

September 2019 Release of Updated Medicaid Section 1115 Substance Use Disorder (SUD) Demonstration Monitoring Tools: Monitoring Protocol Alignment Form

The Centers for Medicare & Medicaid Services (CMS) September 2019 release of the section 1115 substance use disorder (SUD) demonstration monitoring protocol tools incorporates updated guidance on reporting metrics and narrative information, and other clarifications reflecting the valuable feedback shared by states during review and use of the earlier release of these tools.

States with a monitoring protocol submitted to or approved by CMS as of October 2019 are not required to resubmit the protocol using the updated monitoring protocol tools. Instead, CMS developed this form to support states in providing the key information included in the updated protocol tools, or propose an alternative plan. States should review the monitoring protocol updates detailed in the sections below and select the appropriate checkboxes to complete the Section 1115 SUD Demonstration Monitoring Protocol Alignment Form. States should submit the completed form to the Performance Management Database and Analytics (PMDA) system under the deliverable designated as “SUD Monitoring Protocol,” and upload this with the set of documents that represent the state’s completed monitoring protocol. After reviewing the form, CMS will reach out to the state if there is any additional information needed, and will inform the state when the form is deemed complete and final. If the state has any questions while completing this form, please email the 1115 monitoring and evaluation TA mailbox (1115MonitoringAndEvaluation@cms.hhs.gov) and copy the demonstration’s CMS project officer on the message.

1. Retrospective reporting

If a state’s monitoring protocol is approved after its initial quarterly monitoring report submission due date(s), the state should report data to CMS retrospectively for any prior quarters of section 1115 SUD demonstration implementation. States are expected to submit retrospective metrics data—provided there is adequate time for preparation of these data—in their second monitoring report submission after monitoring protocol approval. Otherwise, if the state needs additional time, the state 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 the state’s demonstration through the end of the current reporting period. The state should report this information in Part B of its report submission (Table 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 states to provide context on their 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. The 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, the state implemented a grant that supported training for new MAT providers throughout the state.

The state will report retrospectively for any quarters prior to monitoring protocol approval as described above in the state's second monitoring report submission 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. State should provide justification for its proposed alternative plan.*

2. Updates to Section 1115 SUD Demonstration Technical Specifications for Monitoring Metrics (Version 2.0)

In the monitoring workbook of the state's protocol (Part A), CMS asked the state to review the technical specification for each metric and either attest to reporting the metric according to the specification, or propose deviations from the specification for CMS approval. CMS recently released an updated version of the section 1115 SUD demonstration technical specifications manual (Version 2.0, dated August 23, 2019). Relative to the Version 1.0 manual released in October 2018, the Version 2.0 manual contains critical revisions to specifications for the following CMS-constructed metrics:

- Metric #5: Medicaid Beneficiaries Treated in an Institution for Mental Disease (IMD) for SUD
- Metric #6: Any SUD Treatment
- Metric #10: Residential and Inpatient Services
- Metric #25: Readmissions for SUD
- Metric #29: SUD Spending Within IMDs
- Metric #31: Per Capita SUD Spending within IMDs
- Metric #36: Average Length of Stay in IMDs

These changes reflect the valuable feedback shared by states during review and use of the first version of the technical specifications manual, and are critical for ensuring the metrics are calculated consistently across states.

To promote consistent reporting across states and within a state over time, CMS requests that the state review updates to each of these metrics described in the accompanying Summary of Updates to the Section 1115 SUD Demonstrations Technical Specifications for Monitoring Metrics (Version 2.0), and respond below to confirm whether it will require deviations from the specifications (other than those already described in the state's submitted or approved protocol).

The state reviewed the Summary of Updates to the Section 1115 SUD Demonstration Technical Specifications for Monitoring Metrics (Version 2.0) and attests it does not require any deviations from the specifications (other than those already described in the state’s submitted or approved protocol).

The state has reviewed the Summary of Updates to the Section 1115 SUD Demonstration Technical Specifications for Monitoring Metrics (Version 2.0) and proposes the following deviations: *Insert narrative description of proposed deviations from the revised specification, indicating to which metric(s) the proposed deviation applies. State should provide justification for any proposed deviation.*

3. Clarifications to baseline reporting periods

Recent updates to the section 1115 SUD metric technical specifications manual and monitoring tools have implications for the baseline reporting periods for certain metrics. The updated technical specifications manual (Version 2.0) and monitoring tools released in September 2019 include updated guidance related to baseline reporting periods for the following metrics:

- **Metric #22 (Continuity of Pharmacotherapy for Opioid Use Disorder)** is an established quality measure that is calculated over a 2-year period. The baseline reporting period for this metric should be the calendar year in which the state’s demonstration began, and the year prior. The updated manual contains additional guidance clarifying the baseline reporting period for measures calculated over a 2-year period.
- **Metric #25 (Readmissions among Beneficiaries with SUD)** is now considered to be a CMS-constructed metric. The baseline reporting period for this metric should be aligned with the baseline reporting period for other CMS-constructed metrics.
- **Metric #32 (Access to Preventive/Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD)** is now clearly categorized in the monitoring workbook as an established quality measure. The baseline reporting period for this metric should be aligned with the baseline reporting period for other established quality measures.

