Medicaid Section 1115 Substance Use Disorder & Serious Mental Illness and Serious Emotional Disturbance Demonstrations
Monitoring Report Template

Note: PRA Disclosure Statement to be added here

1. Title page for the state's substance use disorder (SUD) and serious mental illness and serious emotional disturbance (SMI/SED) demonstrations or the SUD and SMI/SED components of the broader demonstration

This section collects information on the approval features of the state's section 1115 demonstration overall, followed by information for the SUD and SMI/SED components. The state completed this title page as part of its SUD and SMI/SED monitoring protocol(s). The state should complete this table using the corresponding information from its CMS-approved monitoring protocol(s) and submit this as the title page of all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

Overall section 1115 demonstration	
State	*Colorado*
Demonstration name	*Expanding the Substance Use Disorder Continuum of Care*
Approval period for section 1115 demonstration	*01/01/2021 – 12/31/2025*
Reporting period	*01/01/2025 – 03/31/2025*
SUD demonstration	
SUD component start date[a]	*01/01/2021*
Implementation date of SUD component, if different from SUD component start date[b]	*01/01/2021*
SUD-related demonstration goals and objectives	Under this demonstration, the State expects to achieve the following: Objective 1. Increase rates of identification, initiation, and engagement in treatment. Objective 2. Increase adherence to and retention in treatment. Objective 3. Reductions in overdose deaths, particularly those due to opioids. 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. Objective 5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate. Objective 6. Improved access to care for physical health conditions among beneficiaries.
SUD demonstration year and quarter	*DY5Q1*
SMI/SED demonstration	
SMI/SED component demonstration start date[a]	*01/13/2025*

Implementation date of SMI/SED component, if different from SMI/SED component start date[b]	*01/13/2025*
SMI/SED-related demonstration goals and objectives	*Under this demonstration, the State expects to achieve the following:* *1. Reduce utilization and lengths of stay in emergency departments among Medicaid beneficiaries with SMI.SED while awaiting mental health treatment in specialized settings;* *2. Reduce preventable readmissions to acute care hospitals and residential settings;* *3. Improve availability of crisis stabilization services, including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state;* *4. Improve access to community-based services to address the chronic mental health care needs of beneficiaries with SMI/SED, including through increased integration of primary and behavioral health care; and* *5. Improve care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.*
SMI/SED demonstration year and quarter	*D*Y5Q1

[a] **SUD and SMI/SED demonstration components start dates:** 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 and SMI/SED demonstration component approvals. 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 or SMI/SED demonstration component. 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 and SMI/SED demonstration components:** The date the state began claiming or will begin claiming federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

The executive summary for the SUD and SMI components of the demonstration should be reported below. It is intended for summary-level information only and may be combined for all policies included in the title page. The recommended word count is 500 words or less.

The State received approval to implement serious mental illness/serious emotional disturbance (SMI/SED), reentry, and health related social needs (HRSN) 1115 demonstrations on January 13, 2025.

The State continued to outreach and engage substance use disorder (SUD) providers and Regional Accountable Entities (RAEs) on the proposed transition to the American Society of Addiction Medicine (ASAM) 4th edition criteria. A survey was developed and shared with SUD providers to identify current transition plans and concerns.

The State began implementing tasks and action items related to the SMI/SED demonstration. HCPF has discussed using the Adult Strengths and Needs Assessment (ANSA) as the assessment tool with the Behavioral Health Administration (BHA). HCPF is still in the research phase and is examining other publicly available, evidence-based patient assessment tools, and will continue to engage stakeholders in the decision-making process. HCPF and BHA were awarded a one-year Certified Community Behavioral Health Planning grant for calendar year 2025. HCPF also published the '*Increasing Access to Treatment Foster Care Plan',* which focuses on increasing access to intensive services in home-like settings for children in the foster care system.

The State continues to experience increases in most service areas and subpopulations, with large increases in Metric #9 – Number of Medicaid members receiving IOP/PH, likely reflecting Medicaid coverage of partial hospitalization (ASAM 2.5) effective July 1, 2024, and Medicaid beneficiaries being referred to this level of care. Two populations with the largest percent change for Metric #9 were Dual Eligible (72.7%) and Pregnant (68.4%). The State saw decreases in emergency department utilization for all subpopulations this quarter and decreases in hospitalization rates for all subpopulations except children.

