

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

Note: PRA Disclosure Statement to be added here

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

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

State	Colorado
Demonstration name	Expanding the Substance Use Disorder Continuum of Care
Approval period for section 1115 demonstration	1/1/2021-12/31/2025
SUD demonstration start date^a	1/1/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	<p>Under this demonstration, the State expects to achieve the following: 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>
SUD demonstration year and quarter	DY4Q1
Reporting period	01/01/2024-03/31/2024

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

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

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

2. Executive summary

Colorado continues to improve the alignment of their Substance Use Disorder (SUD) provider network to the American Society of Addiction Medicine (ASAM) criteria and best practices through policy and rule. Effective January 1, 2024, the Behavioral Health Authority (BHA) issued rules ensuring that members cannot be denied SUD services due to: relapse, leaving prior treatment against medical advice, pregnancy, substance use, current utilization of or interest in initiating medication assisted treatment, place of residence, or previous/pending grievances or appeals. The State continues to routinely review state-wide utilization management data to adjust initial authorization times to best reflect the current average length of stay. The State continues to actively pursue opportunities to provide SUD treatment to individuals residing in correctional facilities and has recently launched a program to provide medications for opioid use disorder (OUD) to eligible inmates as well as care continuity upon their release.

In this report, Colorado is submitting the quarterly metrics for DY3Q3 (July 1, 2023, through September 30, 2023.) The State calculated changes between DY3Q2 (April 1, 2023, through June 30, 2023) and DY3Q3 (July 1, 2023, through September 30, 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
1. Assessment of need and qualification for SUD services			
1.1 Metric trends			
1.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.		Metric #3: Medicaid beneficiaries with SUD Diagnosis (monthly) Metric #4: Medicaid beneficiaries with SUD Diagnosis (annually)	The state calculated the following changes that were more than a 2% change between DY3Q2 (April 1, 2023, through June 30, 2023) and DY3Q3 (July 1, 2023, through September 30, 2023). Metric #3: The number of Medicaid beneficiaries with a SUD diagnosis changed more than 2% this quarter (-3.4%). <ul style="list-style-type: none"> • The number of Dual-Eligible Medicaid beneficiaries with a SUD diagnosis decreased this quarter (-4.5%). • The number of Medicaid beneficiaries aged 18 or younger with a SUD diagnosis decreased this quarter (-2.6%). • The number of Medicaid beneficiaries ages 65 or older with a SUD diagnosis decreased this quarter (-2.4%). The state saw the number of Medicaid beneficiaries with a SUD diagnosis decrease. Overall, seeing the largest decrease in dual eligible Medicaid members.
1.2 Implementation update			
1.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.a The target population(s) of the demonstration	X		

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 [State name – *automatically populated*] [Demonstration name – *automatically populated*]

