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

The state should complete this title page at the beginning of a demonstration and submit as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	Colorado Department of Regulatory Agencies
Demonstration name	Expanding the Substance Use Disorder Continuum of Care
Approval period for section 1115 demonstration	12/31/2025
SUD demonstration start date[a]	01/01/2021
Implementation date of SUD demonstration, if different from SUD demonstration start date[b]	01/01/2021
SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives	Under this demonstration, the State expects to achieve the following: 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	Demonstration Year 1 Quarter 4 (DY1Q4)
Reporting period	October 1, 2021–December 31, 2021, 2021 Annual Report

[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 12/15/2020, with an effective date of 1/1/2021 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 federal financial participation for services provided to individuals in institutions for mental disease.

2. Executive summary

The State of Colorado (Colorado or State) has completed the first Demonstration Year (DY) of the 1115 SUD Waiver. During 2021, Colorado updated the State Plan, service definitions, and contracts to require the use of the American Society of Addiction Medicine (ASAM) criteria in utilization review, assessment, and treatment planning, as well as to allow residential providers to permit residents to have access to Medication-Assisted Treatment (MAT) either through direct provision or arrangements with other providers. Additionally, providers received ASAM training and agencies received ASAM manuals. The State provided technical assistance to providers through a series of forums that continued through the second quarter. These forums transitioned into a workgroup of providers, Regional Accountable Entities (RAEs), and the Office of Behavioral Health (OBH) staff focused on implementing the legislative requirements outlined in the Behavioral Health Recovery Act (SB 21-137). This Act funds expansion of the MAT Expansion Pilot for three years, training and support of opioid use disorder (OUD) for health care providers, development of utilization management standardized processes for residential and inpatient SUD treatment, and audits for denials for inpatient SUD treatment.

The Colorado Office of eHealth Innovation (OeHI), which supports State initiatives and guides Health IT interoperability, updated their IT Roadmap to support using Health IT to share data, help Coloradans access high quality health care, and improve health equity for Coloradans by 2025. In addition, the OeHI has been developing a statewide behavioral health consent system, increasing utilization of tele-behavioral health in rural areas by providing grants for broadband, and has begun implementation of the Behavioral Health Capacity Registry in July 2021 to track the availability of mental health (MH)/SUD treatment beds statewide.

The State has been actively reviewing encounter data and measure specifications, running validations, and creating adjustment logic that will be used in programming the metrics. Upon approval of the Monitoring Protocol by CMS, the data programming will be finalized, and metrics will be calculated and provided to CMS.

Metric results for DY1Q1, DY1Q2, DY1Q3, and DY1Q4 will be produced after receiving approval from CMS on the Monitoring Protocol.

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	X		
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.i. The target population(s) of the demonstration			
1.2.1.ii. 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		
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	X		
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.i. 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 residential and inpatient settings, medically supervised withdrawal management)			**Quarter 4** • The 2022 new RAE contracts became effective January 1, 2022. The contracts included standardizing pre-authorization times based on ASAM levels. **Quarters 1–3** • During DY1Q3, contract amendments were implemented for the RAEs. The State drafted 2022 contracts, which will be effective January 1, 2022. • The State began receiving claims for the new SUD services. No issues were identified.
2.2.1.ii. 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		
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		
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		

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.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria			**Quarter 4** • As mandated by Senate Bill (SB) 21-137, residential and inpatient SUD utilization management statistics were produced for DY1Q1 and DY1Q2. For both quarters of the Demonstration, withdrawal management accounted for at least three-quarters of all episodes of care delivered. • Data points will be fully reportable by July 2022 based on a 6 month data lag and final implementation of standards effective January 1, 2022. **Quarters 1–3** • During DY1Q3, the provider forums transitioned to a workgroup of providers, RAEs, and OBH staff focused on implementing the legislative requirements outlined in SB 21-137 (summarized in 11.1.1 below). The workgroup met four times as of the end of DY1Q3. • As per legislative requirements, key State-required data points will be reported by July 2022. The State is working with the RAEs to build systems to obtain data and processes related to reporting the data points. • The RAEs continue to offer trainings on ASAM criteria, predominantly through recorded trainings on RAE websites with additional individual training as needed. • The State began publishing SUD provider updates on its website. • The department hosts quarterly provider forums.
3.2.1.ii. 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			**Quarter 4** • Initial utilization data (including authorization and denial data) was reported for the first and second quarter of the evaluation.

