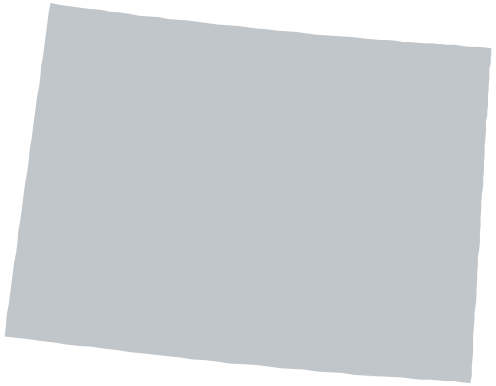
OPEN MINDS

Colorado Health & Human Services System Market Profile

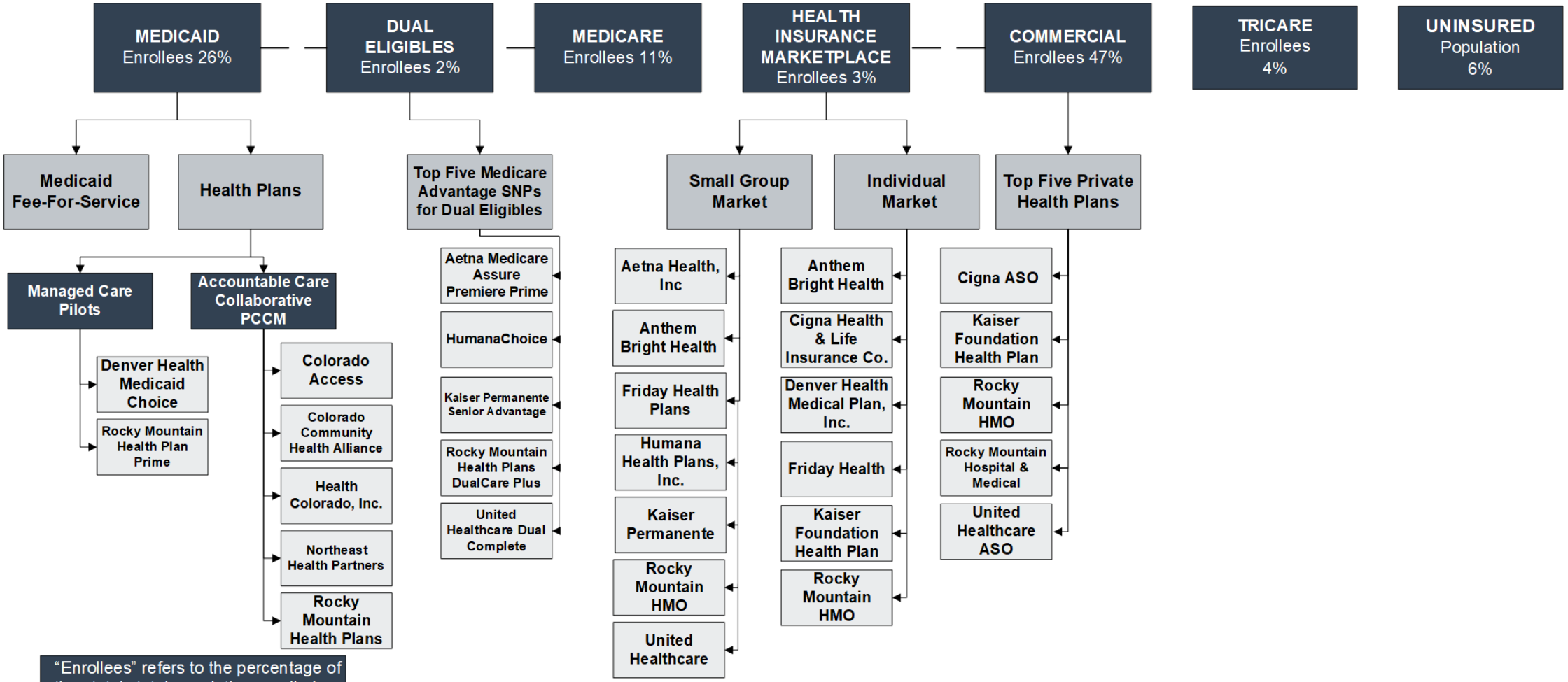


Colorado Health & Human Services Market Profile Overview

A. Executive Summary

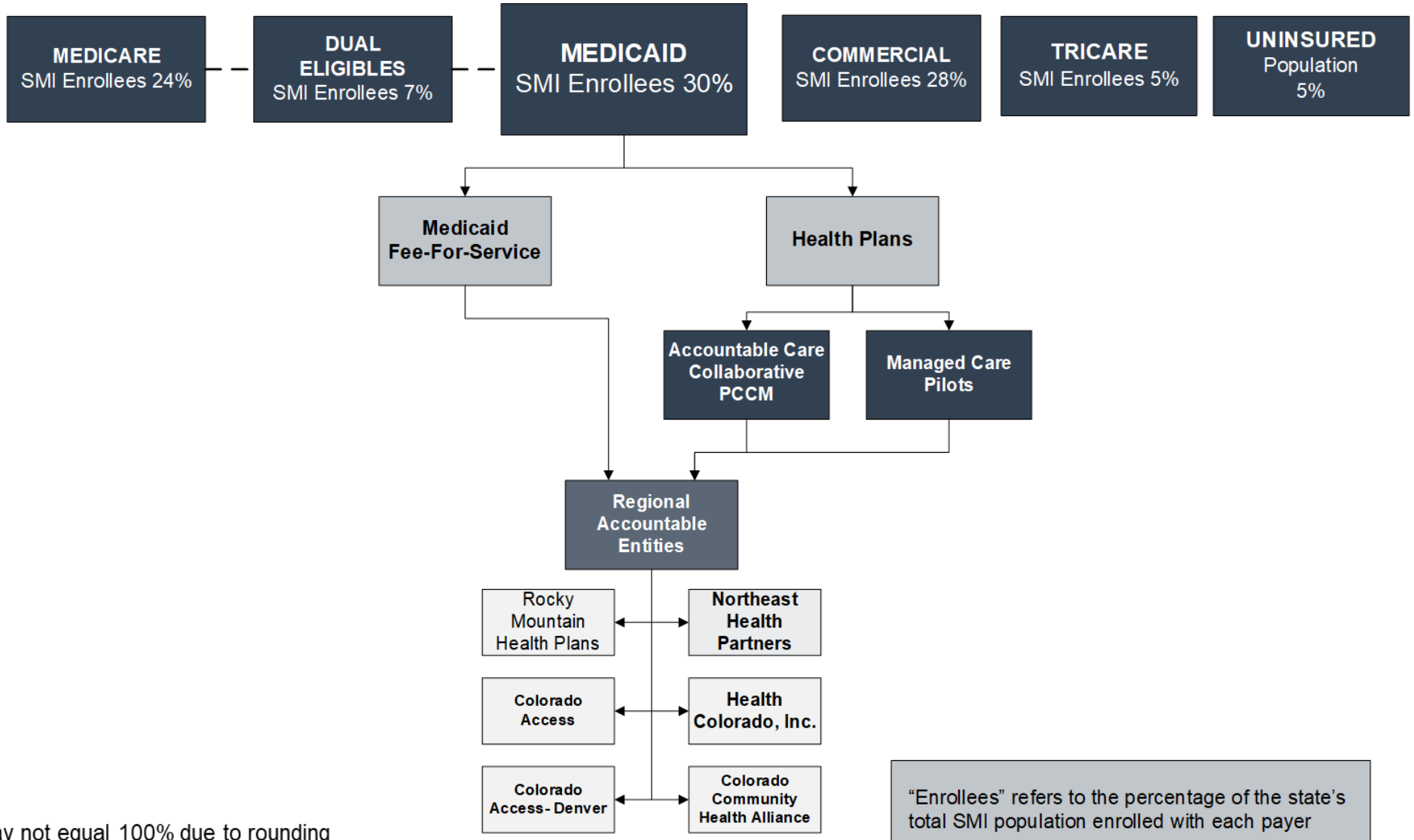
A.1. Colorado Physical Health Care Coverage by Payer

Total Colorado Population- 5,812,069
Estimated SMI Population- 394,277



*Totals may not equal 100% due to rounding

A.1. Colorado Behavioral Health Care Coverage by Payer



*Totals may not equal 100% due to rounding

"Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer

A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state runs a small demonstration that provides Medicaid benefits through at-risk health plans.
Primary Care Case Management (PCCM)	✓	The RAEs are responsible for the coordination of physical health benefits for an administrative fee.
Accountable Care Organization (ACO) Program	✓	The RAEs function as ACOs, as part of the entity's payment is tied to performance.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		Colorado's dual demonstration ended in 2017 and enrollees were transitioned to the Accountable Care Collaborative.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates four CCBHCs.
Other Care Coordination Initiative		The state is exploring the implementation of a public option.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Colorado Department of Health Care Policy and Financing offers the Colorado Indigent Care Program, which provides discounted health care services to individuals with incomes up to 250% of the federal poverty level when they use a participating provider organization.

Mental Health Services

- The Office of Behavioral Health within the Department of Human Services contracts with 17 community mental health centers and two special population service organizations (i.e., the Asian Pacific Center for Human Development and Servicios De La Raza) to provide mental health services to uninsured individuals on a sliding fee basis.

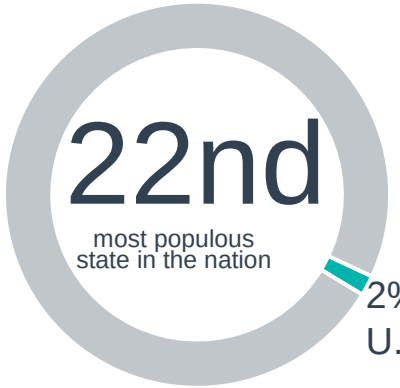
Addiction Treatment Services

- The Office of Behavioral Health within the Department of Human Services contracts with four managed service organizations, which in turn contracts with local provider organizations to provide addiction treatment services to the uninsured population on a sliding fee basis.