3. Narrative information on implementation, by milestone and reporting topic

A. SUD component

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)	**DY5Q1 (January 1, 2025, through March 31, 2025)** The State calculated the following changes that were more than 2% change between DY4Q2 (April 1, 2024, through June 30, 2024) and DY4Q3 (July 1, 2024, through September 30, 2024). Metric #3: The number of Medicaid members increased in the third quarter of the calendar year 2024. There was a 2.3% increase quarter over quarter. Several subpopulations had similar increases (Dual eligibles 2.9%, Older Adults 65+ 4.7%, Criminal Justice 4.9%, and OUD 3.5%) The remaining subpopulations had changes of less than +/-2%.
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		
	1.2.1.b The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	X		
1.2.2	The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services.	X		

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

2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.		Metric #6: Any SUD Treatment Metric #7: Early Intervention Metric #8: Outpatient Services Metric #9: Intensive Outpatient and Partial Hospitalization Services Metric #10: Residential and Inpatient Services Metric #11: Withdrawal Management Metric #12: Medication Assisted Treatment Metric #22: Percentage of adults 18 years of age and older with pharmacotherapy for OUD who have at least 180	**DY5Q1 (January 1, 2025, through March 31, 2025)** The State calculated the following changes that were more than a 2% change between DY4Q2 (April 1, 2024, through June 30, 2024) and DY4Q3 (July 1, 2024, through September 30, 2024). Metric #6 the number of Medicaid members receiving any services (unduplicated) increased by 4.2% in the third quarter of calendar year 2024. The following subpopulations experienced increases: Criminal Justice 7.5%, OUD 5.7%. All other subpopulations experienced increases of less than 2%. Metric #7 The number of Medicaid members receiving early intervention increased in the third quarter of calendar year 2024 by 27.8% (97 beneficiaries to 124 beneficiaries). The Dual Eligible population increased from 3 beneficiaries to 4 beneficiaries (33.3%), Older Adults 65+ increased from 1 beneficiary to 2 beneficiaries (100%), and the Pregnant population increased from 1 beneficiary to 3 beneficiaries (200%). Criminal Justice population decreased from 9 beneficiaries to 8 beneficiaries (-11.1%). Medicaid beneficiaries with OUD increased from 29 to 44 (+51.7%) The overall utilization continued to be low in all subpopulations but reflects increased access to early intervention services. Metric #8 The number of Medicaid members receiving outpatient services increased in the third quarter of calendar year 2024 by 4%. The following subpopulations experienced an increase of greater than 2% this quarter: Criminal Justice (7.6%), OUD (5.0%) The following subpopulations experienced a decrease of greater than 2% this quarter: Children < 18 (-3.7%), Pregnant (-3.8%). Metric #9 The number of Medicaid members receiving IOP/PH increased in the third quarter of calendar year 2024 by 10.5% quarter over quarter. Most subpopulations

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
		days of continuous treatment	experienced increases of greater than 2%: Dual Eligible (72.7%), Children < 18 (9.5%), Pregnant (68.4%), and OUD (22.4%). Older Adults 65+ experienced a decrease of -60%. Increases reflect the continued expansion of intensive outpatient treatment as the PH (ASAM 2.5) level of care became available as a Medicaid benefit on July 1, 2024. Metric #10 The number of Medicaid members receiving SUD residential and inpatient services increased in the third quarter of calendar year 2024 by 18.1% quarter over quarter. All subpopulations either remained stable or experienced an increase, with the following subpopulations experiencing a +2% increase: Older Adults 65+ (11.1%), Pregnant (9.4%), Criminal Justice (18.1%), and OUD (43.6%). Metric #11 The number of Medicaid members receiving withdrawal management increased in the third quarter of calendar year 2024 by 6.4%. Several populations experienced increases of greater than 2%: Children < 18 (25%), Older Adults 65+ (15.3%), Criminal Justice (2.6%), and OUD (5.9%). Dual Eligible (-3.8%) and Pregnant -7.1%) experienced decreases of greater than 2%. Metric #12 The number of Medicaid members receiving MAT increased by 9.6% in the third quarter of calendar year 2024. All subpopulations experienced increases, with Dual Eligible (6.3%), Children < 18 (55.7%), Older Adults 65+ (9.7%), Criminal Justice (15.9%) and OUD (8.9%) experiencing increases of greater than 2%.
2.2 Implementation update			