reviewing placement in residential treatment settings			**Quarters 1–3** • SB 21-137 required standardizing utilization management policies and providing specific justification in denial letters of each denial of continued authorization for all six dimensions in the most recent edition of ASAM. Payers and providers agreed on the initial authorization timeframes by ASAM level, which will be incorporated into RAE contracts effective January 1, 2022. • The State negotiated its contract with Health Services Advisory Group (HSAG) to be executed July 21, 2022; the first report is anticipated December 2022. HSAG will review audit denials to ensure appropriate application of ASAM criteria.
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	X		
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:	X		

4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards			
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.			**Quarter 4** • The contract for quality assurance audits has been completed.
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			**Quarter 4** • DY1Q4: Thirteen Residential SUD Treatment facilities applied for or renewed their license, all of which provide access to MAT. **Quarters 1–3** • Colorado modified provider contracts to stipulate that access to MAT must be part of residential services. • DY1Q1: Fourteen Residential SUD Treatment facilities offering access to MAT applied for or renewed their license. • DY1Q2; Nine Residential SUD Treatment facilities offering access to MAT applied for or renewed their license. • DY1Q3: Sixteen Residential SUD Treatment facilities offering access to MAT applied for or renewed their license.
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	X		
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		
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 in across the continuum of SUD care			**Quarter 4** • The State has formalized inclusion of facility bed capacity in Medicaid enrollment and renewal and has worked to require updates to all provider enrollments where the information regarding bed capacity was not included at the time of initial enrollment pre-dating the 1115. • SUD Provider Forum meetings continued and transitioned to quarterly. **Quarters 1–3** • The SUD Provider Forum group initially met bi-weekly to discuss and address implementation needs, new or ongoing issues, and changes to legislative mandates. • The State's OBH finalized the online Behavioral Health Capacity Registry by enhancing the existing EMResource platform, used by Colorado hospitals and nursing homes for capacity tracking. This centralized tracking registry is updated with timely capacity information and tracks availability for MH and SUD treatment beds, and whether licensed Opioid Treatment Programs are accepting new clients. The system went live April 1, 2021, and daily updates began July 1, 2021. • One of the goals of Colorado's State Opioid Response (SOR) grant has been to expand access to MAT. Colorado pays for those who are uninsured and up to 300% of the federal poverty level at any Opioid Treatment Program in the State already serving the Medicaid population. Colorado also supports treatment with other medications

			that are Food and Drug Administration approved to treat OUDs. SOR funds providers to operate mobile health units (MHUs) to deliver MAT (buprenorphine and naltrexone) to areas of the State where MAT is not currently offered. • OBH has continued to work with the Colorado Hospital Association to create pathways to allow hospitals to initiate MAT within the Emergency Department and provide warm handoffs to community providers.
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	X		
6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.1 Metric trends			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	X		
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.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD			**Quarter 4** • During DY1Q4, the number of OpiSafe accounts remained 4,165. • The number of members with multiple claims for opioid prescriptions totaling over 150 MME and no naloxone fill within a year has decreased from 358 (DY1Q1) to 322 (DY1Q4). **Quarters 1–3** • During the first quarter, the State operationalized OpiSafe, an opioid risk metric tool for Medicaid providers. Use of this tool will assist providers in identifying and reducing

			the risk of opioid misuse in patients. 85% of Colorado Medicaid's 24,459 prescribers had this in their electronic health record during this quarter. The State plans to increase use and functionality of the State's Prescription Drug Monitoring Program (PDMP) by integrating PDMP access into the State's prescriber tool through the OpiSafe opioid risk module. During DY1Q3, the number of OpiSafe accounts totaled 4,165. • The Colorado OBH implemented programs funded by Marijuana Tax Revenue, including training for professionals who provide Screening, Brief Intervention, and Referral to Treatment (SBIRT), increasing access to effective SUD services, implementing programs for adults with co-occurring MH conditions and SUDs (e.g., Circle Program and other rural treatment programs for people with co-occurring conditions), implementing community prevention and treatment for alcohol and drug abuse, providing SUD services at MH facilities, promoting substance abuse prevention through public awareness campaigns, and utilizing the funding from the SOR grant to address the opioid crisis. • In addition, 12 unique programs supported MAT expansion to jail based programs, primary care, and in-home inductions. In the realm of prevention, managed service organizations have supported school-based programs and adolescent screenings. • The Lift the Label campaign fights the stigma of addiction by featuring the stories of real Coloradans who have struggled with addiction. The campaign expanded with new stories in response to focus group research on how to better reach the Black/African American, Latinx, and LGBTQIA+ communities. • In September 2021, the Recovery Cards Project funded by Lift the Label launched a new set of Recovery Cards