B. Colorado Health Financing System Overview

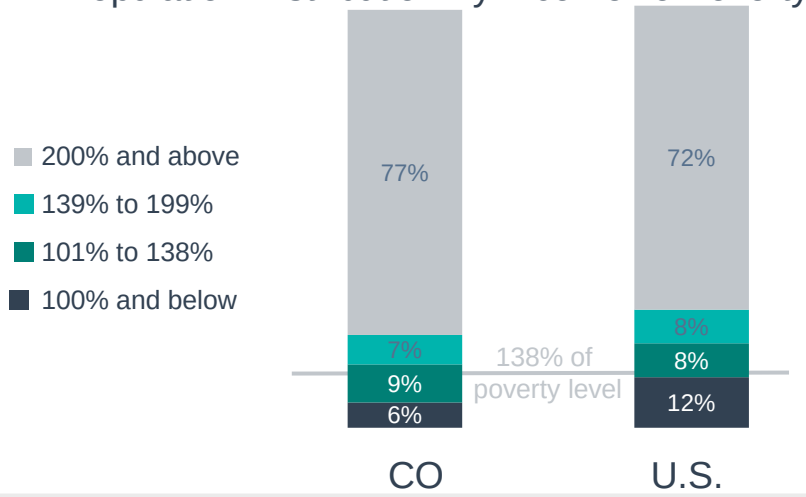
B.1. Population Demographics

Total Colorado Population- 5,812,069
Estimated SMI Population- 394,277



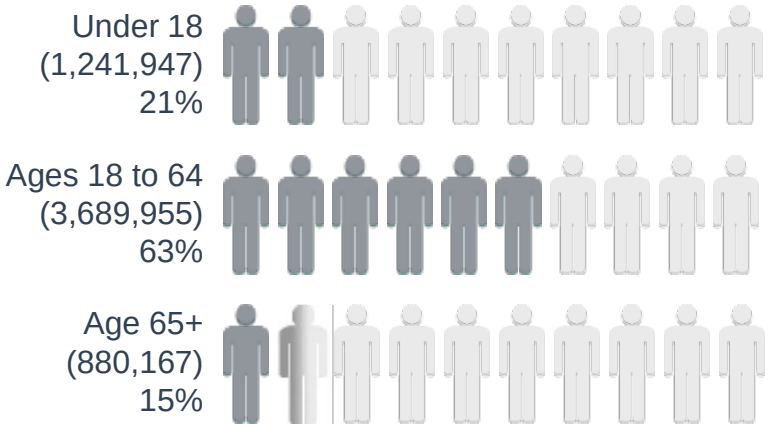
2% of the
U.S. population

Population Distribution By Income To Poverty Threshold Ratio

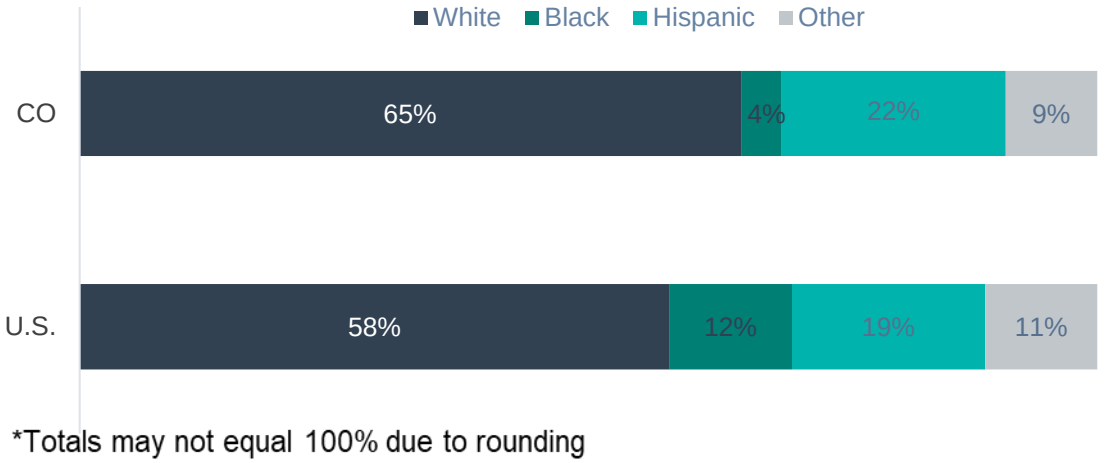


Median Household Income	
Colorado	$82,254
U.S.	$69,717

Population Distribution By Age



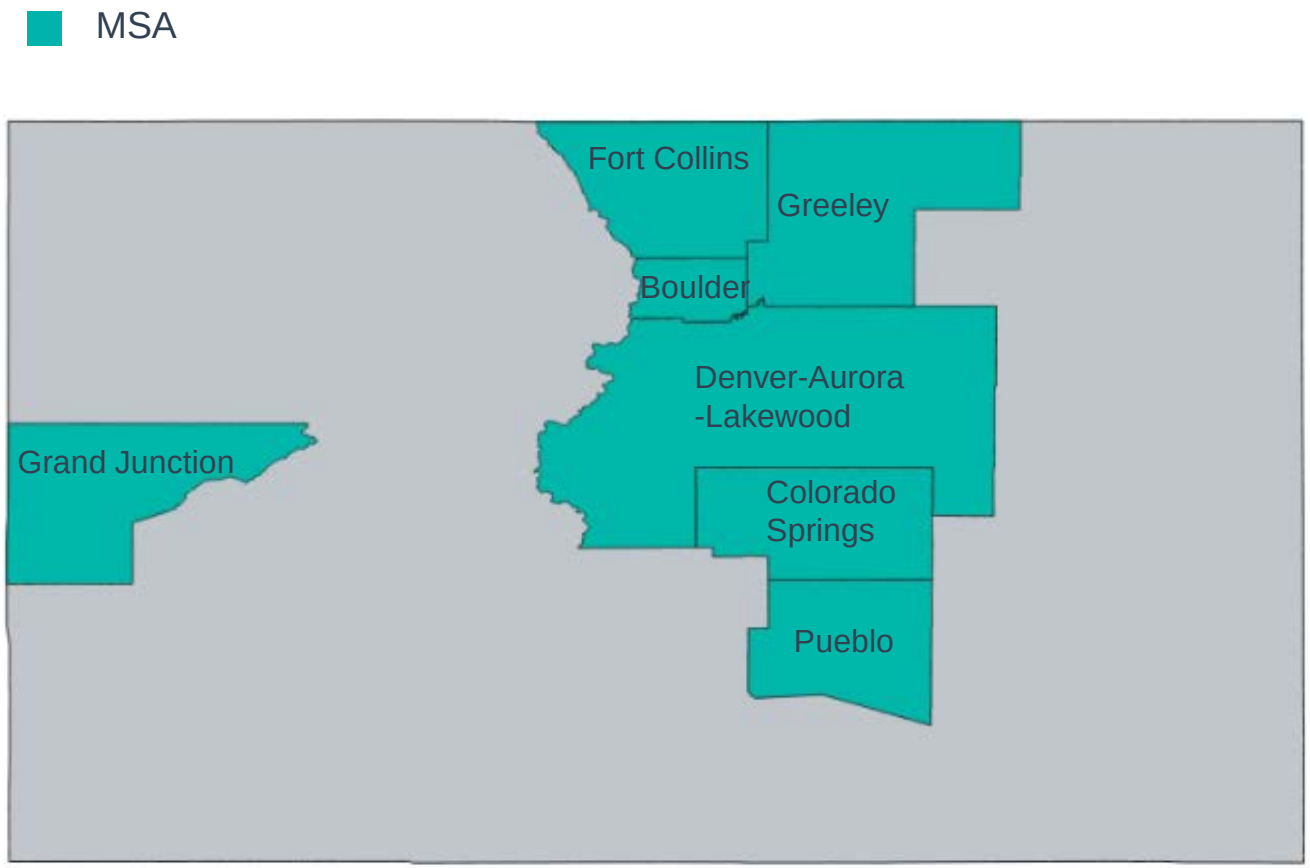
Colorado & U.S. Racial Composition



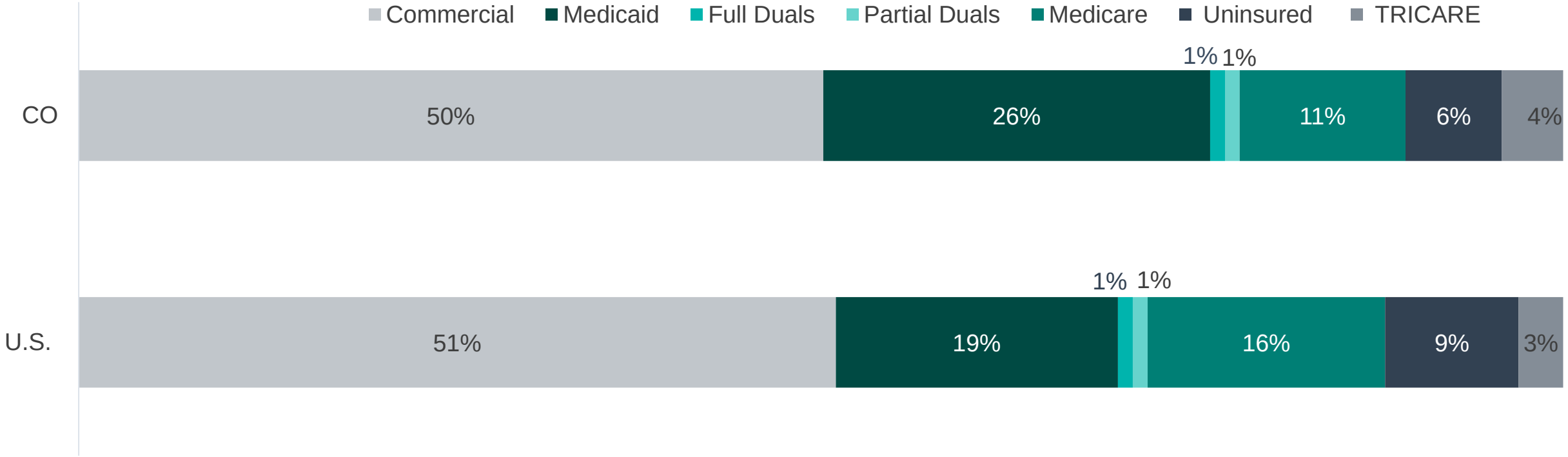
*Totals may not equal 100% due to rounding

B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	**Colorado MSA Residents**	**Percent Of Population**
Total MSA Population	**5,094,428**	**88%**
Denver-Aurora-Lakewood	2,972,566	51%
Colorado Springs	762,793	13%
Fort Collins	362,533	6%
Greeley	340,036	6%
Boulder	329,543	6%
Pueblo	169,622	3%
Grand Junction	157,335	3%

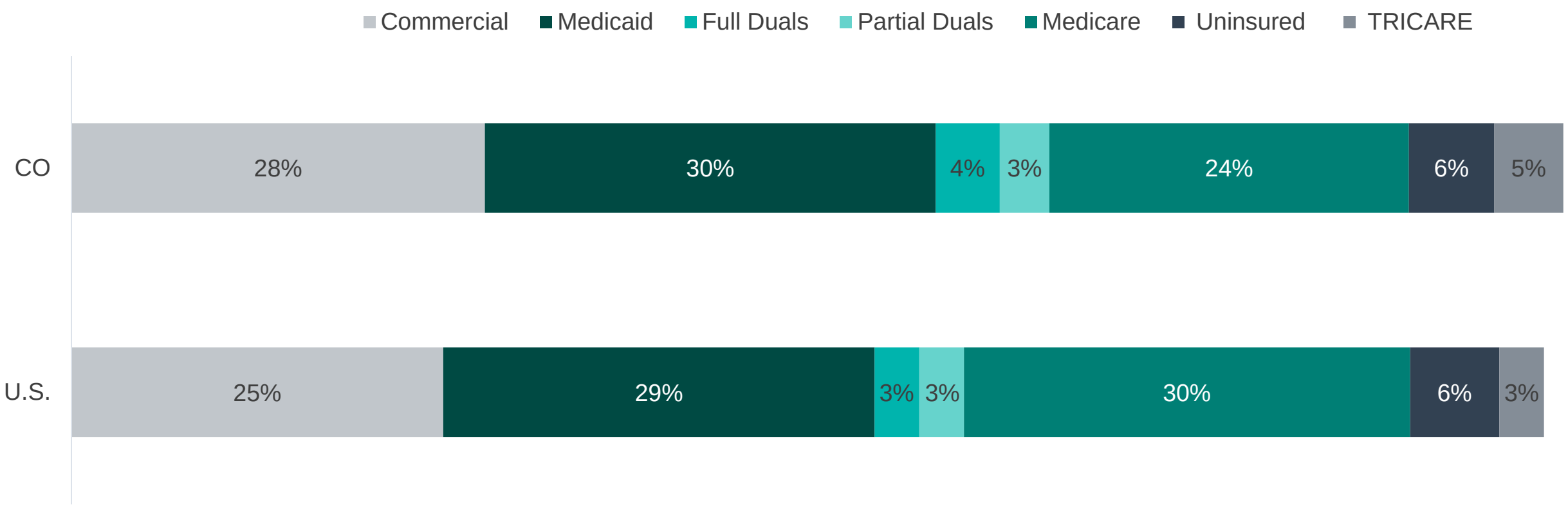


B.3. Population Distribution By Payer: National vs. State



*Totals may not equal 100% due to rounding

B.3. SMI Population Distribution By Payer: National vs. State



*Totals may not equal 100% due to rounding

B.4. Largest Colorado Health Plans By Enrollment

Plan Name	Plan Type	Enrollment
Medicaid fee-for-service (FFS)	Medicaid	1,493,471
Colorado Access Regional Care Collaborative Organization (RCCO)	Medicaid managed care	1,369,978
Rocky Mountain Hospital and Medical	Commercial	825,250
Medicare FFS	Medicare	476,582
Kaiser Foundation Health Plan of Colorado	Commercial	392,504
Cigna ASO	Commercial administrative services only(ASO)	372,684
UnitedHealthcare ASO	Commercial ASO	371,900
TRICARE	Other public	253,214
Rocky Mountain HMO	Commercial	210,089
UnitedHealthcare Insurance Company	Commercial	143,312

*Medicaid enrollment as of March 2023; TRICARE as of March 2023; Commercial as of March 2023, Medicare enrollment as of March 2023

B.4. Largest Colorado Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicaid FFS	Medicaid	1,493,471	128,439
Colorado Regional Care Collaborative Organization (RCCO)	Medicaid managed care	1,369,978	117,818
Medicare FFS	Medicare	476,582	76,253
Rocky Mountain Hospital and Medical	Commercial	825,250	33,835
AARP MedicareComplete	Medicare Advantage	141,916	22,707
TRICARE	Other public	253,214	21,017
Kaiser Permanente Senior Advantage	Medicare Advantage	112,072	17,932
Kaiser Foundation Health Plan of Colorado	Commercial	392,504	16,093
Cigna ASO	Commercial ASO	372,684	15,280
UnitedHealthcare ASO	Commercial ASO	371,900	15,248

*Medicaid enrollment as of March 2023; TRICARE as of March 2023; Commercial as of March 2023; Medicare enrollment as of March 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	3%
Type of Marketplace	State
Individual Enrollment Contact	http://connectforhealthco.com/
	1-855-752-6749
Small Business Enrollment Contact	http://connectforhealthco.com/get-started/small-business/
	1-855-752-6749

2023 Individual Market Health Plans

1. Anthem
2. Cigna
3. Denver Health
4. Friday Health Plans
5. Kaiser Permanente
6. Oscar
7. Rocky Mountain Health Plans

2023 Small Group Market Health Plans

1. Aetna Health, Inc.
2. Aetna Life Insurance Company
3. Anthem (HMO Colorado, Inc)
4. Anthem (Rocky Mountain Hospital and Medical Service, Inc)
5. Friday Health Plans
6. Humana Health Plan, Inc.
7. Kaiser Foundation Health Plan of Colorado
8. Kaiser Permanente
9. UnitedHealthcare
10. United Healthcare of Colorado, Inc

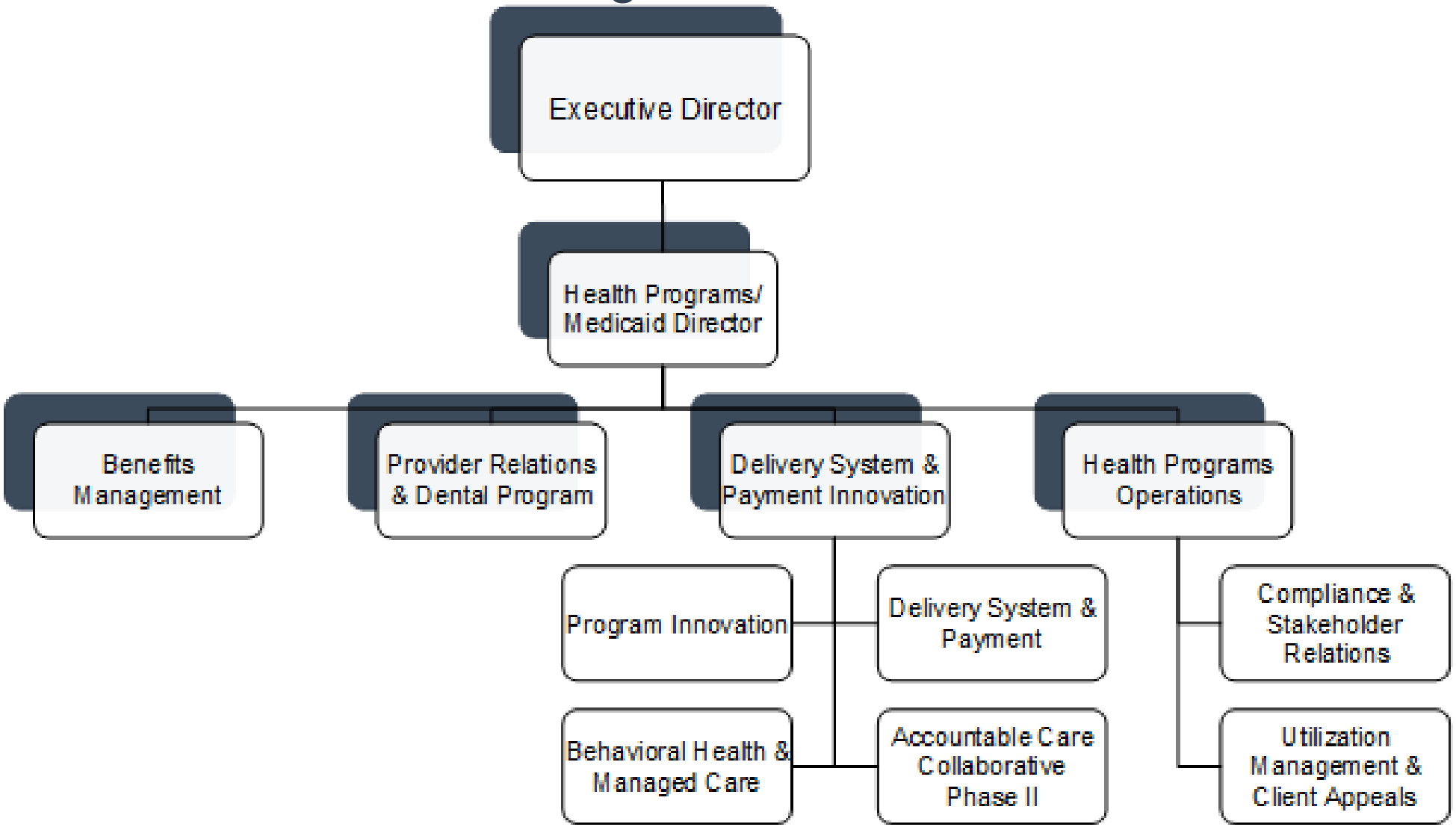
B.6. Accountable Care Organizations

Medicare Shared Savings Model ACOs
1. Aledade Accountable Care 22, LLC
2. Aledade Accountable Care 57, LLC
3. Banner Network Colorado
4. Boulder Valley Care Network
5. Community Health Provider Alliance
6. UCHealth, LLC dba UCHealth Integrated Network
7. Physician Health Partners
8. Western Accountable Care Organization

Commercial ACOs	
ACO	**Commercial Insurer**
Aetna Whole Health- Colorado Front Range Network	Aetna Whole Health
Banner Network Colorado	Aetna, Cigna, Humana
Centura Health	UnitedHealthcare
Integrated Physician Network	Cigna
MedSouth	Cigna
New West Physicians Collaborative Accountable Care	Aetna, Cigna, UnitedHealthcare
NexusACO	UnitedHealthcare
Physician Health Partners, LLC	Aetna, Anthem, Cigna, UnitedHealthcare