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
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		*This task is marked complete DY1Q1.*
2.2.1.b SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	X		*This task is marked complete DY1Q1.*
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1.			**DY5Q1 (January 1, 2025 – March 31, 2025)** HCPF and the BHA created the ASAM 4th Edition Transition Survey for 3.2 Withdrawal Management (WM) Providers to better understand the current 3.2WM provider transition plans and concerns. Some options currently available include walk-in-crisis and crisis stabilization unit. HCPF also continued to provide free Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to Health First Colorado providers. Providers are required to participate in training on SBIRT prior to delivering services.

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	X		
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.			**DY5Q1 (January 1, 2025 – March 31, 2025)** The State continues to engage stakeholders regarding the anticipated transition to ASAM 4th edition on July 1, 2026.

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		*This task is marked complete DY2Q3.*
	4.2.1.b Review process for residential treatment providers' compliance with qualifications.	X		*This task is marked complete DY2Q3.*
	4.2.1.c Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	X		*This task is marked complete DY2Q3.*
4.2.2	The state expects to make other program changes that may affect metrics related to Milestone 3.			**DY5Q1 (January 1, 2025 – March 31, 2025)** HCPF has begun to plan for the transition to ASAM 4th Edition, and anticipates a July 1, 2026 go live.

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)	**DY5Q1 (January 1, 2025, through March 31, 2025)** The State calculated the following changes that were more than a 2% change between DY4Q2 (April 1, 2024, through June 30, 2024) and DY4Q3 (July 1, 2024, through September 30, 2024). Metric #23 The number of Medicaid members with Emergency Department (ED) Utilization for SUD per 1,000 members decreased in the third quarter of calendar year 2024 by 3.8% quarter over quarter. The ED utilization rate decreased for children and older adults by 2.4%.
6.2	**Implementation update**			
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	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.2.1.b	Expansion of coverage for and access to naloxone	X		*This task is marked complete DY2Q4.*
6.2.2	The state expects to make other program changes that may affect metrics related to Milestone 5.	X		

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.		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 SUD 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 SUD metrics related to health IT.	X		
9.	**Other SUD-related metrics**			
9.1	**Metric trends**			
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	**DY5Q1 (January 1, 2025, through March 31, 2025)** The State calculated the following changes that were more than a 2% change between DY4Q2 (April 1, 2024, through June 30, 2024) and DY4Q3 (July 1, 2024, through September 30, 2024). Metric #24 The number of children that are Medicaid members with inpatient stays for SUD per 1,000 members increased by 3.1% quarter over quarter. All Medicaid members, older adults, and OUD experienced changes of less than 2%.
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.	X	Metric #33: Grievances Related to SUD Treatment Services Metric #34: Appeals Related to SUD Treatment Services	