			created by new artists from diverse backgrounds including those who are in recovery themselves and loved ones of those in recovery. • The Harm Reduction Workgroup formed two subcommittees to present ideas to the State's Behavioral Health Transformation Taskforce. Subcommittee One focused on advocacy for onsite drug checking at syringe access programs; Subcommittee Two focused on increasing startup funding for syringe access programs. • The State's Drug Utilization Review (DUR) program compares providers' Medicaid opioid prescribing patterns and sends educational letters to enrolled providers with these comparative opioid prescribing statistics. High dose or "high risk" opioid utilization and prescribing has decreased since the implementation of this program.
6.2.1.ii. Expansion of coverage for and access to naloxone	X		**Quarter 4** • No changes. **Quarters 1–3** • OBH provides the majority of the funding for naloxone distribution through a statewide bulk purchase fund operated by the Colorado Department of Public Health & Environment (CDPHE). This funding provides free naloxone to syringe service programs, law enforcement, local public health agencies, school districts, first responders, and harm reduction agencies. • The SOR grant funds a program to provide all at-risk people discharged from the hospital with naloxone.
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
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		
7.2 Implementation update			
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		**Quarter 4** • No changes. **Quarters 1–3** • Through weekly meetings with the RAEs, it was noted that disruptions in care were occurring with ASAM level 3.7, and this resulted in a number of facilities adding ASAM level 3.5 services to their array of service to prevent the interruption in SUD care. • During Quarter 3, the State approved the RAEs' updated care coordination policy drafts. • OBH has also continued to partner with the Colorado Hospital Association to support effective transitions for people coming to the hospital with an OUD into community-based services. This particular work was updated to focus on pregnant and parenting women, many of whom are Medicaid recipients.
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
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		
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.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD			**Quarter 4** • The Colorado OeHI, which supports State initiatives and guides future Health IT interoperability, will contract with a business analyst to further explore requirements for a statewide consent system. Recommendations are being developed for a standardized behavioral consent form. **Quarters 1–3** • The State is utilizing Health IT programs such as the Prescriber Tool project, including OpiSafe module (described in 6.2.1.i above) and incorporation of PDMP, to slow down the rate of growth of individuals identified with SUD. • An OeHI workgroup is reviewing consent management options with the goal of developing a statewide approach to consent management that aligns and synchronizes the consents required for health information sharing in Colorado, specifically behavioral health. A sub-group is exploring legal options and is awaiting a possible Substance Abuse and Mental Health Services Administration (SAMHSA) rule change.
How health IT is being used to treat effectively individuals identified with SUD	X		
8.2.1.ii. How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD			**Quarter 4** • The OeHI is planning to integrate its Care Coordination work with that of OBH in order to streamline, reduce

			duplication, and provide a more efficient total health care model. **Quarters 1–3** • The OBH reviewed how Health IT could be utilized to effectively monitor recovery supports and services for individuals with identified SUD. OBH reviewed tools that monitor recovery rather than symptom severity.
8.2.1.iii. 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			**Quarter 4** • OeHI's Telehealth and Broadband Initiative aims to increase the use of telehealth and provide reliable and affordable broadband access for health organizations and consumers. One of OeHI's goals for 2021, was to increase utilization of tele-behavioral health in safety net providers. OeHI is preparing to issue grants for rural safety-net providers to upgrade network connections and to purchase equipment for telehealth appointments. **Quarters 1–3** • The OeHI plans to work with health information exchanges (HIEs) to enhance data and information such as utilization of emergency department services, crisis services, and inpatient services. • The OeHI drafted *The Colorado Health Information Governance Guidebook* to inform future data-sharing projects and provide best practices and ideas for the consent, standardization, sharing, and application of health and health-related data across Colorado. • The Behavioral Health Capacity Registry, which began implementation April 1, 2021, went live on July 1, 2021. The Registry is an online tool that tracks statewide availability for MH and SUD treatment beds and whether licensed Opioid Treatment Programs are accepting new