C. Medicaid Administration, Governance & Operations

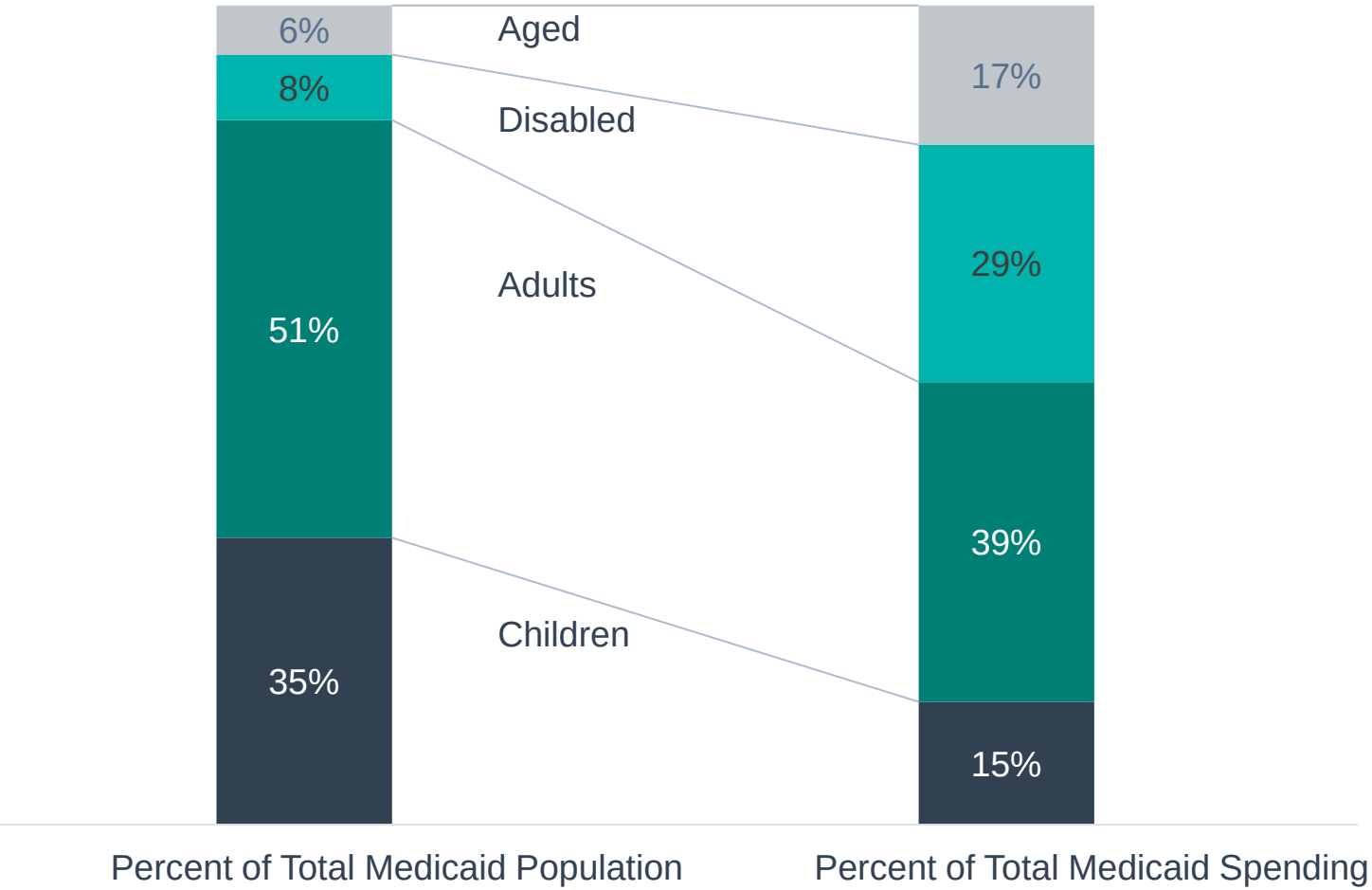
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Kim Bimestefer	Executive Director	Department of Health Care Policy and Financing (DHCPF)	kim.bimestefer@state.co.us
Adela Flores-Brennan	Health Policy Office Director, Medicaid Director	Department of Health Care Policy and Financing (DHCPF)	adela.flores-brennan@state.co.us
Cristen Bates	BHIC Office Director, Deputy Medicaid Director	Department of Health Care Policy and Financing (DHCPF)	Cristen.Bates@state.co.us
Ralph Choate	COO, Medicaid Operations Office Director	Department of Health Care Policy and Financing (DHCPF), Medicaid Operations Office	ralph.choate@state.co.us
Marivel Klueckman	Eligibility Division Director	Department of Health Care Policy and Financing (DHCPF), Medicaid Operations Office	marivel.klueckman@state.co.us
Bich Kieu Thi Pham	Eligibility Review Section Manager	Department of Health Care Policy and Financing (DHCPF), Medicaid Operations Office	Kieu.t.pham@state.co.us

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2020 data

*Totals may not equal 100% due to rounding

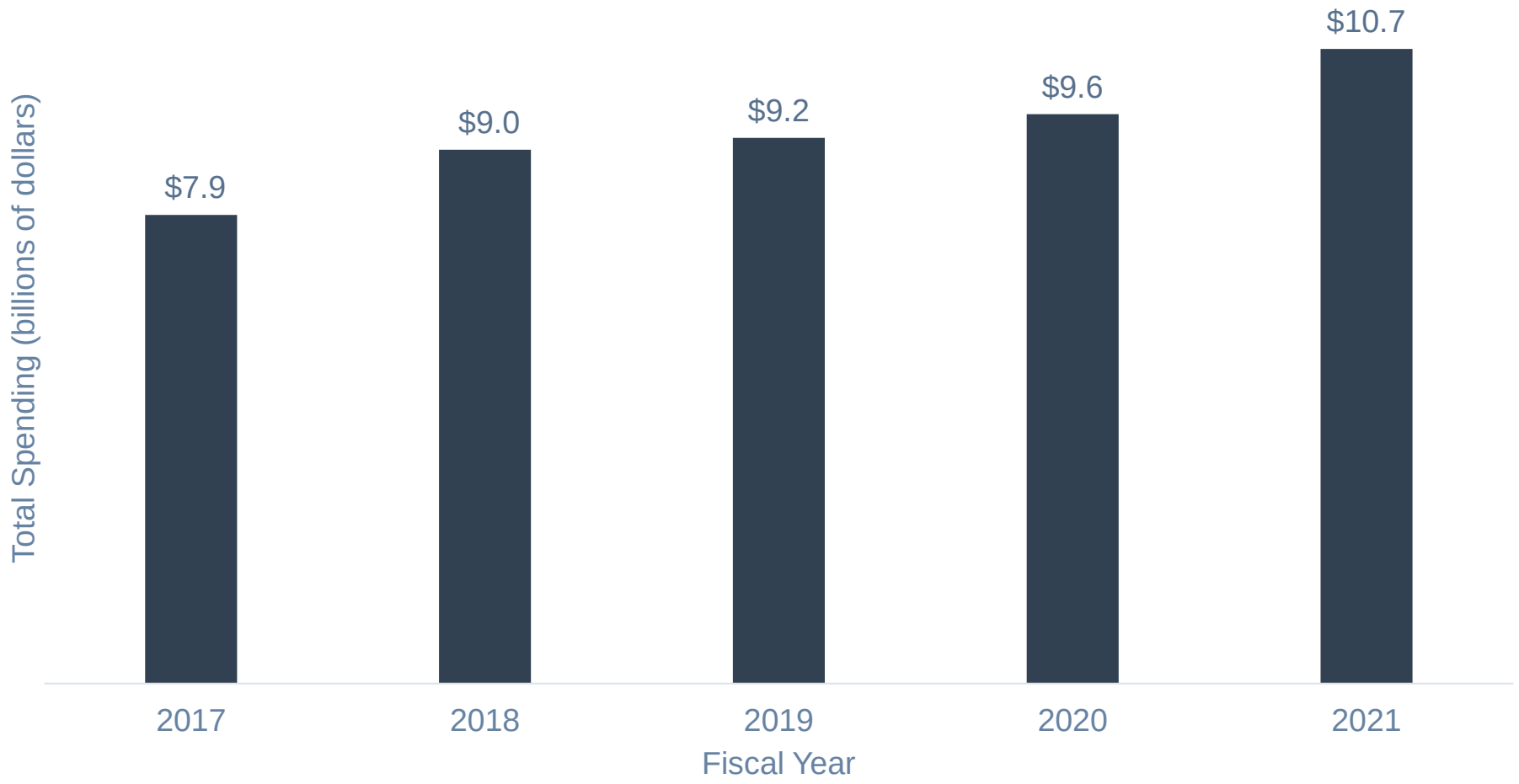
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	CO
All populations	$8,718	$7,712
Children	$3,495	$3,150
Adults	$5,461	$5,905
Expansion adults	$7,227	$6,172
Blind and disabled	$23,123	$26,513
Aged	$18,552	$21,464

C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Spending	Percent Of Budget
Hospital	$3,204,000,000	30%
Home- and community-based LTSS	$2,274,000,000	21%
Managed care and premium assistance	$1,781,000,000	17%
Clinic and Health Center	$998,000,000	9%
Institutional LTSS	$817,000,000	8%
Other acute services	$514,000,000	5%
Drugs	$494,000,000	5%
Dental	$334,000,000	3%
Medicare premiums and coinsurance	$212,000,000	2%
Physician	$159,000,000	1%
Budget Total: $10,787,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	56.2%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	Senate Bill 13-200, 69th General Assembly
Number Of Individuals Enrolled In The Expansion Group (March 2022)	583,724
Number Of Enrollees Newly Eligible Due To Expansion	573,382
Benefits Plan For Expansion Population	The alternative benefit plan (ABP) provides all state plan benefits, in addition to habilitative services and preventative services not currently covered under the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital or surgical services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Colorado's Optional Services

1. Podiatry, optometry, and other practitioners' services
2. Private duty nursing
3. Clinic services
4. Dental services
5. Physical, occupational, and speech and hearing therapy
6. Prescribed drugs
7. Dentures, prosthetic devices, and eyeglasses
8. Screening, preventive, and rehabilitative services
9. Services for individuals 65 and older in IMDs
10. Services in an intermediate care facility for individuals with developmental disabilities (ICF/DD)
11. Inpatient psychiatric services for individuals under 22
12. Hospice care
13. Case management
14. Nursing facility services for patients under 21
15. Organ transplant and services
16. Residential and Inpatient SUD services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics			
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Accountable Care Collaborative (ACC)**	**Denver Health Managed Care**
Enrollment (March 2023)	1,493,471	1,629,924	110,600
SMI Enrollment	• Colorado does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, the majority of the SMI population is enrolled in managed care. • Estimated 50% of SMI population is enrolled in ACC; 46% is enrolled in FFS, and 4% is enrolled in Denver Health Managed Care		
Management	• Physical health: Department of Health Care Policy and Financing (DCHPF)	• Behavioral Health: Seven Regional Accountable Entities (RAEs) • Seven RAEs run by five organizations	• Physical health: DHMC • Behavioral Health: Colorado Access
Payment Model	• Physical health: FFS • Behavioral health: Capitated rate	• Physical health: FFS for services, plus care coordination fee • Behavioral health: Capitated rate	• Physical health: capitated rate • Behavioral health: capitated rate
Geographic Service Area	Statewide	Statewide; only one RAE is available in each of the state's seven regions	Individuals who live in Denver, Jefferson, Arapahoe, or Adams counties.

Total Medicaid: 3,233,995 | Total Medicaid With SMI: 278,123

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• As of March 2023: 46% in fee-for-service (FFS); 50% in ACC; and 4% in Denver Health Managed Care.
SMI population inclusion in managed care	• Colorado does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care • Estimated 46% of population in FFS, 50% in ACC; 4% in Denver Health Managed Care.
Dual eligible population inclusion in managed care	• Managed care is mandatory for dual eligibles • Estimated <1% of population in FFS, 99% in managed care
Long-term services and supports inclusion in managed care	• Beneficiaries in need of LTSS services are excluded from managed care.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population (ACC)**
Traditional behavioral health	Included in the Regional Accountable Entity's (RAE) capitation rate	Included in the RAE's capitation rate
Specialty behavioral health	Included in the RAE's capitation rate	Included in the RAE's capitation rate
Pharmaceuticals	Covered FFS by the state	Covered FFS by the state
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state runs a small demonstration that provides Medicaid benefits through at-risk health plans.
Primary Care Case Management (PCCM)	✓	The RAEs are responsible for the coordination of physical health benefits for an administrative fee.
Accountable Care Organization (ACO) Program	✓	The RAEs function as ACOs, as part of the entity's payment is tied to performance.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		Colorado's dual demonstration ended in 2017 and enrollees were transitioned to the Accountable Care Collaborative.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates four CCBHCs.
Other Care Coordination Initiative		The state is exploring the implementation of a public option.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles			X
Medicaid expansion			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	• Partial benefit dual eligibles • SCHIP Title XXI Children • Retroactive eligibility • Emergency medical assistance for aliens • Individuals ages 21-64 residing at the state psychiatric hospital	Special Connections waiver enrollees – pre-natal through 12-months post-partum	

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of March 2023 was 1,493,471.
- Colorado calls its Medicaid program: Health First Colorado.

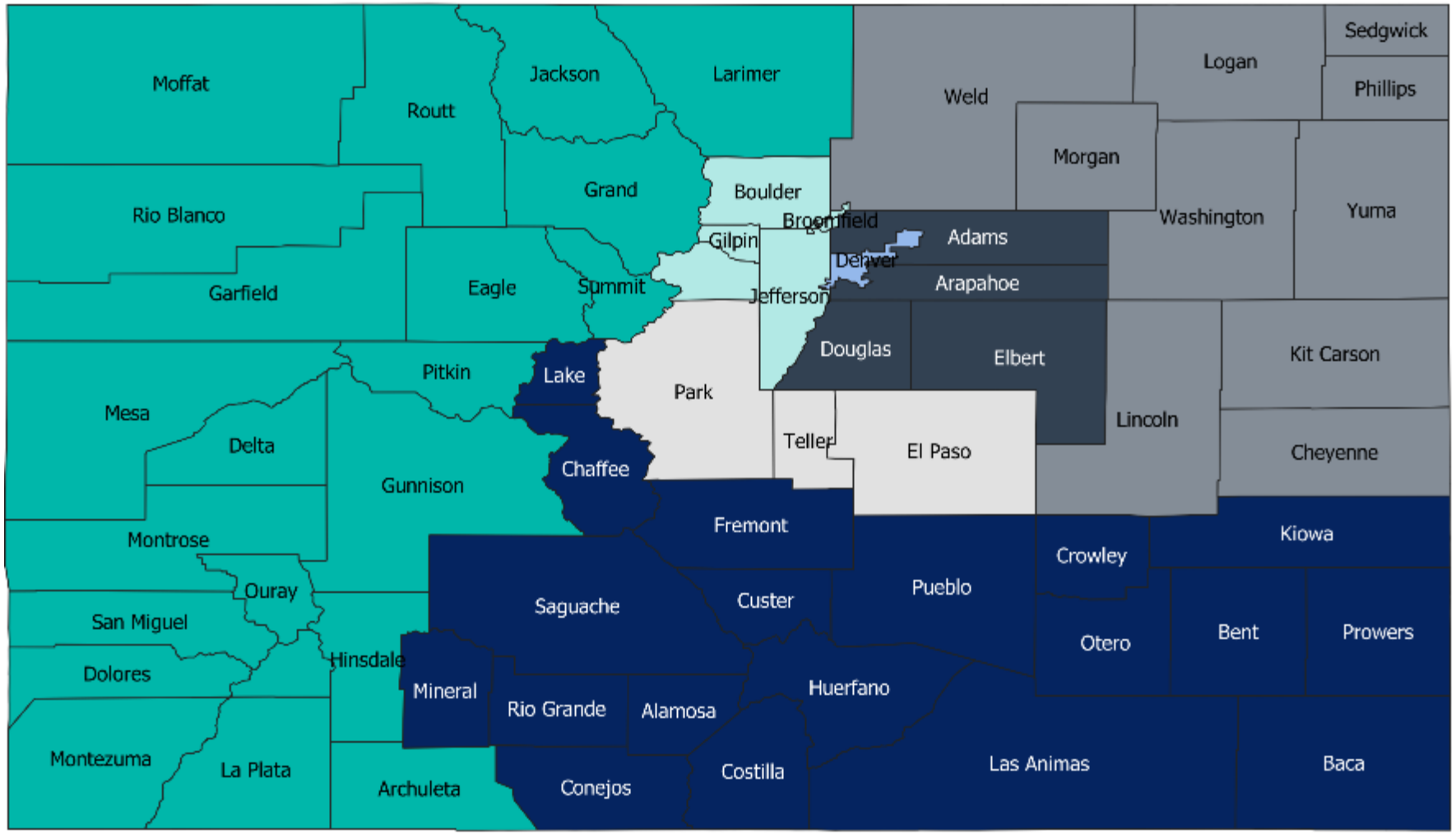
D.2. Medicaid FFS Program: Behavioral Health Overview

- Individuals can receive short-term behavioral health services—defined as six visits or less—from a licensed behavioral health clinical professional embedded in a primary care office.
  - This benefit is covered FFS.
- All other behavioral health services are financed through the Regional Accountable Entities (RAEs), which receive a capitated rate for behavioral health services.
  - The RAEs replaced the capitated behavioral health organizations operating in the state as of July 1, 2018.
  - There are seven RAEs in each of the seven regions of the state. Five organizations operate the seven RAEs. Enrollees are automatically enrolled in the RAE operating in their region.
  - To learn more about the RAEs, see section D.3.
  - Pharmacy services, including behavioral health pharmacy, are financed FFS.