B. SMI/SED component

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.	**Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings (Milestone 1)**			
1.1	**Metric trends**			
1.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1.			**DY5Q1 (January 1, 2025 – March 31, 2025)** The State is in the process of developing and submitting the SMI/SED monitoring protocol to CMS. Once approved, the State will begin reporting on approved metrics.
1.2	**Implementation update**			
1.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	1.2.1.a The licensure or accreditation processes for participating hospitals and residential settings	X		
	1.2.1.b The oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	X		
	1.2.1.c The utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	X		
	1.2.1.d The program integrity requirements and compliance assurance process	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.2.1.e	The state requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	X		
1.2.1.f	Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings	X		
1.2.2	The state expects to make other program changes that may affect metrics related to Milestone 1.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.	**Improving Care Coordination and Transitions to Community-Based Care (Milestone 2)**			
2.1	**Metric trends**			
2.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2.			**DY5Q1 (January 1, 2025 – March 31, 2025)** The State is in the process of developing and submitting the SMI/SED monitoring protocol to CMS. Once approved, the State will begin reporting on approved metrics.
2.2	**Implementation update**			
2.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	2.2.1.a Actions to ensure that psychiatric hospitals and residential treatment settings carry out intensive pre-discharge planning, and include community-based providers in care transitions			
	2.2.1.b Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers	X		
	2.2.1.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers within 72 hours post discharge	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.1.d	Strategies to prevent or decrease the lengths of stay in EDs among beneficiaries with SMI or SED (e.g., through the use of peers and psychiatric consultants in EDs to help with discharge and referral to treatment providers)	X		
2.2.1.e	Other state requirements/policies to improve care coordination and connections to community-based care)	X		
2.2.2	The state expects to make other program changes that may affect metrics related to Milestone 2.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
3.	**Access to Continuum of Care, Including Crisis Stabilization (Milestone 3)**			
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 3.			**DY5Q1 (January 1, 2025 – March 31, 2025)** The State is in the process of developing and submitting the SMI/SED monitoring protocol to CMS. Once approved, the State will begin reporting on approved metrics.
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 State requirement that providers use an evidenced-based, publicly available patient assessment tool to determine appropriate level of care and length of stay			**DY5Q1 (January 1, 2025 – March 31, 2025)** HCPF has discussed using the Adult Strengths and Needs Assessment (ANSA) as the evidence-based assessment tool. They are continuing to research all publicly available, evidence-based patient assessment tools and complete stakeholder engagement.
	3.2.1.b Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	X		
3.2.2	The state expects to make other program changes that may affect metrics related to Milestone 3.			**DY5Q1 (January 1, 2025 – March 31, 2025)** HCPF and the BHA were awarded a one-year Certified Community Behavioral Health Clinic Planning Grant for calendar year 2025. This grant supports Colorado's efforts to build and expand the behavioral health system of care, explore how CCBHC's will complement the Safety Net System, and promote the goal of integrated and accessible behavioral health care. HCPF and BHA will host monthly public meetings with CCBHC stakeholders to review progress and decisions and collect feedback.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.	**Earlier Identification and Engagement in Treatment, Including Through Increased Integration (Milestone 4)**			
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 4.			**DY5Q1 (January 1, 2025 – March 31, 2025)** The State is in the process of developing and submitting the SMI/SED monitoring protocol to CMS. Once approved, the State will begin reporting on approved metrics.
4.2	**Implementation update**			
4.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	4.2.1.a Strategies for identifying and engaging beneficiaries in treatment sooner (e.g., with supported education and employment)			
	4.2.1.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
4.2.1.c	Establishment of specialized settings and services, including crisis stabilization services, focused on the needs of young people experiencing SMI or SED			**DY5Q1 (January 1, 2025 – March 31, 2025)** In response to House Bill 24-1038 C.R.S. 25.5-6-2021(5), HCPF published '*Increasing Access to Treatment Foster Care Plan'.* This plan aims to increase assess to treatment foster care for children in the foster care system with significant behavioral health needs by offering intensive services in home-like settings instead of residential treatment settings. The plan includes support to providers in navigating the billing process, developing a Medicaid System of Care that includes intensive care coordination via high fidelity wraparound, enhanced multisystemic therapy, enhanced functional family therapy, respite care, therapeutic mentoring and family support services. As the plan implements, HCPF intends to continue to engage stakeholders to ensure its effectiveness and sustainability. The State announced that Emergency Medical and Trauma Services (EMTS) Grant applications were open for fiscal year 2026. Grants can be used for provider and system improvement. Funding categories the grant can support include: system improvement, technical assistance, and conference and forum support.
4.2.1.d	Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	X		
4.2.2	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
5.	**SMI/SED health information technology (health IT)**			
5.1	**Metric trends**			
5.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its SMI/SED health IT metrics.			**DY5Q1 (January 1, 2025 – March 31, 2025)** The State is in the process of developing and submitting the SMI/SED monitoring protocol to CMS. Once approved, the State will begin reporting on approved metrics.
5.2	**Implementation update**			
5.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 5.2.1.a The three statements of assurance made in the state's health IT plan	X		
	5.2.1.b Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider and/or physician/mental health provider to community-based supports	X		
	5.2.1.c Electronic care plans and medical records	X		
	5.2.1.d Individual consent being electronically captured and made accessible to patients and all members of the care team	X		
	5.2.1.e Intake, assessment and screening tools being part of a structured data capture process so that this information is interoperable with the rest of the health IT ecosystem	X		
	5.2.1.f Telehealth technologies supporting collaborative care by facilitating broader availability of integrated mental health care and primary care	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
	5.2.1.g Alerting/analytics	X		
	5.2.1.h Identity management	X		
5.2.2	The state expects to make other program changes that may affect SMI/SED metrics related to health IT.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
6.	**Other SMI/SED-related metrics**			
6.1	**Metric trends**			
6.1.1	The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SMI/SED-related metrics.			**DY5Q1 (January 1, 2025 – March 31, 2025)** The State is in the process of developing and submitting the SMI/SED monitoring protocol to CMS. Once approved, the State will begin reporting on approved metrics.
6.2	**Implementation update**			
6.2.1	The state expects to make the following program changes that may affect other SMI/SED-related metrics.			**DY5Q1 (January 1, 2025 – March 31, 2025)** The State is in the process of developing and submitting the SMI/SED monitoring protocol to CMS. Once approved, the State will begin reporting on approved metrics.