				clients. SUD programs are required to update the Registry daily.
8.2.1.iv.	Other aspects of the state's health IT implementation milestones	X		
8.2.1.v.	The timeline for achieving health IT implementation milestones			**Quarter 4** • An updated Colorado Health IT Roadmap was produced based on the work done earlier in the year with the three broad goals of using Health IT to share data, help Coloradans access high quality health care, and improve health equity. • The goals are planned to be implemented by 2024. **Quarters 1–3** • OeHI and the Colorado Health Institute engaged with public and private entities during the second and third quarters of 2021 with the goal of updating the 2019 Health IT Roadmap. Current and future needs in policy, funding, and health information technology were assessed and feedback obtained on sustainable future strategies for the State.
8.2.1.vi.	Planned activities to increase use and functionality of the state's prescription drug monitoring program			**Quarter 4** • As of December 31, 2021, 45,230 active PDMP user accounts exist. For 2021, a monthly average of 1,132 dispensers reported to the PDMP. **Quarters 1–3** • The PDMP is overseen by the Colorado Department of Regulatory Agencies (DORA). Due to the nature of the information contained in the PDMP, access to information is closely regulated, although annual reports are presented to the State by the PDMP taskforce. The Department of Health Care Policy & Financing (HCPF) has been working

			with the DORA to obtain information about the numbers of pharmacies and providers enrolled. • DORA began preparing for the next PDMP request for proposal (RFP), as the current vendor's contract is nearing expiration. • House Bill 21-1012 expands the PDMP to track all prescription drugs prescribed in Colorado. • House Bill 21-1276 requires the State to enable the RxCheck data sharing hub to integrate the PDMP into the electronic medical records of practitioners and health systems within the State by December 1, 2021. This bill allows medical examiners and coroners to query the PDMP for individuals who are the subject of a death investigation. Also, this bill requires practitioners to query the PDMP before prescribing any opioid or benzodiazepine, subject to certain exceptions. • HCPF is providing 5000 free licenses to the prescriber tool to increase use of the tool.
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			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		
9.2 Implementation update			

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		

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.		**Quarter 4** • The budget neutrality calculation template has been submitted with this monitoring report. **Quarters 1–3** • The budget neutrality workbook has been submitted with each monitoring report.
10.2 Implementation update		
10.2.1 The state expects to make other program changes that may affect budget neutrality	X	
11. SUD-related demonstration operations and policy		
11.1 Considerations		
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		**Grievances and Appeals** At this time, HCPF does not have a complete breakout of grievances specifically related to SUD treatment, but HCPF is working with the

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 report template instructions for more detail.

Managed Care Entities to build systems to capture this information. Below is information that has been collected on Appeals for the first three quarters.

DY1Q1 (January 1 to March 31, 2021): 7 Continued Authorization (CA) requests with 1 appeal that overturned a denial during this first quarter.

ASAM LOC	# of CA Appeals	# Overturned Denials	% Denials Overturned
Total	7	1	14%

DY1Q2 (April 1 to June 30, 2021): There were a total of 6 appeals for CA (4 at the ASAM 3.5 level, 1 at the ASAM3.7 level and 1 at the ASAM 3.7WM level) of these, 1 denial (ASAM level 3.5) was overturned.

ASAM LOC	# of CA Appeals	# Overturned Denials	% Denials Overturned
3.1			
3.5	4	1	25%
3.7	1	0	0%
3.7WM	1	0	0%
Total	6	1	16.7%

DY1Q3 (July-September 2021): Number of CA Appeals by LOC: There were a total of 16 appeals for CAs. There were no reported CA appeals for ASAM Levels 3.3, 3.7, or 3.2WM. Number of CA Appeals that Overturned Denials per LOC: There were a total of 3 CA denials overturned on appeal (all at 3.5 LOC). 19% of total appeals overturned denials. Within the 3.5 LOC 25% of appeals overturned denials.

ASAM LOC	# of CA Appeals	# Overturned Denials	% Denials Overturned
3.1	2	0	0%
3.5	12	3	25%

3.7WM	2	0	0%
Total	**16**	**3**	**19%**

There were a total of 9 peer-to-peer requests reported with 6 peer-to-peer requests overturning denials. 67% of peer-to-peer requests resulted in overturned denials.

Quarter 4

- In November 2021, the Colorado Department of Human Services (CDHS) submitted a plan to reform the behavioral health system and implement the new Behavioral Health Administration (BHA) by July 2022.
- A continued challenge for Colorado is the continued COVID-19 crisis on the health care system and patients as well as the shortage of health care workers.