D.2. Medicaid FFS Program: RAE Service Areas

RAEs By Service Area:

- RAE 1: Rocky Mountain Health Plans
- RAE 2: Northeast Health Partners
- RAE 3: Colorado Access
- RAE 4: Health Colorado, Inc.
- RAE 5: Colorado Access - Denver
- RAE 6: Colorado Community Health Alliance
- RAE 7: Colorado Community Health Alliance



D.2. Medicaid FFS Program: Behavioral Health Benefits

RAE Covered Mental Health Benefits	RAE Covered FFS Addiction Treatment Benefits	RAE Covered 1915 (b3) Services
1. Inpatient hospital	1. Rehabilitative services	1. Vocational rehabilitation
2. Outpatient hospital	2. Medication assisted treatment	2. Respite care
3. Individual, family, and group therapy	3. Social/ambulatory detoxification	3. Intensive case management
4. Behavioral health assessment	4. Substance use disorder assessment	4. Prevention/early intervention activities
5. Pharmacological management	5. Alcohol/drug screen counseling	5. Clubhouse and drop-in centers
6. Outpatient day treatment	6. Targeted case management	6. Residential care for psychiatric disorders
7. Targeted case management		7. Assertive community treatment (ACT)
8. Psychosocial rehabilitation		
9. Emergency/crisis services		
10. School-based mental health services		
11. Home-based services for children and adolescents		
12. Safety assessment		

1915 (b3) services are additional benefits not included in the state plan that are authorized in the state 1915 (b) waiver as a result of waiver cost savings. If the waiver was terminated or expired, these services would no longer be available.

D.2. Medicaid FFS Program: SMI Population

- Colorado does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care
- As of March 2023, *OPEN MINDS* estimates that 46% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Colorado FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan Rx Management
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and atypical antipsychotics (oral) are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	No; however, prior authorization, safety edits, and quantity limits apply.
Coverage Of Antipsychotic Injectable Medications	Covered as a pharmacy benefit if administered in a long-term care facility or in a member's home by a health care clinical professional. If administered elsewhere, covered as a medical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Prior authorization is required for non-preferred brand name drugs • Non-preferred brand name medications do not require a prior authorization when the equivalent generic is preferred and "dispense as written" is indicated on the prescription. • Depending on the drug and specific class, step therapy is required
State Has A Pharmacy Lock-In Program Or Other Restriction Program	• Client Overutilization Program – the Pharmacy Department monitors and reviews member usage for initial three-month period. • Eligible enrollees utilize Medicaid benefits without medical necessity within a three month period exceeding one of the following: use of six or more high-risk prescriptions; four or more visits to the emergency department (ED); filled prescriptions from three or more different pharmacies; combination of both six or more high-risk prescriptions, four or more visits to the ED, and three or more prescriptions from different prescribers/pharmacies; or a referral indicating possible overutilization.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of March 2023 was 1,629,924.
- The Medicaid managed care program in Colorado is called the Accountable Care Collaborative (ACC).
- In compliance with House Bill 19-1285, the Department of Health Care Policy & Financing (Department) revised its contract arrangement for members enrolled in Denver Health Medicaid Choice. As of January 1, 2020, the Department is contracted directly with Denver Health Medical Plan for these members instead of the previous contract with Colorado Access as the Region 5 Regional Accountable Entity (RAE). This change only affects the approximately 80,000 members enrolled in Denver Health Medicaid Choice; Colorado Access continues to serve as the RAE for all other members in Region 5.
- On July 1, 2018, Colorado transitioned to an integrated care model that uses Regional Accountable Entities (RAEs) as the single entity to coordinate both physical and behavioral health services.
  - Prior to July 1, 2018, physical health services were coordinated by the Regional Care Collaborative Organizations and behavioral health services were coordinated through the capitated Behavioral Health Organizations.
- The state selected five RAEs, each of which serves one or more of the state's seven regions. Individuals are attributed to a primary care provider (PCP). The location of the PCP determines their RAE attribution.
  - In July 2018, the state expanded to seven RAEs.
- Services are financed as follows under the RAEs:
  - Physical health – FFS and administrative management per member per month. For more on this model, see the next slide.
  - Behavioral health – capitated rate

D.3. Medicaid Managed Care Program: Overview (cont.)

- The state continues to operate the ACC: Limited Managed Care Capitation Initiative in Regions 1 and 5, which finance services through a traditional at-risk health plan.
  - Denver Health Medicaid Choice is available for members in Denver
  - Rocky Mountain Health Plan Prime is available in Garfield, Gunnison, Mesa, Montrose, Pitkin, Rio Blanco
  - This buy-in program will have premiums based on monthly income, ranging from $0 to $450. Benefits would be the same benefits as Health First Colorado, with specific individuals getting extra services depending on HCBS waiver eligibility.
- Previously members in Denver Health Managed Care Plan were attributed to RAE 5, Colorado Access. In HB 19-1285, starting January 1, 2020 members within Denver Health Managed Care were attributed to the Denver health Managed Care Plan.
- Colorado has adopted a Buy In Program for working adults with disabilities with income below 450% of the FPL. This program is designed for individuals who make too much to qualify for Health First to buy into the program.
- The RAEs receive a $16.50 administrative per member per month (PMPM) fee for providing care management and navigation support, access to education and special programs, and non-medical community resources.
  - At least 33% of the administrative fee must be shared with primary care providers. At minimum, primary care providers must receive a $2.00 per member per month payment. However, the state is encouraging the RAEs and provider organizations to work together to develop alternative value-based payment models.
  - $4.00 of the administrative fee is withheld for the Key Performance Indicator (KPI) Incentive Program.
- The KPI Incentive Program allows the RAEs to earn back the $4.21 in incentive payments based on performance on seven measures (see next slide).
  - The RAEs are expected to share any savings earned with provider organizations.
  - A Flexible Funding Pool will be created from monies not distributed for KPIs and be distributed to the RAEs to incentivize provider organization participation in initiatives such as opioid use prevention, suicide awareness and prevention, consumer activation, etc.

D.3. Medicaid Managed Care Program: KPI Incentive Program Measures

Measurement Area	Performance Target Percentage Improvement	Total Performance Payment
Potentially Avoidable Costs – Rate of Potentially Avoidable Costs (PAC)	Targets to be determined in consultation with Department and Contractor	• Level 1 Target: 75% of the full amount – $0.3319 PMPM • Level 2 Target: 100% of the full amount – $0.571 PMPM
Emergency Department (ED) Visits – Number of ED visits that do not result in inpatient admission, per-thousand-per-year	• Level 1 Target: Reduction of at least 1.0% and less than 5.0% below baseline • Level 2 Target: Reduction of 5.0% or more below baseline	
Behavioral Health Engagement – Percentage of Members who received a behavioral health service delivered either in primary care settings or under the capitated behavioral health benefit within a 12-month evaluation period	• Level 1 Target: Reduction of at least 1.0% and less than 5.0% below baseline • Level 2 Target: Reduction of 5.0% or more below baseline	
Prenatal Engagement – Percent of women that recently gave birth who received a prenatal visit at least once 40 weeks prior to delivery	• Level 1 Target: Reduction of at least 1.0% and less than 5.0% below baseline • Level 2 Target: Reduction of 5.0% or more below baseline	
Well Visits – Percent of Members who received a well visit within the 12-month evaluation period	• Level 1 Target: Reduction of at least 1.0% and less than 5.0% below baseline • Level 2 Target: Reduction of 5.0% or more below baseline	
Dental visit – Percent of Members who received professional dental services (medical or dental claim)	• Level 1 Target: Reduction of at least 1.0% and less than 5.0% below baseline • Level 2 Target: Reduction of 5.0% or more below baseline	
Health Neighborhood – Number of Colorado Medical Society's Primary Care-Specialty Compacts in effect between Primary Care Medical Provider's (PCMP) and specialty care providers, and percentage of Members who had an outpatient visit with a specialist who saw a PCMP within 60 days prior to the specialist visit and has a referring PCMP on the claim	• Level 1 Target: 25%+ of PCMP networks has 1 or more established executed care compacts • Level 2 Target: 50%+ of PCMP networks has 1 or more established executed care compacts	• Level 1 Target: 25% of the full amount – $0.143 PMPM, if 75% – $0.321 • Level 2 Target: 75% of the full amount – $0.428 PMPM

D.3. Medicaid Managed Care Program: KPI Incentive Program Optional Measures

- These indicators are not used for incentive payments but are an indicator of performance.

Measurement Area	Performance Target Percentage Improvement	Total Performance Payment
Postpartum Follow-up Care – Number of live deliveries that have follow-up care up to 56 days after delivery within a 12-month evaluation period	Targets to be determined in consultation with Department and Contractor	• Level 1 Target: 75% of the full amount – $0.428 PMPM • Level 2 Target: 100% of the full amount – $0.571 PMPM
Well-Child Checks – Number of children, ages three to nine, that have a wellness check within a 12-month evaluation period		
30-Day Follow-up Following Inpatient Discharge – Number of inpatient discharges within a 12-month evaluation period		

D.3. Medicaid Managed Care Program: Health Plan Characteristics

RAE 1: Rocky Mountain Health Plans

1. Profit status: Non-profit
2. Parent company: UnitedHealthcare*
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: OptumRx
5. Enrollment Share: 17%

*UnitedHealthcare has a joint collaboration with Reunion Health (network of CMHCs and FQHCs)

RAE 2: Northeast Health Partners

1. Profit status: For-profit
2. Parent company: Beacon Health Options*
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: None
5. Enrollment Share: 7%

*Beacon Health Options partnership with four local FQHCs and CMHCs

RAE 3 & 5: Colorado Access

1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: Navitus Health Solutions
5. Enrollment Share: 36%

RAE 4: Health Colorado, Inc.

1. Profit status: For-profit
2. Parent company: Beacon Health Options*
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: None
5. Enrollment Share: 11%

*Beacon Health Options partnership with one FQHC and four CMHCs

RAE 6 & 7: Colorado Community Health Alliance

1. Profit status: For-profit
2. Parent company: Anthem*
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: None
5. Enrollment Share: 29%

* Anthem partnership with Centura Health, and others

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. The RAEs receive a capitated rate to deliver most behavioral health services.
   - Individuals can receive short-term behavioral health services—defined as six visits or less—from a licensed behavioral health clinical professional embedded in a primary care office. This benefit is covered FFS.
2. Pharmacy services, including behavioral health pharmacy, are coordinated through the RAE, but financed FFS.
3. The RAEs are eligible for incentive payments based on behavioral health performance (see next slide).

RAE Covered Mental Health Benefits
1. Inpatient hospital
2. Outpatient hospital
3. Individual, family, and group therapy
4. Behavioral health assessment
5. Pharmacological management
6. Outpatient day treatment
7. Targeted case management
8. Psychosocial rehabilitation
9. Emergency/crisis services
10. School-based mental health services
11. Home-based services for children and adolescents

RAE Covered FFS Addiction Treatment Benefits
1. Rehabilitative services
2. Medication assisted treatment
3. Social/ambulatory detoxification
4. Substance use disorder assessment
5. Alcohol/drug screen counseling
6. Residential and Inpatient SUD services

RAE Covered 1915 (b3) Services*
1. Vocational rehabilitation
2. Intensive case management
3. Prevention/early intervention activities
4. Clubhouse and drop-in centers
5. Residential care for psychiatric disorders
6. Assertive community treatment (ACT)

*1915 (b3) are additional benefits not included in the state plan that are authorized in the state 1915 (b) waiver as a result of waiver cost savings.

D.3. Medicaid Managed Care Program: Behavioral Health Incentive Program

- The RAEs can earn up to 5% of their capitated behavioral payments via the behavioral health incentive program. The RAEs are required to meet the following process activities in order to be eligible for incentive payments.

Activity	Percent Of Funds Allocated To Activity
All corrective action plan submissions and activities are in accordance with contract provision for the duration of the contract term	50%
Monthly encounter data submitted for duration of contract term	50%

- If the above requirements are met, then the RAE may qualify for incentive payments based on improved performance on the following measures. Improved performance is defined as “closing the gap by 10%” based on a negotiated baseline.

Measure	Percent Of Funds Allocated To Activity
Engagement in outpatient addiction treatment	20%
Follow-up appointment within seven days after a hospital discharge for a mental health condition	20%
Follow-up appointment within seven days after an emergency department visit for an addiction treatment condition	20%
Follow-up after a positive depression screen	20%
Behavioral health screening or assessment for children in the foster care system	20%

D.3. Medicaid Managed Care Program: SMI Population

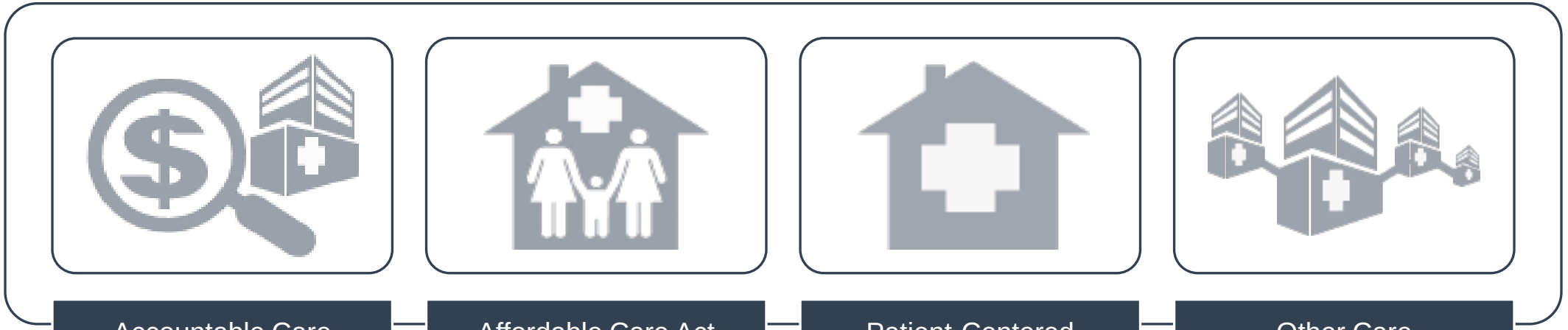
- Colorado does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care
- As of March 2023, *OPEN MINDS* estimates that 50% of the SMI population was enrolled in Accountable Care Collaboratives and 4% are enrolled in Denver Health Managed Care, for a total of 49% of the SMI population.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Because Colorado's managed care delivery system covers medical services (including pharmacy utilization) as FFS, pharmacy benefit administration is identical to that of the FFS system.

Colorado Managed Care Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes: Magellan Rx Management
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and atypical antipsychotics (oral) are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	No; however, prior authorization, safety edits, and quantity limits apply.
Coverage Of Antipsychotic Injectable Medications	Covered as a pharmacy benefit if administered in a long-term care facility or in a member's home by a health care clinical professional. If administered elsewhere, covered as a medical benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Prior authorization is required for non-preferred brand name drugs • Non-preferred brand name medications do not require a prior authorization when the equivalent generic is preferred and "dispense as written" is indicated on the prescription. • Depending on the drug and specific class, step therapy is required
State Has A Pharmacy Lock-In Program Or Other Restriction Program	• Client Overutilization Program – the Pharmacy Department monitors and reviews member usage for initial three-month period. • Eligible enrollees utilize Medicaid benefits without medical necessity within a three month period exceeding one of the following: use of six or more high-risk prescriptions; four or more visits to the emergency department (ED); filled prescriptions from three or more different pharmacies; combination of both six or more high-risk prescriptions, four or more visits to the ED, and three or more prescriptions from different prescribers/pharmacies; or a referral indicating possible overutilization.