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.	X		

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

<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 for OUD who have at least 180 days of</p>	<p>The State calculated the following changes that were more than a 2% change between DY3Q2 (April 1, 2023, through June 30, 2023) and DY3Q3 (July 1, 2023, through September 30, 2023).</p> <p>Metric #7: The number of Medicaid beneficiaries receiving early intervention services changed more than 2% this quarter (-66.3%).</p> <ul style="list-style-type: none"> • The number of Medicaid beneficiaries ages 65 or older receiving early intervention services increased this quarter (50.0%). • The number of Medicaid beneficiaries that are pregnant receiving early intervention services decreased this quarter (-100.0%). • The number of Medicaid beneficiaries with criminal justice involvement receiving early intervention services decreased this quarter (-72.7%). • The number of Medicaid beneficiaries diagnosed with an OUD receiving early intervention services decreased this quarter (-74.2%). <p>Overall, the number of Medicaid members who received an SBIRT screening still remains low. Colorado continues to provide training and information on SBIRT billing through a monthly provider newsletter. Colorado has requested that Peer Assistant (PAS) conducts a follow up survey following SBIRT training. Colorado has also requested that PAS focus trainings toward primary care settings and OBGYN clinics. Colorado continues to monitor this metric closely. Colorado attributes this to regular fluctuations in a small population and will continue to monitor.</p>
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		continuous treatment	<p>Metric #8: The number of Medicaid beneficiaries receiving any outpatient service changed more than 2% this quarter (-2.9%).</p> <ul style="list-style-type: none"> • The number of Medicaid beneficiaries that are dual eligible receiving any outpatient services decreased this quarter (-5.2%). • The number of Medicaid beneficiaries ages 18 and younger receiving any outpatient services decreased this quarter (-5.6%). • The number of Medicaid beneficiaries ages 65 or older receiving any outpatient services decreased this quarter (-3.6%). • The number of Medicaid beneficiaries that are pregnant receiving any outpatient services decreased this quarter (-2.4%). • The number of Medicaid beneficiaries with criminal justice involvement receiving any outpatient services decreased this quarter (-2.0%). <p>Overall, the number of Medicaid members receiving outpatient services decreased. The state saw the largest decrease in members 18 years or younger receiving outpatient services. Colorado attributes this to regular fluctuations in a small population and will continue to monitor.</p> <p>Metric #9: The number of Medicaid beneficiaries receiving IOP/PH services changed more than 2% this quarter (-2.1%).</p> <ul style="list-style-type: none"> • All subpopulations experienced changes of +/- 2%. • The number of Medicaid beneficiaries that are dual eligible receiving IOP/PH services increased this quarter (81.8%).
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			<ul style="list-style-type: none"> • The number of Medicaid beneficiaries ages 18 and younger receiving IOP/PH services increased this quarter (21.2%). • The number of Medicaid beneficiaries ages 65 or older receiving IOP/PH services increased this quarter (12.5%). • The number of Medicaid beneficiaries that are pregnant receiving IOP/PH services decreased this quarter (-16.7%). • The number of Medicaid beneficiaries with criminal justice involvement receiving IOP/PH services decreased this quarter (-18.4%). • The number of Medicaid beneficiaries diagnosed with an OUD receiving IOP/PH services decreased this quarter (-17.6%). <p>Overall, the number of Medicaid members receiving intensive outpatient services decreased. The state saw the largest increase in members that are dual eligible receiving intensive outpatient services. Although the state saw an increase, there were many populations that saw a decrease including pregnant members, criminal justice involved members and individuals with an OUD diagnosis. Colorado attributes this to regular fluctuations in a small population and will continue to monitor. Colorado does not cover partial hospitalization (ASAM 2.5) but does cover Intensive outpatient (ASAM 2.1).</p> <p>Metric #10: The number of Medicaid beneficiaries receiving residential and inpatient SUD services.</p> <ul style="list-style-type: none"> • The number of Medicaid beneficiaries that are dual eligible receiving residential and inpatient SUD services decreased this quarter (-7.5%). • The number of Medicaid beneficiaries ages 18 and younger receiving residential and inpatient SUD services decreased this quarter (-29.3%).
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			<ul style="list-style-type: none"> • The number of Medicaid beneficiaries ages 65 or older receiving residential and inpatient SUD services decreased this quarter (-4.2%). • The number of Medicaid beneficiaries that are pregnant receiving residential and inpatient SUD services increased this quarter (6.4%). • The number of Medicaid beneficiaries with criminal justice involvement receiving residential and inpatient SUD services increased this quarter (4.3%). • The number of Medicaid beneficiaries diagnosed with an OUD receiving residential and inpatient SUD services increased this quarter (7.6%). • No additional subpopulations had a change of +/- 2%. <p>Overall, the number of Medicaid members receiving SUD residential and inpatient services saw a small decrease overall. The state saw the largest decrease in members 18 and younger receiving SUD residential and inpatient services. Colorado attributes this to regular fluctuations in a small population and will continue to monitor. The state did see increases in subpopulations, pregnant members, members diagnosed with an OUD, and criminal justice involved receiving SUD residential and inpatient services.</p> <p>Metric #11: The number of Medicaid beneficiaries receiving withdrawal management services.</p> <ul style="list-style-type: none"> • The number of Medicaid beneficiaries that are dual eligible receiving withdrawal management services decreased this quarter (-4.2%). • The number of Medicaid beneficiaries ages 18 and younger receiving withdrawal management services decreased this quarter (-53.8%).
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			<ul style="list-style-type: none"> • The number of Medicaid beneficiaries ages 65 or older receiving withdrawal management services increased this quarter (13.0%). • The number of Medicaid beneficiaries diagnosed with an OUD receiving withdrawal management services increased this quarter (8.3%). • No additional subpopulations had a change of +/- 2%. <p>Overall, the number of Medicaid members receiving withdrawal management remained consistent. Within the subpopulation, the state did see fluctuations. Colorado attributes this to regular fluctuations in a small population and will continue to monitor.</p> <p>Metric #12: The number of Medicaid beneficiaries receiving MAT services changed this quarter (-2.9%).</p> <ul style="list-style-type: none"> • The number of Medicaid beneficiaries that are dual eligible receiving MAT services decreased this quarter (-12.4%). • The number of Medicaid beneficiaries ages 18 and younger receiving MAT services increased this quarter (24.4%). • The number of Medicaid beneficiaries aged 65 or older receiving MAT services decreased this quarter (-10.7%). • The number of Medicaid beneficiaries that are pregnant receiving MAT services increased this quarter (2.4%). • The number of Medicaid beneficiaries with criminal justice involvement receiving MAT services increased this quarter (15.8%). • The number of Medicaid beneficiaries diagnosed with an OUD receiving MAT services decreased this quarter (-2.7%). • No additional subpopulations had a change of +/- 2%.
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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
			Overall, the number of Medicaid members receiving MAT decreased. The state saw the largest decrease in members who are dual eligible receiving MAT. The state attributes the increase to Medicaid members receiving MAT to various efforts made in Colorado to increase access to MAT. This includes residential SUD treatment facilities renewing or applying for their licenses and 12 unique programs supporting MAT expansion to jail based programs, primary care and in-home inductions.
2.2 Implementation update			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 2.2.1.a Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g., outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	X		<i>This task is marked complete DY1Q1.</i>
2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		<i>This task is marked complete DY1Q1.</i>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.			<p>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:</p> <ul style="list-style-type: none"> • 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 • Previous or pending disputes, grievances, or appeals • Place of residence <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
3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.1 Metric trends			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.	X	Metric #5- Medicaid beneficiaries treated in an Institute for Mental Disease (IMD) for SUD. Metric #36- The average length of stay for beneficiaries discharged from IMD inpatient/residential treatment for SUD.	
3.2. Implementation update			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 3.2.1.a Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.2.1.b Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings			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: <ul style="list-style-type: none"> • 3.1- 30 days • 3.3, 3.5- 20 days • 3.7- 10 days • 3.2WM- 5 days • 3.7WM- 4 days