Quarters 1–3

A positive effect on the Demonstration may occur with the funding provided by Behavioral Health Recovery Act (SB 21-137) signed June 28, 2021 which includes funding of the following;

- Behavioral health and SUD treatment for children and their families through OBH, including the maternal and child health pilot program
- Expansion of the MAT Expansion Pilot for three years
- Public awareness campaigns related to safe medication practices
- Training and support on OUD for health care providers
- Bulk purchasing of naloxone
- Development of utilization management standardized processes for inpatient SUD treatment
- Audits for denials for inpatient SUD treatment
- Development of statewide care coordination infrastructure
- Training health care professionals in substance use SBIRT

11.2 Implementation update		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	X	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	X	
1.2.1.iii. Partners involved in service delivery	X	
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		**Quarter 4** • No challenges occurred. **Quarters 1–3** • A potential challenge is the new policy announced August 17, 2021, requiring three State agencies with 24 hours a day, seven days per week facilities to require COVID-19 vaccinations for staff members, including direct care staff, support staff, temporary staff, contractors, and anyone who may interact with the public. Staff in the Colorado Department of Corrections (CDOC) and CDPHE had until October 31, 2021, to become fully vaccinated. Staff in CDHS are to be fully vaccinated by November 14, 2021. As of the vaccine mandate date, 58.7% of all CDOC staff and 77% of CDHS staff were fully vaccinated.
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	

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 report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		**Quarter 4** • The Evaluation Design was updated after receiving comments from CMS and will be resubmitted to CMS in DY2Q1. There are no anticipated barriers to achieving the goals and timeframes related to the Demonstration Evaluation. **Quarters 1–3** • The Evaluation Design progressed with the creation of driver diagrams; formulation of research questions and hypotheses; development of the analytic methods to be used; and assessment of methodological limitations. The draft Evaluation Design was submitted to CMS on October 1, 2021.
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		**Quarter 4** • DYIQ3 Report: submitted on time (November 2021). • Revised Monitoring Protocol: CMS sent comments November 22, 2021; revised Monitoring Protocol due to CMS on January 22, 2022. **Quarters 1–3** • DY1Q1 and DY1Q2 Reports: submitted on time (August 2021). • Draft Monitoring Protocol: submitted August 4, 2021 Expected timelines are being met.
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		• Acceptance of Monitoring Protocol by CMS: after receipt of revised Monitoring Protocol (anticipated DY2Q1) • Revised Evaluation Design: submitted to CMS on February 4, 2022 (due 60 days after receipt of CMS comments)

		• DY1Q4/Annual Report: due to be submitted on time (by March 31, 2022) • DY2Q1 Report: due May 30, 2022. • DY2Q2 Report: due August 29, 2022 • DY2Q3 Report: due November 29, 2022 • DY2Q4/Annual Report: due March 31, 2023 • Mid-Point Assessment: due September 1, 2023 • Draft Interim Evaluation Report: due June 30, 2024 • Final Interim Evaluation Report: due 60 days after receipt of CMS comments • Draft Summative Evaluation Report: due 18 months after the end of the approval period (June 30, 2027) • Final Summative Evaluation Report: due 60 days after receipt of CMS comments
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		**Quarter 4** • The State continued to set up processes to prepare for the calculation of the metrics after the Monitoring Protocol is approved. **Quarters 1–3** • Additional HCPCs codes were added for telehealth visits to the most recent Mathematica update (Version 4.0). The State, however, does not use these G-codes to capture telehealth since it is captured with Place of Service code 02.

		• The State set up processes to validate and calculate metrics. Data from 2018 to current were combined and validations run. Adjustment logic was applied to create master claims and enrollment datasets.
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation		**Quarter 4** • There were no issues submitting deliverables during the current quarter. • Deliverables included DY1Q3 monitoring report and the draft Evaluation Design. **Quarters 1–3** • There were no issues submitting deliverables during the first three quarters. • Deliverables included DY1Q1 monitoring report, DY1Q2 monitoring report, draft Monitoring Protocol, and the draft Evaluation Design.
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 report.		The State held a virtual post award forum on May 20, 2021. The State also provided an additional opportunity for public comment on May 26, 2021 during the State of Colorado Medical Assistance and Services Advisory Council meeting. The State highlighted the contribution of the RAEs, including their responsiveness regarding provider feedback, making system enhancements, providing toolkits and learning opportunities for providers, and offering individualized provider support.