D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home	Other Care Coordination Initiative
In July 2018, Colorado transitioned to Phase II of its Accountable Care Collaborative. See section D.3. for more information.	None	None	None

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Colorado Adult Prenatal Coverage and Premium Assistance CHP+	Authorizes the state to use title XXI funds to expand coverage to pregnant women with family incomes between 133% and 185% of FPL. This covers duration of pregnancy through 60 days postpartum	1115	None	12/21/2020	07/31/2025
ACC PCCM-PIHP Program (CO-04)	Authorizes the state's Accountable Collaborative Care, the use of capitation for behavioral health, and the Special Connections Program, which provides addiction treatment benefits to pregnant and postpartum women.	1915 (b)	None	07/01/2018	06/30/2023
Expanding the Substance Use Disorder Continuum of Care	Authorizes the state to draw down a federal match on dollars spent on SUD treatment services in Institutions for Mental Diseases.	1115	None	01/01/2021	12/31/2025

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
CO Elderly, Blind and Disabled (0006.R08.00)	Individuals who are physically disabled ages 18-64, or ages 65+, or individuals with HIV/AIDS ages 18+	29,721	Office of Community Living, Benefits and Compliance Section	None
CO Developmental Disabilities (HCBS-DD) (0007.R07.00)	Individuals with developmental disabilities ages 18+	8,605	The Office of Community Living, The Division for Intellectual and Developmental Disabilities	None
CO Supported Living Services (0293.R04.00)	Individuals with developmental disabilities ages 18+	6,740	Office of Community Living - Division for Intellectual and Developmental Disabilities	None
CO Children's Extensive Support (CES) Waiver (4180.R05.00)	Individuals with developmental disabilities ages 0-17	2,582	The Office of Community Living, The Division for Intellectual and Developmental Disabilities	None
CO Children's HCBS (4157.R06.00)	Individuals who are medically fragile ages 0-17	2,249	Office of Community Living, Benefits and Services Management Division	None

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers (Cont'd)

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
CO Persons with Brain Injury (0288.R05.00)	Individuals with brain injury ages 16+	622	Office of Community Living, Benefits and Compliance Section	None
CO Complementary and Integrative Health (HCBS-CIH) (0961.R02.00)	Individuals who are physically disabled ages 18-64, or ages 65+	329	Long Term Services and Supports Division	None
CO HCBS Waiver for Children with Life-Limiting Illness (0450.R03.00)	Individuals under the age of 18 with life-limiting illnesses who would normally be hospitalized.	218	Colorado Department of Human Services, Division of Child Welfare Services	None
CO HCBS - Children's Habilitation Residential Program (0305.R04.00)	Individuals with developmental disabilities ages 0-20	167	Colorado Department of Human Services, Division of Child Welfare Services	None

D.6. Medicaid Program: New Initiatives

- Colorado currently has a waiver to initiate Delivery System Reform Incentive Payment Programs (DSRIP) to hospitals and a waiver for Substance Abuse Disorder treatment funding, but the waivers are currently awaiting approval.
- CMS just approved a state plan amendment for Colorado to incentivize improved maternity care experience for mothers by promoting high quality evidence-based practices.
- Colorado's Department of Human Services is rebidding its contract for managed medical services for the Division of Youth Services. Currently, the contract is held by Correctional Health Partners, LLC, a $19 million contract that started on July 1, 2016 and was slated to end on June 30, 2021.
  - The request for proposals (RFP 2021000220) was released on February 24, 2021, with proposals due by March 30, 2021. The contract's initial term was slated to begin July 1, 2021, and run through June 30, 2022, followed by four additional one-year renewal periods.
  - The contract was awarded to Correctional Health Partners.
- Legislators are currently planning a bill to introduce a public option. Currently, this is targeted for the individual market; but this is expected to be expanded.
  - The bill was originally planned for 2020 but was pushed back due to the public health emergency caused by COVID-19.
  - Currently, the bill is being reviewed by a consulting firm to assess the approximate cost.

D.6. Medicaid Program: New Initiatives

- The Accountable Care Collaborative (ACC) is a managed care program designed to pay providers for increasing the value they deliver while better coordinating care for members. ACC began with the first iteration in 2011 and is currently in Phase II. Phase II launched the Regional Accountable Entities (RAEs) in 2018.
- Physical health services are paid for through the traditional fee-for-service (FFS) structure through HCPF. RAEs administer the state's capitated behavioral health program, separating the state into seven different regions each assigned to a different RAE. The third iteration of ACC will govern the coordination of physical and behavioral health services beginning in 2025.
- There will be a draft request for proposal for public comment this Spring/Summer leading up to ACC Phase III in July 2025.
- Goals for ACC Phase III:
  - Improve quality care for members
  - Close health disparities and promote health equity for members
  - Improve care access for members
  - Improve the member and provider service experience
  - Manage costs to protect member coverage, benefits, and provider reimbursements

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	**Managed Care via Accountable Care Collaborative Regional Accountable Entities**	**PACE**
Enrollment (March 2023)	51,402	4,048
Estimated SMI Enrollment	16,448	1,295
Management	Seven RAEs managed by five organizations	Five non-profit organizations
Payment Model	• Physical health: FFS for services, plus care coordination fee • Behavioral health: Capitated rate	Blended capitated rate
Geographic Service Area	Statewide; only RAE is available in each of the state's seven regions	Selected areas of the state

Total Dual Eligible Enrollment: 55,450 | Total Dual Eligible Enrollment With SMI: 17,744

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	26,656	8,530
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	7,489	2,396
Rocky Mountain Health Plans DualCare Plus	Rocky Mountain HMO	Medicare Advantage D-SNP	3,946	1,263
UnitedHealthcare Dual Complete Choice	UnitedHealthcare	Medicare Advantage D-SNP	3,098	991
Kaiser Permanente Senior Advantage Medicare-Medicaid	Kaiser Foundation Health Plan	Medicare Advantage D-SNP	2,911	932
Aetna Medicare Premier Plan	Aetna/ CVS	Medicare Advantage D-SNP	2,678	857
InnovAge Greater Colorado PACE	InnovAge Greater Colorado	PACE	2,547	815
Elevate Medicare Choice	Denver Health Medical Plan	Medicare Advantage D-SNP	2,441	781
Anthem MediBlue Dual Advantage	Anthem, Inc	Medicare Advantage D-SNP	1,399	448

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of March 2023 was 55,450.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- As of July 1, 2018, dual eligibles must enroll in the ACC to receive physical and behavioral health services unless they are enrolled in PACE.
- Total D-SNP enrollment as of March 2023 was 51,212, and D-SNP SMI enrollment of 16,388.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- As part of the transition to phase II of the Accountable Care Collaborative (ACC) in July 2018, the state required the dual eligible population to enroll in the RAEs to receive care. See section D.3. for more information.
- The state has no other pending initiatives with the Centers for Medicare and Medicaid Services (CMS).

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

- Colorado does not operate a MLTSS program. All beneficiaries in need of LTSS receive services through the state's FFS program.

LTSS* Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2019)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

Total LTSS Enrollment: N/A | Total LTSS Enrollment With SMI: N/A

*Long-Term Service & Supports

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles			X
Individuals with I/DD			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients			X
Other populations	• Partial benefit dual eligibles • SCHIP Title XXI Children • Retroactive eligibility • Emergency medical assistance for aliens • Individuals ages 21-64 residing at the state psychiatric hospital		

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Colorado does not offer MLTSS services and instead all individuals receive care through the FFS system.

F.3. Medicaid LTSS Program: Health Plan Characteristics

- Currently, Colorado does not operate a LTSS program and does not offer specialized plans for individuals requiring their services.
- Individuals will receive services either from the FFS program or from their health plan.

F.4. Medicaid LTSS Program: Health Benefits

- Colorado does not offer MLTSS services and instead all services are the same as the FFS program.

Federally Mandated Services
1. Inpatient hospital services other than services in an institution for mental disease (IMD) 2. Outpatient hospital or surgical services 3. Rural Health Clinic services 4. Federally Qualified Health Center (FQHC) services 5. Laboratory and x-ray services 6. Nursing facilities for individuals 21 and over 7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT) 8. Family planning services and supplies 9. Free standing birth centers 10. Pregnancy-related and postpartum services 11. Nurse midwife services 12. Tobacco cessation programs for pregnant women 13. Physician services 14. Medical and surgical services of a dentist 15. Home health services 16. Nurse practitioner services 17. Non-emergency transportation to medical care

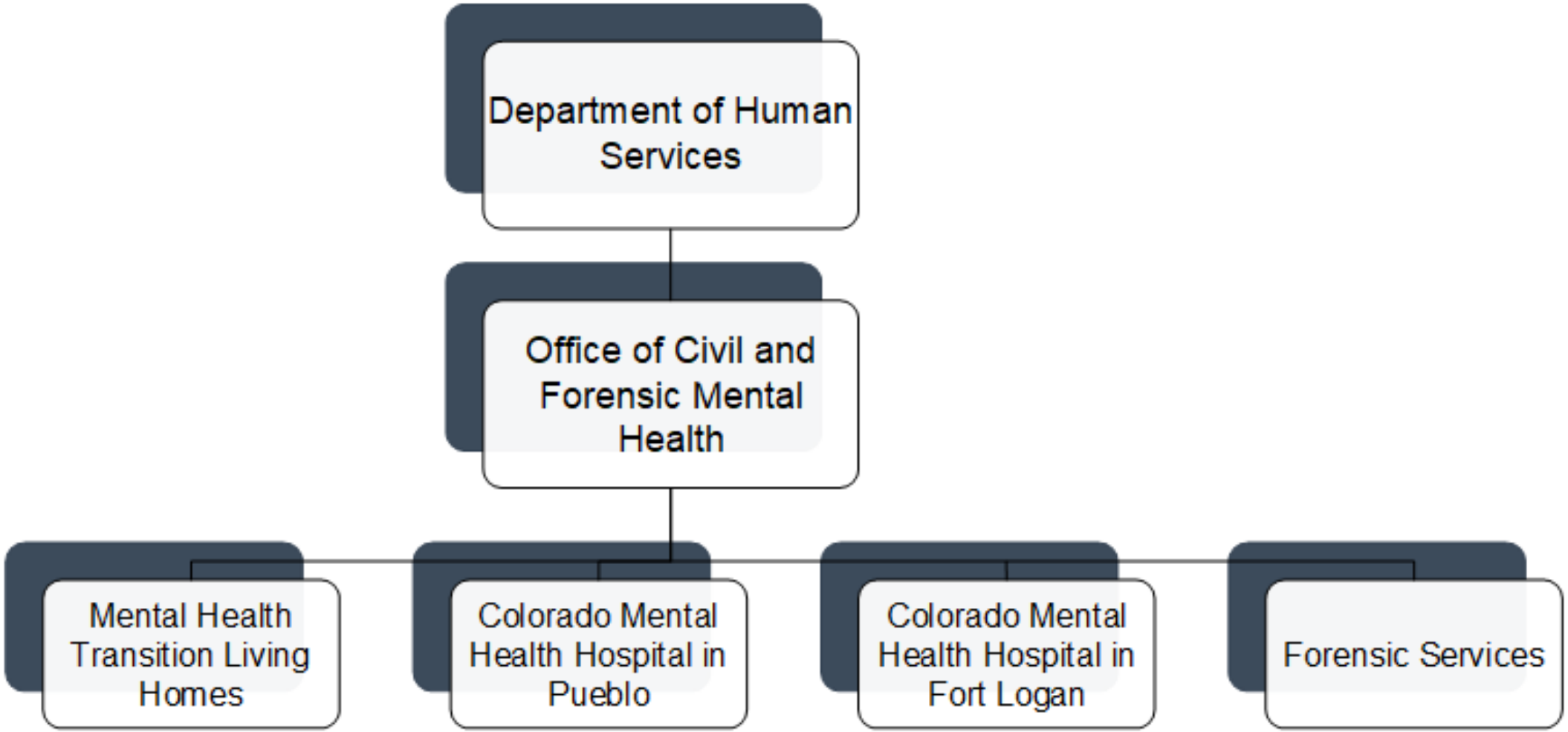
Colorado's Optional Services
1. Podiatry, optometry, and other practitioners' services 2. Private duty nursing 3. Clinic services 4. Dental services 5. Physical, occupational, and speech and hearing therapy 6. Prescribed drugs 7. Dentures, prosthetic devices, and eyeglasses 8. Screening, preventive, and rehabilitative services 9. Services for individuals 65 and older in IMDs 10. Services in an intermediate care facility for individuals with developmental disabilities (ICF/DD) 11. Inpatient psychiatric services for individuals under 22 12. Hospice care 13. Case management 14. Nursing facility services for patients under 21 15. Organ transplant and services 16. Residential and Inpatient SUD services

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Colorado has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

G. State Behavioral Health Administration & Finance System

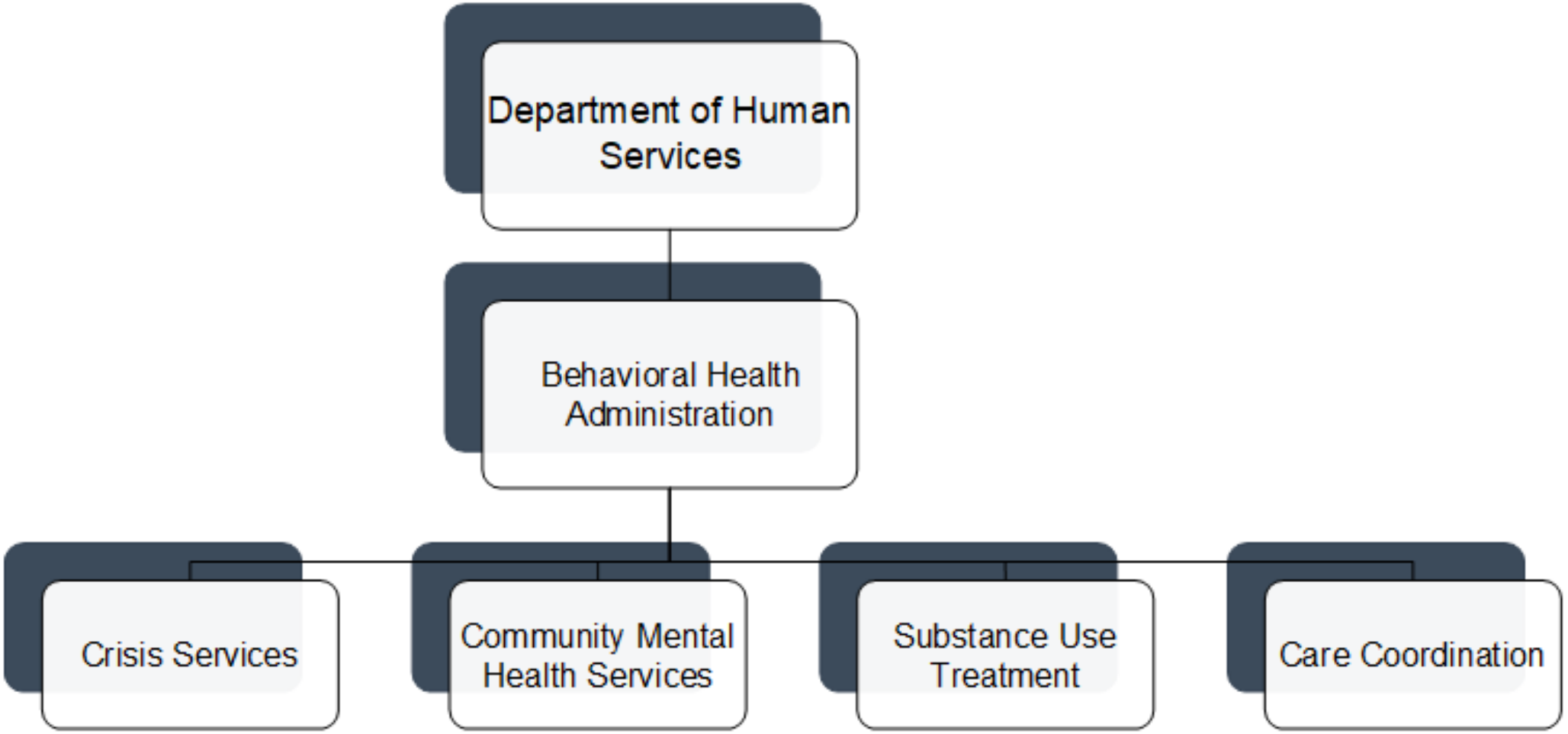
G.1. Office of Civil and Forensic Mental Health: Organization Chart