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.	**Annual Assessment of Availability of Mental Health Services (Annual Availability Assessment)**			
7.1	**Description of changes to baseline conditions and practices**			
7.1.1	Describe and explain any changes in the mental health service needs of Medicaid beneficiaries with SMI/SED compared to those described in the Initial Assessment of the Availability of Mental Health Services (for example, prevalence and distribution of SMI/SED). Recommended word count is 500 words or less.	X		
7.1.2	Describe and explain any changes to the organization of the state's Medicaid behavioral health service delivery system compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		
7.1.3	Describe and explain any changes in the availability of mental health services for Medicaid beneficiaries with SMI/SED in the state compared to those described in the Initial Assessment of the Availability of Mental Health Services. At minimum, explain any changes across the state in the availability of the following services: inpatient mental health services; outpatient and community-based services; crisis behavioral health services; and care coordination and care transition planning. Recommended word count is 500 words or less.	X		
7.1.4	Describe and explain any changes in gaps the state identified in the availability of mental health services or service capacity while completing the Annual Availability Assessment compared to those described in the Initial Assessment of the Availability of Mental Health Services. Recommended word count is 500 words or less.	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
7.1.5	Describe and explain whether any changes in the availability of mental health services have impacted the state's maintenance of effort (MOE) on funding outpatient community-based mental health services. Recommended word count is 500 words or less.	X		
7.2	**Implementation update**			
7.2.1	Compared to the demonstration design and operational details, the state expects to make the following changes to:	X		
	7.2.1.a The state's strategy to conduct annual assessments of the availability of mental health services across the state and updates on steps taken to increase availability			
	7.2.1.b Strategies to improve state tracking of availability of inpatient and crisis stabilization beds	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.	**Maintenance of effort (MOE) on funding outpatient community-based mental health services**			
8.1	**MOE dollar amount**			
8.1.1	Provide as a dollar amount the level of state appropriations and local funding for outpatient community-based mental health services for the most recently completed state fiscal year.	X		
8.2	**Narrative information**			
8.2.1	Describe and explain any reductions in the MOE dollar amount below the amount provided in the state's application materials. The state should confirm that it did not move resources to increase access to treatment in inpatient or residential settings at the expense of community-based services.	X		
9.	**SMI/SED financing plan**			
9.1	**Implementation update**			
9.1.1	Compared to the demonstration design and operational details, the state expects to make the following changes to: 9.1.1.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, and observation/assessment centers, with a coordinated community crisis response that involves law enforcement and other first responders	X		

Prompt		State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
9.1.1.b	Increase availability of on-going community-based services, e.g., outpatient, community mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model	X		