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>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 rate 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
4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.1 Metric trends			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3. Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.	X		
4.2 Implementation update			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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>
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3.	X		

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

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5.		Metric #18: Use of Opioids at High Dosage in Persons Without Cancer Metric #21: Concurrent Use of Opioids and Benzodiazepines Metric #23: Emergency Department Utilization for SUD per 1,000 Medicaid beneficiaries Metric #27: Overdose Deaths (rate)	The State calculated the following changes that were more than a 2% change between DY3Q2 (April 1, 2023, through June 30, 2023) and DY3Q3 (July 1, 2023, through September 30, 2023). Metric #23: Emergency department utilization for SUD per 1,000 Medicaid beneficiaries increased (4.3%). <ul style="list-style-type: none"> • The rate of Medicaid beneficiaries ages 18 and younger with emergency department utilization for SUD per 1,000 decreased this quarter (-6.4%). • The rate of Medicaid beneficiaries aged 65 and older with emergency department utilization for SUD per 1,000 increased this quarter (10.7%). • No additional subpopulations had a change of +/- 2%. Overall, the number of Medicaid members with Emergency Department Utilization for SUD per 1,000 members decreased. Colorado continues to build withdrawal management capacity, in more rural and frontier areas of the state. The state anticipates with alternate facilities offering withdrawal management, the state will see a decrease in ED utilization. The state did see a decrease in members 18 and younger with ED utilization.
6.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.a Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			CO 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.
6.2.1.b Expansion of coverage for and access to naloxone	X		<i>This task is marked complete DY2Q4.</i>
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5.			CO 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.

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.1 Metric trends			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6.	X	Metric #15: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD) Metric #17(1): Follow-up After Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) Metric #17(2): Follow-up After Emergency Department Visit for Mental Illness (FUM-AD) Metric #25: Readmissions Among Beneficiaries with SUD	
7.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries’ transition from residential and inpatient facilities to community-based services and supports.	X		
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6.	X		