G.1. Office of Civil and Forensic Mental Health : Key Leadership

Name	Position	Department	Email
Michelle Barnes	Executive Director	Colorado Department of Human Services	michelle.barnes@state.co.us
Leora Joseph	Director	CDHS, Office of Civil and Forensic Mental Health	Not available
Jagruti Shah	Deputy Director	CDHS, Office of Civil and Forensic Mental Health	jagruti.shah@state.co.us
Jill Marshall	CEO	Colorado Mental Health Hospital in Pueblo	jill.marshall@state.co.us
Victoria Trapp	CEO	Colorado Mental Health Hospital in Fort Logan	Not available

G.1. Behavioral Health Administration: Organization Chart



G.1. Behavioral Health Administration: Key Leadership

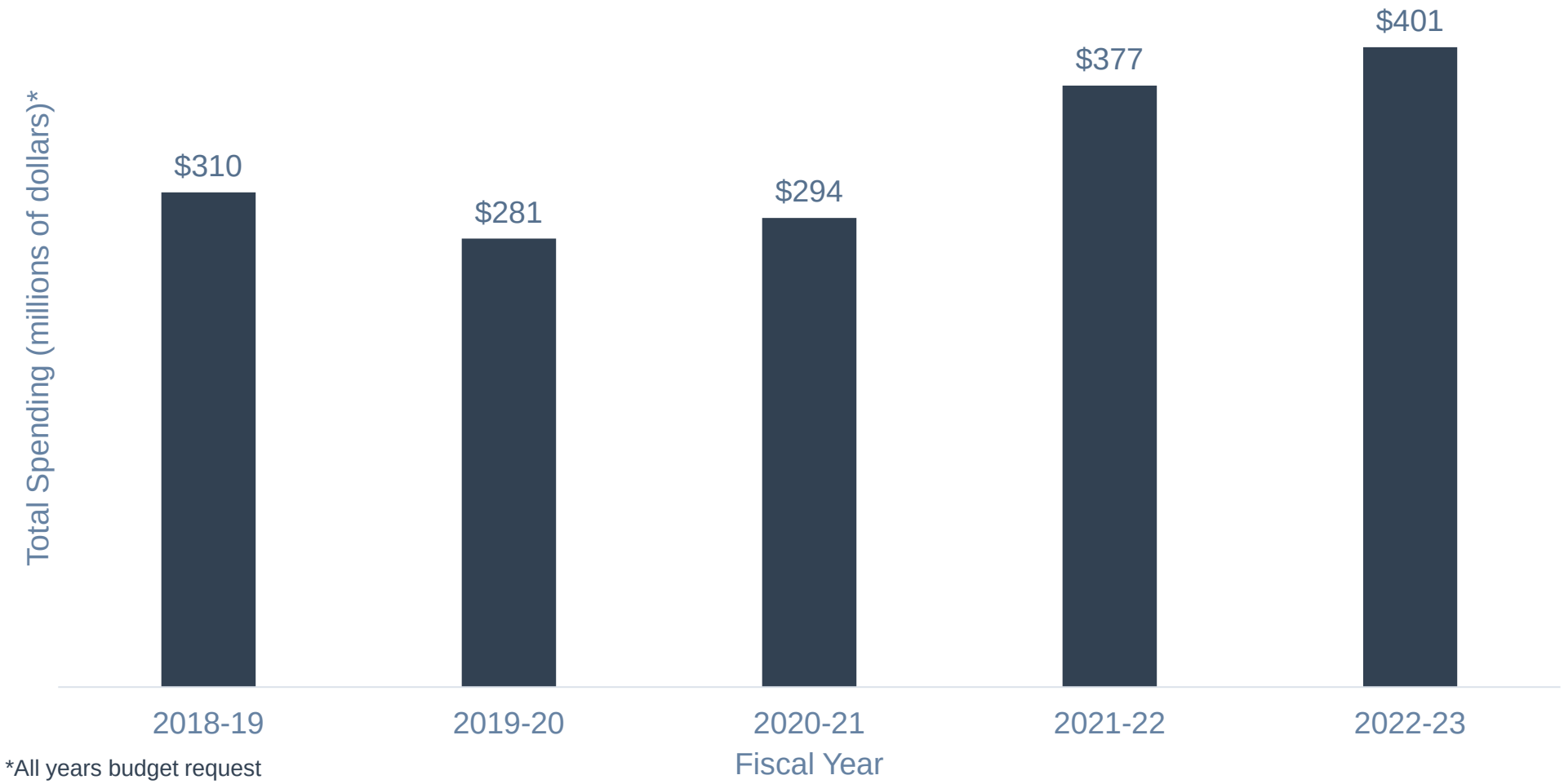
Name	Position	Department	Email
Michelle Barnes	Executive Director	Colorado Department of Human Services	michelle.barnes@state.co.us
Morgan Medlock	Commissioner	Behavioral Health Administration	morgan.medlock@state.co.us
Andrew Rauch	Chief of Staff	BHA	andrew.rauch@state.co.us
Summer Gathercole	Deputy Commissioner of Operations	BHA	summer.gathercole@state.co.us

G.2. Office of Civil and Forensic Mental Health: Budget

Budget Item	SFY 2022-23 Budget	Percent Of Budget
Mental Health Institute at Pueblo	$102,083,499	25%
Integrated Behavioral Health Services	$83,786,899	21%
Substance Use and Treatment Prevention	$73,002,033	18%
Mental Health Community Programs	$66,569,007	17%
Forensic Services	$34,861,857	9%
Mental Health Institute at Ft Logan	$31,633,412	8%
Community Behavioral Health Administration	$9,246,795	2%
Budget Total: $401,183,502		

The Behavioral Health Administration began in July 2022, but is not reported in the 2022-23 budget.

G.2. Office Of Behavioral Health: Budget Over Time



*All years budget request

G.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	**Location**	**Beds**
Colorado Mental Health Institute at Pueblo (civil and forensic)	Pueblo	516
Colorado Mental Health Institute at Fort Logan	Denver	94
Total		**610**

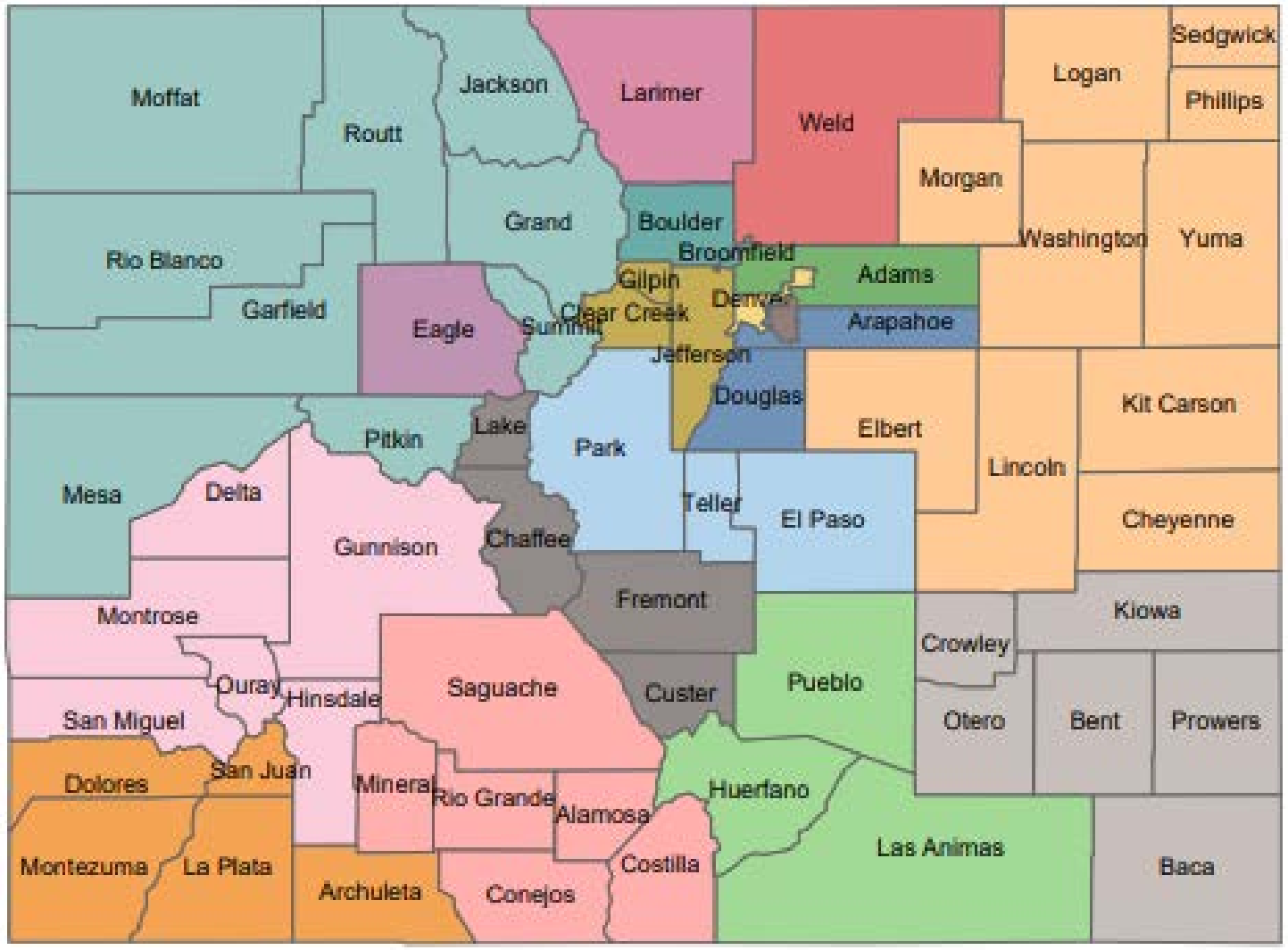
*Renovation is underway to increase the Fort Logan's allotment of beds by an additional 44 beds.

G.4. Behavioral Health Safety-Net Delivery System

- The Office of Behavioral Health (OBH) within the Department of Human Services contracts with 17 community mental health centers (CMHCs)—along with the Asian Pacific Center for Human Development (APCHD) and Servicios De La Raza, Inc. (SDLR)—to provide mental health services to persons without health care insurance who have a SMI or SED and have an income below 300% of the federal poverty level.
  - The CMHCs provide services within a catchment area, while ASPCHD and SDLR provide services to the Asian-American/Pacific Islander and Latino populations, respectively.
  - In addition to serving the uninsured population, these 19 organizations also accept Medicaid as payment.
- OBH also contracts with four regional managed service organizations, which in turn subcontract with a total of 41 local provider organizations statewide to deliver addiction treatment services to the uninsured population on a sliding fee basis.

G.4. Behavioral Health Safety-Net Delivery System: CMHC Catchment Areas

- AllHealth Network
- Axis Health Systems
- Centennial Mental Health
- Community Reach Center
- Diversus Health
- Eagle Valley Behavioral Health
- Health Solutions
- Jefferson Center for Mental Health
- Mental Health Center of Denver
- Mental Health Partners
- Mind Springs Health
- North Range Behavioral Health
- San Luis Valley Behavioral Health Group
- Solvista Health
- Southeast Health Group
- SummitStone Health Partners
- The Center for Mental Health



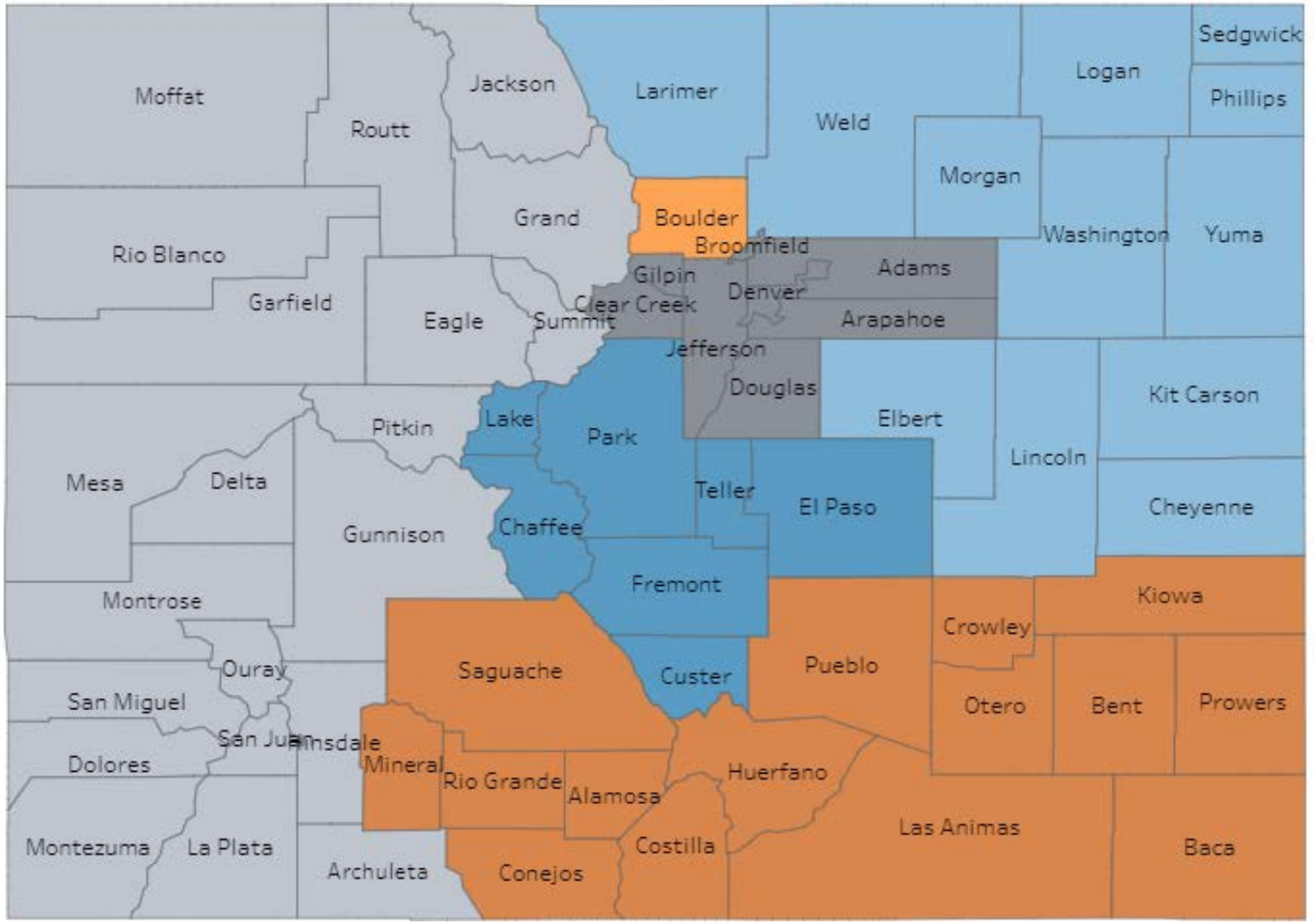
G.4. Behavioral Health Safety-Net Delivery System: CMHC Catchment Areas

