

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

May 27, 2021

Renee Gayhart
Director
Alaska Department of Health and Social Services
240 Main Street, Suite 202
Juneau, AK 99801

Dear Ms. Gayhart:

The Centers for Medicare & Medicaid Services (CMS) completed its review of the Substance Use Disorder (SUD) Monitoring Protocol, which is required by the Special Terms and Conditions (STC), specifically, STC #22, of Alaska's section 1115 demonstration, "Alaska Substance Use Disorder and Behavioral Health Program (SUD-BHP)" (Project No: 11-W-00318/0), effective through December 31, 2023. CMS determined that the monitoring protocol, which was submitted on June 3, 2020 and revised on May 11, 2021, meets the requirements set forth in the STCs, and thereby approves the state's SUD monitoring protocol.

The monitoring protocol is approved for the demonstration period through December 31, 2023 and is hereby incorporated into the demonstration STCs as Attachment F (see attached). In accordance with STC 47 (Public Access), the approved SUD monitoring protocol may now be posted to your state's Medicaid website.

We look forward to our continued partnership on the Alaska Substance Use Disorder and Behavioral Health Program section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

**Danielle
Daly -S** Digitally signed by
Danielle Daly -S
Date: 2021.05.28
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Danielle Daly
Director
Division of Demonstration
Monitoring and Evaluation

**Angela D.
Garner -S** Digitally signed by
Angela D. Garner -S
Date: 2021.05.28
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Angela D. Garner
Director
Division of System Reform
Demonstrations

cc: Maria Garza, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

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

The state should complete this title page as part of its monitoring protocol. This form should be submitted as the title page for all monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are below the table.

State	Alaska
Demonstration name	Alaska Substance Use Disorder and Behavioral Health Program (SUD-BHP)
Approval period for section 1115 demonstration	01/01/2019 – 12/31/2023
SUD demonstration start date^a	01/01/2019
Implementation date of SUD demonstration, if different from SUD demonstration start date^b	07/01/2019
SUD (or if broader demonstration, then SUD-related) demonstration goals and objectives	<ul style="list-style-type: none"> • Increased rates of identification, initiation, and engagement in treatment • Increased adherence to and retention in treatment • Reduced overdose deaths, particularly those due to opioids • Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other more appropriate and focused SUD use/misuse/abuse- related services • Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate • Improved access to care for physical health conditions among beneficiaries

^a **SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

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

2. Acknowledgement of narrative reporting requirements

The state has reviewed the narrative questions in the Monitoring Report Template provided by CMS and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested narrative information (with no modifications).

3. Acknowledgement of budget neutrality reporting requirements

The state has reviewed the Budget Neutrality Workbook provided by the CMS demonstration team and understands the expectations for quarterly and annual monitoring reports. The state will provide the requested budget neutrality information (with no modifications).

4. Retrospective reporting

The state is not expected to submit metrics data until after protocol approval, to ensure that data reflects the monitoring plans agreed upon by CMS and the state. Prior to monitoring protocol approval, the state should submit quarterly and annual monitoring reports with narrative updates on implementation progress and other information that may be applicable, according to the requirements in its STCs.

For a state that has monitoring protocols approved after one or more initial quarterly monitoring report submissions, it should report metrics data to CMS retrospectively for any prior quarters of the section 1115 SUD demonstration that precede the monitoring protocol approval date. A state is expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in its second monitoring report submission that contains metrics. The retrospective report for a state with a first SUD DY of less than 12 months, should include data for any baseline period quarters preceding the demonstration, as described in Part A of the state’s monitoring protocols (see Appendix B of the instruction for further guidance determining baseline periods for first SUD DYs that are less than 12 months.) If a state needs additional time for preparation of these data, it should propose an alternative plan (i.e., specify the monitoring report that would capture the data) for reporting retrospectively on its section 1115 SUD demonstration.

In the monitoring report submission containing retrospective metrics data, the state should also provide a general assessment of metrics trends from the start of its demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Section 3: Narrative information on implementation, by milestone and reporting topic). This general assessment is not intended to be a comprehensive description of every trend observed in the metrics data. Unlike other monitoring report submissions, for instance, the state is not required to describe all metric changes (+ or - greater than 2 percent). Rather, the assessment is an opportunity for a state to provide context on its retrospective metrics data and to support CMS’s review and interpretation of these data. For example, consider a state that submits data showing an increase in the number of medication-assisted treatment (MAT) providers (Metric #14) over the course of the retrospective reporting period. This state may decide to highlight this trend for CMS in Part B of its report (under Milestone 4) by briefly summarizing the trend and explaining that during this period, a grant supporting training for new MAT providers throughout its state was implemented.

For further information on how to compile and submit a retrospective report, the state should review Section B of the Monitoring Report Instructions document.

- The state will report retrospectively for any quarters prior to monitoring protocol approval as described above, in the state’s second monitoring report submission that contains metrics after protocol approval.

- The state proposes an alternative plan to report retrospectively for any quarters prior to monitoring protocol approval: *Insert narrative description of proposed alternative plan for retrospective reporting. The state should provide justification for its proposed alternative plan.*

Medicaid Section 1115 SUD Demonstrations Monitoring Protocol – Attachment A
 [State name – *Alaska*] [Demonstration name – *Substance Use Disorder Treatment and Alaska Behavioral Health Program (SUD-BHP)*]

This attachment is part of the monitoring protocol for Alaska’s section 1115 substance use disorder (SUD) demonstration and contains additional information regarding how the state is reporting/defining certain metrics.

Table 1. Alaska’s comments regarding the reporting of Metrics #5, 10, 18, and Q1 – Q3

Metric number	Metric name	State’s comments on reporting
5	Medicaid Beneficiaries Treated in an IMD for SUD	Lifting the 16 bed IMD limit for SUD will increase the number of beds available. As a result, the number of people served will increase.
10	Residential and Inpatient Services	Per 3/24/2020 CMS guidance, and Technical Specifications Manual (2.0), this metric will capture both inpatient and residential treatment services, and this note serves to clarify that both service types are included
18	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) [PQA, NQF #2940; Medicaid Adult Core Set]	ASO will have to use Medicaid prescription claims data as state law cannot disclose Prescription Drug Monitoring Protocol (PDMP) client specific data to the Department of Health and Social Services (see AS 17.30.200). To meet the Medicaid Adult Core Set Manual (Pg 106-109) https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf , the ASO will need to match the National Drug Code (NDC) from claims data to clients in dataset.
Q1	Information Technology Use to Monitor SUD rate via Patient Prescription History Requests	No comment
Q2	Information Technology Use to Monitor SUD Treatment Effectiveness via Medical Professional Training in MAT Offered	The number of participants that attend MAT training through Alaska's Project Echo.
Q3	Information Technology Use to Monitor “Recovery” Supports and Services for SUD Individuals	No comment