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8. SUD health information technology (health IT)			
8.1 Metric trends			
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics.	X	Q1: Total Number of PDMP Users Q2: Number of Opioid Prescriptions in PDMP Q3: Tracking MAT with Use of Counseling and Behavioral Therapies	
8.2 Implementation update			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 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		
8.2.1.c How health IT is being used to effectively monitor “recovery” supports and services for 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.d Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	X		
8.2.1.e Other aspects of the state’s health IT implementation milestones	X		
8.2.1.f The timeline for achieving health IT implementation milestones	X		
8.2.1.g Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT.	X		
9. Other SUD-related metrics			
9.1 Metric trends			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		Metric #24: Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries	The State calculated the following changes that were more than a 2% change between DY3Q2 (April 1, 2023, through June 30, 2023) and DY3Q3 (July 1, 2023, through September 30, 2023). Metric #24: Inpatient stays for SUD per 1,000 Medicaid beneficiaries. <ul style="list-style-type: none"> • The rate of Medicaid beneficiaries ages 18 and younger with inpatient stays for SUD per 1,000 decreased this quarter (-16.7%). • The rate of Medicaid beneficiaries diagnosed with OUD with inpatient stays for SUD per 1,000 decreased this quarter (-2.5%). • No additional subpopulations had a change of +/- 2%. Overall, the number of Medicaid members with hospital stays for SUD per 1,000 members increased slightly. The subpopulation of members under the age of 18 continued to decrease. The state is monitoring hospital stays for SUD closely. Colorado anticipates with the expansion of residential facilities offering 3.7 ASAM level of care as an alternative to inpatient hospitals providing this level of care the state will see an impact on this metric.
9.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response																
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics.		Metric #33: Grievances Related to SUD Treatment Services Metric #34: Appeals Related to SUD Treatment Services	The state reports the following Grievances and Appeals data for DY3Q3 (July 1, 2023, through September 30, 2023) <table border="1" data-bbox="1276 521 1766 837"> <thead> <tr> <th data-bbox="1276 521 1539 558">#33 Grievances</th> <th data-bbox="1539 521 1766 558">DY3Q3</th> </tr> </thead> <tbody> <tr> <td data-bbox="1276 558 1539 596">Numerator SUD</td> <td data-bbox="1539 558 1766 596">2</td> </tr> <tr> <td data-bbox="1276 596 1539 633">Denominator All</td> <td data-bbox="1539 596 1766 633">236</td> </tr> <tr> <td data-bbox="1276 633 1539 670">Metric</td> <td data-bbox="1539 633 1766 670">0.85%</td> </tr> <tr> <th data-bbox="1276 670 1539 708">#34 Appeals</th> <th data-bbox="1539 670 1766 708">DY3Q3</th> </tr> <tr> <td data-bbox="1276 708 1539 745">Numerator SUD</td> <td data-bbox="1539 708 1766 745">3</td> </tr> <tr> <td data-bbox="1276 745 1539 782">Denominator All</td> <td data-bbox="1539 745 1766 782">216</td> </tr> <tr> <td data-bbox="1276 782 1539 820">Metric</td> <td data-bbox="1539 782 1766 820">1.4%</td> </tr> </tbody> </table>	#33 Grievances	DY3Q3	Numerator SUD	2	Denominator All	236	Metric	0.85%	#34 Appeals	DY3Q3	Numerator SUD	3	Denominator All	216	Metric	1.4%
#33 Grievances	DY3Q3																		
Numerator SUD	2																		
Denominator All	236																		
Metric	0.85%																		
#34 Appeals	DY3Q3																		
Numerator SUD	3																		
Denominator All	216																		
Metric	1.4%																		

4. Narrative information on other reporting topics

Prompts	State has no update to report (place an X)	State response
10. Budget neutrality		
10.1 Current status and analysis		
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	X	
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality.	X	

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

<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>The Medicaid Provider Rate Review Advisory Committee (MPRRAC) announced that fee for service BH SUD services were 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.</p> <p>HCPF began 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 ensure to commit to covering 60</p>
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Prompts	State has no update to report (place an X)	State response
		<p>days at the appropriate high intensity and residential levels of care based on member needs.</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 this report with the MCEs and scheduled a dditional mandatory training for the MCE's.</p>
11.2 Implementation update		
<p>11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <p>11.2.1.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)</p>	X	
<p>11.2.1.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)</p>	X	

Prompts	State has no update to report (place an X)	State response
11.2.1.c Partners involved in service delivery		<p>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"> • Strengthen peer recovery support and peer services • Promote culturally responsive SU prevention, harm reduction, treatment and recovery services • Expand access to MOUD, naloxone, contingency management and other evidence-based clinical interventions • Bolster housing for people with SUD • Develop family peer support services and/or expand treatment for pregnant and postpartum women • Promote recovery-friendly workplaces <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 activities that The Consortium supported, and identified areas of focus for 2024.</p>
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities.	X	
11.2.3 The state is working on other initiatives related to SUD or OUD.	X	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration).	X	

Prompts	State has no update to report (place an X)	State response
12. SUD demonstration evaluation update		
12.1 Narrative information		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this monitoring report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		The State has begun work on the Interim Evaluation and anticipates meeting the deliverable date to CMS.
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.		The State anticipates meeting all expected timelines for all evaluations and reporting.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	X	

Prompts	State has no update to report (place an X)	State response
13. Other SUD demonstration reporting		
13.1 General reporting requirements		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol.	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.a The schedule for completing and submitting monitoring reports	X	
13.1.3.b The content or completeness of submitted monitoring reports and/or future monitoring reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	X	

Prompts	State has no update to report (place an X)	State response
13.2 Post-award public forum		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.		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.

Prompts	State has no update to report (place an X)	State response
14. Notable state achievements and/or innovations		
14.1 Narrative information		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		The Opioid Abatement Council highlighted that as of January 26, 2024, they have planned expenditures of \$59.16 million by the 19 regional 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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