Community Mental Health Center	Counties Served
AllHealth Network	Arapahoe, Douglas
Axis Health Systems, Inc.	Archuleta, Dolores, La Plata, Montezuma, San Juan
Centennial Mental Health Center	Carson, Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
Community Reach Center	Adams
Diversus Health	Park, Teller, El Paso
Eagle Valley Behavioral Health	Eagle
Health Solutions	Huerfano, Las Animas, Pueblo
Jefferson Center for Mental Health	Clear Creek, Gilpin, Jefferson
Mental Health Center of Denver	Denver
Mental Health Partners	Boulder, Broomfield
Mind Springs Health	Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, Rio Blanco, Routt, Summit
North Range Behavioral Health	Weld
San Luis Valley Behavioral Health Group	Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache
Solvista Health	Chaffee, Custer, Fremont, Lake
Southeast Health Group	Baca, Bent, Crowley, Kiowa, Otero, Prowers
SummitStone Health Partners	Larimer
The Center for Mental Health	Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel

G.4. Behavioral Health Safety-Net Delivery System: Managed Service Organization Catchment Areas

Managed Service Organization Catchment Areas

- Diversus Health
- Mental Health Partners
- Rocky Mountain Health Plans
- Signal CENTRAL
- Signal NE
- Signal SE



G.4. Behavioral Health Safety-Net Delivery System: Managed Service Organization Catchment Areas

Managed Service Organization	Counties Served
Diversus Mental Health	Chaffee, Custer, El Paso, Fremont, Lake, Park, Teller
Mental Health Partners	Boulder
Signal Central	Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson
Rocky Mountain Health Plans	Archuleta, Delta, Dolores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, Summit
Signa NE	Cheyenne, Elbert, Kit, Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld
Signal SE	Alamosa, Baca, Bent, Conejos, Costilla, Crowley, Huerfano, Kiowa, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, Saguache

G.4. Behavioral Health Safety-Net Delivery System: Behavioral Health Reform Package

- Colorado's General Assembly passed legislation in 2019 to improve Colorado's existing behavioral health system and extend services to more individuals in the community with substance use disorders and/or behavioral health disorders.
  - Colorado released their "Behavioral Health Blueprint" in September 2020. The state is currently in the first phase of the program.
- Under the new Behavioral Health Reform Package, the Governor formed a Behavioral Health Task Force responsible for evaluating the financial and administrative changes in behavioral health programs, as well as access to existing behavioral health services.
- The system establishes a safety-net for consumers with behavioral health disorders and ensure that:
  - Consumers receive treatment regardless of payer source, acuity level, involvement in the criminal justice or child welfare system, co-morbid behavioral health or substance abuse disorders, discharge from mental health institutions, or involuntary treatment
  - Provider organizations triage, refer, and coordinate services for consumers outside of their scope of practice.
  - There is proactive engagement of hard-to-serve individuals.

G.4. Behavioral Health Safety-Net Delivery System: Behavioral Health Reform Package (cont.)

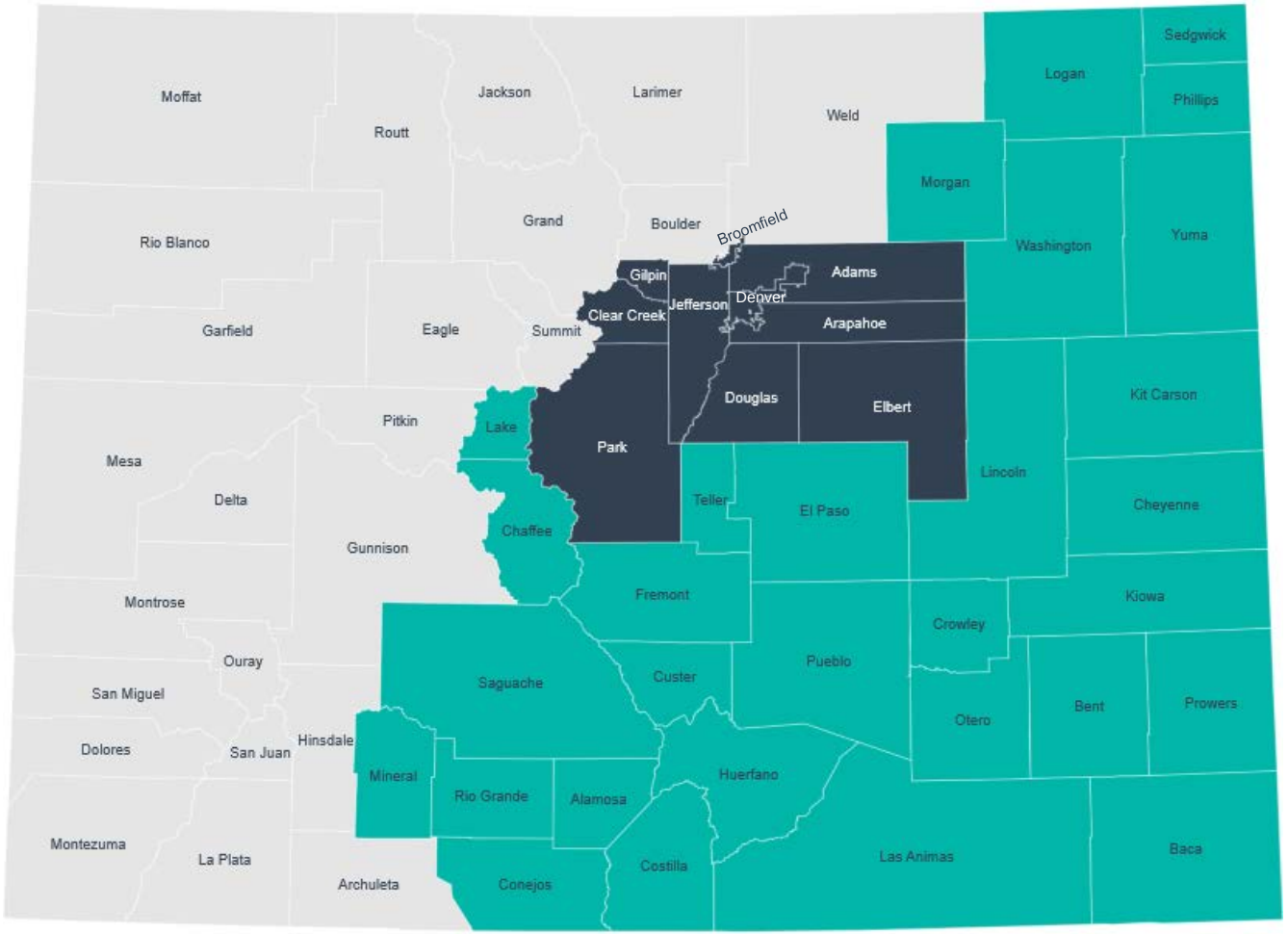
- The blueprint released detailed the following changes to be made to the Colorado behavioral health program.
  - The creation of a behavioral health administration
  - Implementation of care coordination
  - Focus on access, affordability, workforce and support, accountability, consumer and local guidance, and whole person care.
- This program will be rolled out in phases with differing priorities.

Phase	Priority
Phase 1	Create a Behavioral Health Administration Expand Tele-Behavioral Health Services Identify Legislative Opportunities and New Funding Sources
Phase 2	Implement Care Coordination Implement 19 recommended actions for a strong behavioral health system
Phase 3	Assess and implement remaining recommendations

G.4. Behavioral Health Safety-Net Delivery System: Behavioral Health Administrative Services Organizations

- The primary goal of the BHA in establishing the BHASO regional structure is to ensure equity of services in each region and maximize funding for services to priority populations. The feedback from stakeholder engagement and data analysis were key to establishing three BHASO regions that are the most equitable in terms of population, behavioral health need and funding, while also considering local preferences for accessing care.
- The map on slide 79 shows the BHA's current three region approach. The BHA is currently considering BHASO region placement for Weld, Lake, Elbert, Larimer, Boulder, and Park Counties.

G.4. Behavioral Health Safety-Net Delivery System: Behavioral Health Administrative Services Organizations Regional Structure Map



H. Appendices

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicaid	8.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2019). Medicare-Medicaid Coordination Office Report to Congress. Retrieved December 2022 from https://www.cms.gov/files/document/mmco-report-congress.pdf

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2019, November 4). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is $13,590 for an individual and $27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

H.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

1. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved March 2023 from https://data.census.gov/cedsci/table?q=S0101
2. United States Census Bureau. (2022). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved March 2023 from https://data.census.gov/cedsci/table?q=S1701
3. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved March 2023 from https://data.census.gov/cedsci/table?q=S1901
4. United States Census Bureau. (2022). 2023 Population Distribution by Race/Ethnicity. Retrieved March 2023 from https://data.census.gov/cedsci/table?q=DP05&tid=ACSDP5Y2020.DP05

B.2. Population Centers

1. Federal Reserve Bank of St Louis. (2022, March) US Regional Data, MSAs. Retrieved January 2023 from https://fred.stlouisfed.org
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved March 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved March 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=Core+Based+Statistical+Areas
4. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved March 2023 from https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29
5. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved March 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html

B.3. Population Distribution By Payer: National vs. State

1. *OPEN MINDS*. (2023). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2022 Beneficiaries. Retrieved March 2023. https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (January 2023). Retrieved March 2023. https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2020). Retrieved March 2023. https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

H.3. Sources

B.3. SMI Population Distribution By Payer: National vs. State

1. *OPEN MINDS*. (2023). Serious Mental Illness Prevalence Estimates.

B.4. Largest State Health Plans By Enrollment

1. *OPEN MINDS.* (2023, January). Health Plans Database.
2. TRICARE. (2023, January). Beneficiaries by Location. Retrieved March 2023 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2023). Subscription Database. www.markfarrah.com

B.4. Largest State Health Plans By Estimated SMI Enrollment

1. *OPEN MINDS.* (2023, January). Health Plans Database.
2. TRICARE. (2023, January). Beneficiaries by Location. Retrieved March 2023 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
3. Health Plans USA. (2023). Subscription Database. www.markfarrah.com

B.5. Health Insurance Marketplace

1. Health Insurance. (January 2023) Colorado Health Insurance Marketplace Overview. Retrieved March 2023 from https://www.healthinsurance.org/states/colorado/

B.6. ACOs

1. *OPEN MINDS*. (2022). ACO Database.

C.1. Medicaid Governance: Organizational Chart

1. Colorado Department of Health Care Policy & Financing. (2021, April 1). Organizational Chart. Retrieved March 2023 from https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20Organizational%20Chart%20-%20April%202021.pdf

H.3. Sources

C.1. Medicaid Governance: Key Leadership

1. Colorado Department of Health Care Policy & Financing. (2021, April 1). Organizational Chart. Retrieved March 2023 from https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20Organizational%20Chart%20-%20April%202021.pdf

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/macstats/

C.2. Medicaid Program Spending: Budget

1. United States Government Printing Office. (2022, November). Federal Medical Assistance Percentages FY 2022. Retrieved March 2023 from https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for
2. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2013, March 29). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved March 2023 from https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/macstats/
4. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf
5. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/publication/macstats-archive/
6. Medicaid and CHIP Payment and Access Commission. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/publication/macstats-archive/
7. Medicaid and CHIP Payment and Access Commission. (2016, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved March 2023 from https://www.macpac.gov/publication/macstats-archive/
8. Medicaid and CHIP Payment and Access Commission. (2015, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved March 2023 from https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf

H.3. Sources

C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2023 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2023, January). Medicaid Enrollment Data Collected Through MBES 2023 Q1. Retrieved March 2023 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html
4. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved March 2023 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html
5. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved March 2023 from https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315

C.4. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved March 2023 from https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/
2. Health First Colorado. (2021). Health First Colorado Benefits & Services. Retrieved March 2023 from https://www.healthfirstcolorado.com/benefits-services/

D.1. Medicaid Financing & Service Delivery System

1. Colorado Department of Health Care Policy & Financing. (2021). Premiums, Expenditures and Caseload Reports. Retrieved March 2023 from https://www.colorado.gov/hcpf/premiums-expenditures-and-caseload-reports
2. Colorado Department of Health Care Policy & Financing. (2023) Accountable Care Collaborative. Retrieved March 2023 from https://hcpf.colorado.gov/accphase2

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Colorado Department of Health Care Policy and Financing. (2020, January 1). The Colorado Medicaid Accountable Care Collaborative: Primary Care Case Management and Prepaid Inpatient Health Plan Program; Accountable Care Collaborative: Limited Managed Care Capitation Initiative and Special Connections: Postpartum Months Three through Twelve. Retrieved March 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CO_ACC-PCCM-PIHP-Program_CO-04.pdf

H.3. Sources

D.2. Medicaid FFS Program: Overview

1. Colorado Department of Health Care Policy & Financing. (2021). Premiums, Expenditures and Caseload Reports. Retrieved March 2023 from https://www.colorado.gov/hcpf/premiums-expenditures-and-caseload-reports
2. Health First Colorado. (2021). What is Health First Colorado? Retrieved March 2023 from https://www.healthfirstcolorado.com/health-first-colorado/

D.2. Medicaid FFS Program: Behavioral Health Overview

1. Colorado Health Institute. (2018, October). The Way of the RAEs Regional Accountable Entities and Their Role in Colorado Medicaid's Newest Chapter. Retrieved March 2023 from https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Ways%20of%20the%20RAEs_1.pdf

D.2. Medicaid FFS Program: RAE Service Areas

1. Colorado Health Institute. (2021). Accountable Care Collaborative Phase II. Retrieved March 2023 from https://www.colorado.gov/pacific/hcpf/accphase2

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Colorado Department of Health Care Policy and Financing. (2020, January 1). The Colorado Medicaid Accountable Care Collaborative: Primary Care Case Management and Prepaid Inpatient Health Plan Program; Accountable Care Collaborative: Limited Managed Care Capitation Initiative and Special Connections: Postpartum Months Three through Twelve. Retrieved March 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CO_ACC-PCCM-PIHP-Program_CO-04.pdf
2. Health First Colorado. (2020). Health First Colorado Benefits & Services. Retrieved March 2023 from https://www.healthfirstcolorado.com/benefits-services/

D.2. Medicaid FFS Program: SMI Population

1. Colorado Department of Health Care Policy & Financing. (2021). Premiums, Expenditures and Caseload Reports. Retrieved March 2023 from https://www.colorado.gov/hcpf/premiums-expenditures-and-caseload-reports

H.3. Sources

D.2. Medicaid FFS Program: Pharmacy Benefits

1. Colorado Department of Health Care Policy & Financing. (2021). Client Overutilization Program. Retrieved March 2023 from https://www.colorado.gov/pacific/hcpf/client-overutilization-program
2. Colorado Department of Health Care Policy & Financing. (2021). Pharmacy Resources. Retrieved March 2023 from https://www.colorado.gov/pacific/hcpf/pharmacy-resources
3. Colorado Department of Health Care Policy & Financing. (2021, April 1). Preferred Drug List (PDL). Retrieved March 2023 from https://hcpf.colorado.gov/sites/hcpf/files/04-01-21%20PDL.v3.pdf
4. Colorado Department of Health Care Policy & Financing. (2021, April 1). Prior Authorization Procedures and Criteria and Quantity Limits for Physicians and Pharmacist. Retrieved March 2023 from https://hcpf.colorado.gov/sites/hcpf/files/Appendix%20P%2001.01.21%20V5.pdf
5. Colorado Health Institute. (2021). Pharmacy Benefit Managers. Retrieved March 2023 from https://www.coloradohealthinstitute.org/research/understanding-pharmacy-benefit-managers