4. Narrative information on other reporting topics applicable to both SUD and SMI/SED components

Prompts		State has no update to report (place an X)	State response
10.	**Budget neutrality**		
10.1	**Current status and analysis**		
10.1.1	Describe the current status of budget neutrality and an analysis of the budget neutrality to date. If the SUD and SMI/SED components are part of a broader demonstration, the state should provide an analysis of the SUD- and SMI/SED-related budget neutrality and an analysis of budget neutrality as a whole.	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- and SMI/SED-related demonstration operations and policy**		
11.1	**Considerations**		
11.1.1	The state should highlight significant SUD and SMI/SED (or if broader demonstration, then SUD- and SMI/SED-related) demonstration components' 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 and SMI/SED demonstration components approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.		**DY5Q1 (January 1, 2025 – March 31, 2025)** HCPF began their annual work on the Mental Health Parity and Addiction Equity Act to assess compliance of the Medicaid benefit with Mental Health parity laws. They provided a link for individuals to submit comments through March 15, 2025. During a presentation to the Joint Budget Committee hearing, HCPF reported the following trends over the last four years: ● A 95% increase in RAE contracted providers ● A 41% increase in member access ● A 113% ($191 million) increase in funding for independent providers ● $1.1 billion total Medicaid expenditure for FY23-24 HCPF also reported 38 bills in four years focused on Medicaid behavioral health services including: ● Strengthening and expanding the behavioral health safety net ● Establishing system of care for youth and children ● Covering the full continuum of SUD care ● Peer recovery support services ● Increased access to medication assisted therapy ● Implementing mobile crisis and secure transport crisis to reduce law enforcement and ED utilization ● Provider trainings on billing and practice improvement HCPF also began a review of current rules and state plan language to identify where rules or state plan language needed to be drafted or revised to support the 1115 demonstration goals.
11.2	**Implementation update**		
11.2.1	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	

Prompts	State has no update to report (place an X)	State response
11.2.2 The state is working on other initiatives related to SUD, OUD and/or SMI/SED.		**DY5Q1 (January 1, 2025 – March 31, 2025)** HCPF continued to engage Managed Care Entities (MCEs) regarding the transition from ASAM 3rd edition to ASAM 4th edition, which is planned for July 1, 2026. They have been actively discussing transition options for current ASAM 3.2WM providers and have scheduled listening sessions with providers. HCPF has also continued to engage the MCEs to support information sharing regarding the planned transition.
11.2.3 The initiatives described above are related to the SUD and/or SMI/SED demonstration components. (The state should note similarities and differences from the SUD and SMI/SED demonstration components).	X	
11.2.4 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.4.a How the delivery system operates under the demonstration (e.g., through the managed care system or fee for service)	X	
11.2.4.b Delivery models affecting demonstration participants (e.g., Accountable Care Organizations, Patient Centered Medical Homes)		**DY5Q1 (January 1, 2025 – March 31, 2025)** HCPF began reviewing and planning for the transition to ACC Phase III, which will include going from seven RAEs to four RAEs, as well changing data/claims vendors from IBM to Conduent.
11.2.4.c Partners involved in service delivery		**DY5Q1 (January 1, 2025 – March 31, 2025)** HCPF announced they were forming a Medicaid System of Care Lived Experience Advisory Committee and were seeking individuals that had direct experience with Medicaid services, either as a recipient, family member, or caregiver. The Committee will play a crucial role in shaping policies and services that impact Medicaid eligible children and youth.
11.2.4.d ***SMI/SED-specific:*** The state Medicaid agency's Memorandum of Understanding (MOU) or other agreement with its mental health services agency	X	

Prompts		State has no update to report (place an X)	State response
12.	**SUD and SMI/SED demonstration evaluation update**		
12.1	**Narrative information**		
12.1.1	Provide updates on SUD and SMI/SED 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 reports. See Monitoring Report Instructions for more details.	X	
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.		**DY5Q1 (January 1, 2025 – March 31, 2025)** HCPF continues to work on the evaluation design and monitoring protocols for SMI/SED and SUD and anticipates meeting the timeframes CMS has established for these deliverables.
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 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 current or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.	X	
13.1.5	Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR § 431.428(a)5.	X	
13.2	**Post-award public forum**		
13.2.2	If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual monitoring report.	X	

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 and SMI/SED (or if broader demonstration, then SUD- or SMI/SED-related) demonstration components 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).	X	

*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:
SUD measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] and SMI/SED measures MPT, FUH-CH, FUH-AD, FUA-AD, FUM-AD, AAP, and APM measures (#13, 14, 15, 16, 17, 18, 7, 8, 9, 10, 26, 29) *are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.*

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