified Community Behavioral Health Clinic demonstration planning grant. The application was submitted on September 11, 2024.</p> <p><b>DY4Q2 (April 1, 2024, through June 30, 2024)</b><br/>             HCPF announced that behavioral health clinicians, support workers, clinical support staff, or staff trained in SUDs can apply to the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP), where they can receive up to \$250,000 in loan repayment in exchange for working full-time for six years in a STAR LRP approved facility.</p> <p>In the April 2024 meeting, the Colorado Collaborative for Addiction and Recovery Services released nearly \$15 million additional funds to the seven Regional Opioid Abatement Councils, bringing the total released to date to the 19 regions to over \$74 million.</p> <p><b>DY4Q1 (January 1, 2024, through March 30, 2024)</b><br/>             The Opioid Abatement Council highlighted that as of January 26, 2024, they have planned expenditures of \$59.16 million by the 19 regional</p> |
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| Prompts | State has no update to report (place an X) | State response  |
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|         |  | Opioid Abatement Councils, with \$31 million going towards treatment and \$19.76 million to prevention. |

\*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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