D.3. Medicaid Managed Care Program: Overview

1. Colorado Department of Health Care Policy & Financing (2020, January). Denver Health Medicaid Choice Member Assignment. Retrieved March 2023 from https://hcpf.colorado.gov/sites/hcpf/files/Denver%20Health%20Medicaid%20Choice%20Provider%20FAQs%20January%202020.pdf
2. Colorado Department of Health Care Policy & Financing. (2021). Premiums, Expenditures and Caseload Reports. Retrieved March 2023 from https://www.colorado.gov/hcpf/premiums-expenditures-and-caseload-reports
3. Rocky Mountain Health Plans. (2021). Learn About the Regional Accountable Entity (RAE). Retrieved March 2023 from https://www.rmhp.org/i-am-a-provider/questions-faqs/hfc-overview
4. Colorado Department of Health Care Policy & Financing. (2021). Performance Measurement. Retrieved March 2023 from https://hcpf.colorado.gov/performance-measurement-and-member-engagement
5. Colorado Health Institute. (2021). Accountable Care Collaborative Phase II. Retrieved March 2023 from https://www.colorado.gov/pacific/hcpf/accphase2
6. Colorado Department of Health Care Policy and Financing. (2020, January 1). The Colorado Medicaid Accountable Care Collaborative: Primary Care Case Management and Prepaid Inpatient Health Plan Program; Accountable Care Collaborative: Limited Managed Care Capitation Initiative and Special Connections: Postpartum Months Three through Twelve. Retrieved March 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CO_ACC-PCCM-PIHP-Program_CO-04.pdf
7. Colorado Health Institute. (2018, October). The Way of the RAEs Regional Accountable Entities and Their Role in Colorado Medicaid's Newest Chapter. Retrieved March 2023 from https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Ways%20of%20the%20RAEs_1.pdf
8. Colorado Department of Health Care Policy and Financing. (2021). Health First Colorado Buy-In Program For Working Adults with Disabilities. Retrieved March 2023 from https://www.colorado.gov/hcpf/medicaid-buy-program-working-adults-disabilities

H.3. Sources

D.3. Medicaid Managed Care Program: KPI Incentive Program Measures

1. Colorado Department of Health Care Policy & Financing. (2021). Performance Measurement. Retrieved March 2023 from https://hcpf.colorado.gov/performance-measurement-and-member-engagement
2. Rocky Mountain Health Plans. (2020, December). Rocky Mountain Health Plans Regional Accountable Entity 2020 Resource Guide. Retrieved March 2023 from https://www.rmhp.org/-/media/RMHPdotOrg/Files/PDF/Provider/Commonly-used-forms/RMHP-RAE-Resource-Guide.ashx

D.3. Medicaid Managed Care Program: Health Plan Characteristics

1. Colorado Department of Health Care Policy & Financing. (2021). Accountable Care Collaborative Phase II. Retrieved March 2023 from https://www.colorado.gov/pacific/hcpf/accphase2
2. Colorado Health Institute. (2018, October). The Way of the RAEs Regional Accountable Entities and Their Role in Colorado Medicaid's Newest Chapter. Retrieved March 2023 from https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Ways%20of%20the%20RAEs_1.pdf
3. Rocky Mountain Health Plan. Rocky Mountain Health Plans (RMHP) is excited to announce that our partnership with UnitedHealthcare has been finalized. Retrieved March 2023 from https://www.rmhp.org/about-colorado-healthcare-insurance/partnership
4. Beacon. Health First Colorado Policy and Procedure Manual for Providers. Retrieved March 2023 from https://www.beaconhealthoptions.com/wp-content/uploads/Beacon-Provider-Handbook.pdf
5. Colorado Access. (2021). Provider Manual. Retrieved March 2023 from https://www.coaccess.com/providers/resources/
6. Colorado Community Health Alliance. Provider Manual. Retrieved March 2023 from https://www.cchacares.com/for-providers/provider-resources-training/

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. Colorado Department of Health Care Policy & Financing. Accountable Care Collaborative. Retrieved March 2023 from https://hcpf.colorado.gov/accphase2
2. Colorado Department of Health Care Policy & Financing. (2021). Behavioral Health Services. Retrieved March 2023 from https://www.colorado.gov/pacific/hcpf/behavioral-health-services
3. Colorado Department of Health Care Policy & Financing. (2019, January 8). Short-term Behavioral Health Services in the Primary Care Setting. Retrieved March 2023 from https://www.colorado.gov/pacific/sites/default/files/Short-term%20Behavioral%20Health%20Services%20in%20Primary%20Care%20Fact%20Sheet%20Jan%202019.pdf
4. Colorado Department of Health Care Policy & Financing. (2021, January 8). New Medicaid Substance Use Disorder Services Now Available. Retried March 2023 from https://hcpf.colorado.gov/sites/hcpf/files/Accountable%20Care%20Collaborative%20New%20Medicaid%20Substance%20Use%20Disorder%20Services%20Now%20Available%20January%202021.pdf

H.3. Sources

D.3. Medicaid Managed Care Program: Behavioral Health Incentive Program

1. Colorado Department of Health Care Policy & Financing. (2020, February 18). Regional Accountable Entity. Retrieved March 2023 from https://www.colorado.gov/pacific/sites/default/files/Performance%20Measurement%20and%20Member%20Engagement%20PIAC%20Subcommittee%20Behavioral%20Health%20Incentive%20Specification%20Document%20Updated%20April%202020.pdf
2. Colorado Department of Health Care Policy & Financing. (2018, July 1). State of Colorado Contract. Retrieved March 2023 from https://www.colorado.gov/pacific/sites/default/files/Colorado%20Access%20%28Region%203%29_1.pdf
3. Colorado Department of Health Care Policy & Financing. (2020). 2020 Quality Strategy Health First Colorado: Colorado's Medicaid Program. Retrieved March 2023 from https://www.colorado.gov/pacific/sites/default/files/2019%20State%20of%20Colorado%20Quality%20Strategy%20June19.pdf
4. Rocky Mountain Health Plans. (2020). Rocky Mountain Health Plans Regional Accountable Entity Resource Guide. Retrieved March 2023 from https://www.rmhp.org/i-am-a-provider/questions-faqs/hfc-overview

D.3. Medicaid Managed Care Program: SMI Population

1. Colorado Department of Health Care Policy & Financing. (2021). Premiums, Expenditures and Caseload Reports. Retrieved March 2023 from https://www.colorado.gov/hcpf/premiums-expenditures-and-caseload-reports

D.3. Medicaid Managed Care Program: Pharmacy Benefits

1. Colorado Department of Health Care Policy & Financing. (2021). Client Overutilization Program. Retrieved March 2023 from https://www.colorado.gov/pacific/hcpf/client-overutilization-program
2. Colorado Department of Health Care Policy & Financing. (2021). Pharmacy Resources. Retrieved March 2023 from https://www.colorado.gov/pacific/hcpf/pharmacy-resources
3. Colorado Department of Health Care Policy & Financing. (2021, April 1). Preferred Drug List (PDL). Retrieved March 2023 from https://hcpf.colorado.gov/sites/hcpf/files/04-01-21%20PDL.v3.pdf
4. Colorado Department of Health Care Policy & Financing. (2021, April 1). Prior Authorization Procedures and Criteria and Quantity Limits for Physicians and Pharmacist. Retrieved March 2023 from https://hcpf.colorado.gov/sites/hcpf/files/Appendix%20P%2001.01.21%20V5.pdf
5. Colorado Health Institute. (2021). Pharmacy Benefit Managers. Retrieved March 2023 from https://www.coloradohealthinstitute.org/research/understanding-pharmacy-benefit-managers

D.4. Medicaid Program: Care Coordination Initiatives

1. Derived from information through the profile

H.3. Sources

D.5. Medicaid Program Care Management & Demonstration Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 2023 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

E.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Colorado Health Institute. (2021). Accountable Care Collaborative Phase II. Retrieved March 2023 from https://www.colorado.gov/pacific/hcpf/accphase2
2. Centers for Medicare and Medicaid Services. (2019, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved March 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html
3. Centers for Medicare and Medicaid Services. (2019, December). Special Needs Plan (SNP) Data. Retrieved March 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2019, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved March 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html
2. Centers for Medicare and Medicaid Services. (2019, December). Special Needs Plan (SNP) Data. Retrieved March 2023 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Centers for Medicare and Medicaid Services. (2020, December). Medicare-Medicaid Enrollee State and County Enrollment Snapshots. Retrieved March 2023 from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. Colorado Department of Human Services. (2021). Community Programs for Behavioral Health. Retrieved March 2023 from https://www.colorado.gov/pacific/cdhs/community-programs-behavioral-health
2. Department of Health & Human Services. (2019, April 24). State Medicaid Director Letter. Retrieved March 2023 from https://www.medicaid.gov/federal-policy-guidance/downloads/smd19002.pdf

H.3. Sources

F.1. LTSS Financing & Service Delivery

1. Colorado Department of Health Care Policy and Financing. (2020, January 1). The Colorado Medicaid Accountable Care Collaborative: Primary Care Case Management and Prepaid Inpatient Health Plan Program; Accountable Care Collaborative: Limited Managed Care Capitation Initiative and Special Connections: Postpartum Months Three through Twelve. Retrieved March 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CO_ACC-PCCM-PIHP-Program_CO-04.pdf

F.1. LTSS Service Delivery System Enrollment By Eligibility Group

1. Colorado Department of Health Care Policy and Financing. (2020, January 1). The Colorado Medicaid Accountable Care Collaborative: Primary Care Case Management and Prepaid Inpatient Health Plan Program; Accountable Care Collaborative: Limited Managed Care Capitation Initiative and Special Connections: Postpartum Months Three through Twelve. Retrieved March 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CO_ACC-PCCM-PIHP-Program_CO-04.pdf

F.2. LTSS Financing & Service Delivery System: Overview

1. Colorado Department of Health Care Policy and Financing. (2020, January 1). The Colorado Medicaid Accountable Care Collaborative: Primary Care Case Management and Prepaid Inpatient Health Plan Program; Accountable Care Collaborative: Limited Managed Care Capitation Initiative and Special Connections: Postpartum Months Three through Twelve. Retrieved March 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CO_ACC-PCCM-PIHP-Program_CO-04.pdf

F.3. LTSS Health Plan Characteristics

1. Colorado Department of Health Care Policy and Financing. (2020, January 1). The Colorado Medicaid Accountable Care Collaborative: Primary Care Case Management and Prepaid Inpatient Health Plan Program; Accountable Care Collaborative: Limited Managed Care Capitation Initiative and Special Connections: Postpartum Months Three through Twelve. Retrieved March 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CO_ACC-PCCM-PIHP-Program_CO-04.pdf

F.4. LTSS Program: Health Benefits

1. Colorado Department of Health Care Policy and Financing. (2020, January 1). The Colorado Medicaid Accountable Care Collaborative: Primary Care Case Management and Prepaid Inpatient Health Plan Program; Accountable Care Collaborative: Limited Managed Care Capitation Initiative and Special Connections: Postpartum Months Three through Twelve. Retrieved March 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CO_ACC-PCCM-PIHP-Program_CO-04.pdf

H.3. Sources

F.3. LTSS Health Plan Characteristics

1. Colorado Department of Health Care Policy and Financing. (2020, January 1). The Colorado Medicaid Accountable Care Collaborative: Primary Care Case Management and Prepaid Inpatient Health Plan Program; Accountable Care Collaborative: Limited Managed Care Capitation Initiative and Special Connections: Postpartum Months Three through Twelve. Retrieved March 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CO_ACC-PCCM-PIHP-Program_CO-04.pdf

F.4. LTSS Program: Health Benefits

1. Colorado Department of Health Care Policy and Financing. (2020, January 1). The Colorado Medicaid Accountable Care Collaborative: Primary Care Case Management and Prepaid Inpatient Health Plan Program; Accountable Care Collaborative: Limited Managed Care Capitation Initiative and Special Connections: Postpartum Months Three through Twelve. Retrieved March 2023 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/CO_ACC-PCCM-PIHP-Program_CO-04.pdf

F.4. LTSS Program: New Initiatives

1. Derived from information found in section F.

G.1. Office Of Behavioral Health: Organization Chart

1. Colorado Office of Behavioral Health. (2021, March). Office of Behavioral Health - Organization Chart. Retrieved March 2023 from https://cdhs.colorado.gov/about-cdhs/organizational-structure-and-leadership

G.1. Office Of Behavioral Health: Key Leadership

1. Colorado Office of Behavioral Health. (2021, March). Office of Behavioral Health - Organization Chart. Retrieved March 2023 from https://cdhs.colorado.gov/about-cdhs/organizational-structure-and-leadership

G.2. Office Of Behavioral Health Budget

1. Colorado State Budget 2021-2022. Retrieved February 2022 from https://drive.google.com/drive/folders/1blES5otODsCcoNKx1zvV0ObMpYfQsbkT
2. Colorado Transparency Online Project. (2020). Colorado 2020 Expense. Retrieved March 2023 from https://apps.colorado.gov/apps/oit/transparency/application.html

H.3. Sources

G.2. Office Of Behavioral Health: Spending Over Time

1. Colorado Transparency Online Project. (2020). Colorado 2020 Expense. Retrieved March 2023 from https://apps.colorado.gov/apps/oit/transparency/application.html

G.3. State Psychiatric Institutions

1. Colorado Department of Human Services. (2021). Colorado Mental Health Institute at Pueblo. Retrieved March 2023 from https://www.colorado.gov/pacific/cdhs/colorado-mental-health-institute-pueblo
2. Colorado Department of Human Services. (2021). Colorado Mental Health Institute at Fort Logan. Retrieved March 2023 from https://www.colorado.gov/pacific/cdhs/colorado-mental-health-institute-fort-logan

G.4. State Behavioral Health Safety-Net Delivery System

1. Colorado Department of Public Health & Environment. (2021). Community Mental Health Centers. Retrieved March 2023 https://www.colorado.gov/pacific/cdphe/community-mental-health-centers
2. Colorado Department of Behavioral Health. (2019, October 25). OBH Fact Sheet. Retrieved March 2023 from https://drive.google.com/file/d/1ugz5_2Jg6MrOz0AG1l4US9p3FZsRpqp8/view
3. Colorado Behavioral Health Council. (2020). Retrieved March 2023 from https://www.cbhc.org/#about
4. Colorado Department of Public Health & Environment. (2020). Snapshot of Findings. Retrieved March 2023 from https://drive.google.com/file/d/1XoAAysoFVx2ucHPaOf1ltltoakwHSS_z/view

G.4. Behavioral Health Safety-Net Delivery System: CMHC Catchment Areas

1. Colorado Community Health Network. (2021). Community Health Centers Map. Retrieved March 2023 from https://cchn.org/map/
2. Colorado Behavioral Health Council. (2021). CHBC Members. Retrieved March 2023 from https://www.cbhc.org/#about
3. Colorado Department of Human Service. (2020). Find Behavioral Health. Retrieved March 2023 from https://www.colorado.gov/pacific/cdhs/find-behavioral-health-help
4. Colorado Department of Human Service. MHC Geographic Map with Links. Retrieved March 2023 from http://www.cbhc.org/news/wp-content/uploads/2008/01/MHC-Geographic-Map-with-Links-12.21.10.pdf

H.3. Sources

G.4. Behavioral Health Safety-Net Delivery System: Managed Service Organization Catchment Areas

1. Colorado Division of Criminal Justice. (2021). Managed Service Organizations. Retrieved March 2023 from https://www.mentalhealthcolorado.org/managed-service-organizations/

G.4. Behavioral Health Safety-Net Delivery System: Behavioral Health Reform Package

1. Colorado Office of Behavioral Health. (2019, May 7). 2019 Behavioral Health Reform Package. Retrieved March 2023 from https://drive.google.com/file/d/1lfA9v6USJbWsckxdgzghuDMo0jlYDqnn/view
2. Colorado Department of Human Services. (2019). OBH Fact Sheets. Retrieved March 2023 from https://www.colorado.gov/pacific/cdhs/obh-news#Facts
3. Colorado Department of Human Services. (2019, April 8). Colorado Behavioral Health Task Force. Retrieved March 2023 from https://www.colorado.gov/pacific/cdhs/colorado-behavioral-health-task-force
4. Colorado Department of Human Services. (2020, September). Behavioral Health Task Force Blueprint. Retrieved March 2023 from https://drive.google.com/file/d/1lWVIG3IHPM8OUgVFgLuqWFn8waqgUseZ/view