		A summary of forum results is included at the end of this report.
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.		**Quarter 4** • A new Initial Authorization form has been developed and implemented as of December 1, 2021. The new form has been standardized and establishes uniformity of days approved through initial authorization for residential SUD services based on ASAM LOC and will be used across all RAEs. **Quarters 1–3** • The RAEs worked to streamline the Prior Authorization process by standardizing the form instead of using different forms in each RAE. • The State created new provider types in the billing system to facilitate and increase provider enrollment in the new system.

*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:

Measures IET-AD, FUA-AD, FUM-AD, and AAP [Metrics #15, 17(1), 17(2), and 32] 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.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a "HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS rates."

Annual Post Award Forum

From April 15, 2021 until May 31, 2021, the State prominently posted on the Colorado HCPF SUD webpage a Notice of Post Award Forum, which included the date, time, and virtual location of the public forums available, as well as information on how to participate and provide comments. The State offered two opportunities for public comments, as follows:

- 20 May 2021, 12:30–2:00pm. Post Award Forum #1 (virtual meeting).
- 26 May 2021, 6:00–7:30pm. Post Award Forum # 2 (State of Colorado Medical Assistance and Services Advisory Council meeting).

During the Post Award Forums, the State received comments and questions regarding how SUD treatment providers may contact RAEs, SUD provider lists, plans for future public forums and opportunities for providing comments, rates and reimbursement for providing SUD treatment, ascertaining providers' Medicaid ID numbers, monitoring and evaluating the 1115 SUD Demonstration, treatment authorizations, and RAE contracting processes. Below is a summary table of the comments collected.

Topic area	**Comment**	**Response**
Contacting RAEs	Some providers are having problems contacting live staff at RAEs to ask questions. Can the State provide a RAE contact list for providers, to help them with obtaining authorizations for treatment?	The State is updating an existing RAE Contact list and will make available on the SUD webpage and SUD Stakeholders distribution list.
SUD provider list	State's current list of contracted SUD providers does not include the commenter's treatment agency, which is in the process of finalizing its contract with RAEs. Can we be added to the list?	The list of contracted SUD providers is updated on a monthly basis. Based on information from the RAE in question, the commenter's treatment agency will be listed starting next month, in June 2021. Also, the treatment agency should contact their RAE directly.
Public forums/comment opportunity	Is there another opportunity for providing comments regarding the 1115 SUD Demonstration?	CMS requires states with an 1115 SUD Demonstration to hold a Post Award Forum within six months of the implementation of the Demonstration, and annually thereafter. The State also welcomes comments regarding the 1115 SUD Demonstration at any time.
Rates and reimbursement	What is the process for determining rates of reimbursement for treatment next year?	The State uses an external actuary to calculate reimbursement rates. Before the rates can be approved by the State, they must be actuarially sound and reflect actual benefit utilization.

Topic area	Comment	Response
	What is the process for determining rates of reimbursement for room and board (for SUD inpatient/residential treatment) next year?	The CDHS allows for some variance when treatment providers calculate their room and board rates. CDHS remains open to discussions with MSOs and SUD treatment providers regarding its calculations of future reimbursement rates.
Medicaid ID	How do SUD treatment providers ascertain their Medicaid ID number?	Treatment providers may contact the State for this information.
Monitoring and Evaluation of the 1115 SUD Demonstration	How is the State providing data to CMS?	The State is required to provide quarterly and annual monitoring reports to CMS on its progress for goals and milestones of the 1115 SUD Demonstration. After CMS approval, the reports will be posted on the State's SUD webpage.
Treatment authorizations	An initial approval period of 14 days for pregnant or postpartum patients is too short; the approval period should be at least 30 days.	RAEs manage utilization of the residential and inpatient SUD benefit according to unique members' Medicaid necessity. The State will be implementing a statewide, electronic patient assessment tool that will help the State monitor variations within and between RAEs.
	Initial approvals are usually for two weeks — is this common for most treatment approval requests?	RAEs are having regular and ongoing conversations with treatment providers to address and provide guidance on various topics, including initial authorizations for treatment.
RAE contract process	The treatment provider has not completed their contracting process with all RAEs. What can be done to expedite this process?	RAEs have the ability to use single case agreements (SCAs) to ensure that patients can access SUD treatment, even if the treatment provider is not contracted with a particular RAE.