CMS requests the state review the baseline reporting period guidance for these metrics and respond below to confirm it will align reporting with the provided guidance, or propose deviations.

The state reviewed the baseline reporting period guidance for Metrics #22, #25, and #32 and will align its baseline reporting with the updated guidance for each metric.

The state has reviewed the baseline reporting period guidance for Metrics #22, #25, and #32 and proposes the following deviations: *Insert narrative description of proposed deviations from the baseline reporting period guidance, indicating to which metric(s) the proposed deviation applies. State should provide justification for any proposed deviation.*

4. Reporting schedule for metrics that are established quality measures

CMS recently revised its metrics reporting guidance to allow for adequate time to implement annual specification updates from measure stewards. Table 1 summarizes the current guidance for reporting annual metrics that are established quality measures. See Appendix A of the 1115 SUD Monitoring Protocol Instructions (Version 2.0) for detailed reporting guidance.

Table 1. Guidance for reporting annual metrics that are established quality measures, according to states’ demonstration periods

	DYs ending on 1/31 or 2/28	DYs ending 3/31 – 11/30	DYs ending on 12/31
Report	Report in the first quarterly report of the next demonstration year (i.e., SUD DY2 Q1 report)	Report in annual report* (i.e., SUD DY1 Q4 report)	Report in the second quarterly report of the next demonstration year (i.e., SUD DY2 Q2 report)

*There is no change in guidance for reporting annual metrics that are established quality metrics for states with DYs ending 3/31-11/30.

DY = Demonstration year

The state should review Table 1 and respond below to confirm it will revise its reporting schedule to align with the guidance for reporting established quality measures, or propose any deviations from this guidance. The state should attach a revised demonstration reporting schedule table to this document (see Appendix A below for an example).

The state attests it will report annual metrics that are established quality measures according to the guidance above, and has attached its revised demonstration reporting schedule to this form.

The state reviewed the guidance above and attached its revised demonstration reporting schedule with the following deviations: *Insert narrative description of proposed changes to reporting. State should provide justification for any proposed changes to the reporting schedule that deviate from current guidance.*

Appendix A – Updated schedule for section 1115 SUD demonstration monitoring reporting

Table A provides a reporting schedule template for the state’s section 1115 SUD demonstration (see detailed table notes for assumptions regarding the demonstration in this example). States may have included a similar table in Part B of their monitoring protocol. The state should complete Table 1 if (1) the state’s monitoring protocol does not yet include this table, or (2) the state requires changes to their demonstration reporting schedule to align with current reporting guidance described above. Once approved, the completed protocol alignment form and Appendix A will be appended to state’s approved protocol.

Table A. [STATE] Section 1115 SUD reporting in quarterly and annual monitoring reports

Dates of reporting quarter	Broader Section 1115 DY (if applicable)*	SUD DY	Report due (per STCs schedule)	Measurement period associated with SUD information in report, by reporting category
<i>EXAMPLE:</i> January 1, 2019 – March 31, 2019	<i>EXAMPLE:</i> DY3 Q1	<i>EXAMPLE:</i> DY1 Q1	<i>EXAMPLE:</i> 5/30/2019	<i>EXAMPLE:</i> <ul style="list-style-type: none"> • Narrative information: SUD DY1 Q1 • Grievances and appeals: SUD DY1 Q1 • Other monthly and quarterly metrics: None • Annual metrics that are established quality measures: None • Other annual metrics: None
April 1, 2019 – June 30, 2019	DY3 Q2	DY1 Q2	8/29/2019	<ul style="list-style-type: none"> • Narrative information: SUD DY1 Q2 • Grievances and appeals: SUD DY1 Q2 • Other monthly and quarterly metrics: SUD DY1 Q1 • Annual metrics that are established quality measures: None • Other annual metrics: None
July 1, 2019 – September 30, 2019	DY3 Q3	DY1 Q3	11/29/2019	<ul style="list-style-type: none"> • Narrative information: SUD DY1 Q3 • Grievances and appeals: SUD DY1 Q3 • Other monthly and quarterly metrics: SUD DY1 Q2 • Annual metrics that are established quality measures: None • Other annual metrics: None

Medicaid Section 1115 Substance Use Disorder (SUD) Demonstrations
 West Virginia Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 Demonstration Period: 01/01/2018 – 12/31/2022
 Monitoring Protocol Alignment Form Submitted on 02/07/2020

Dates of reporting quarter	Broader Section 1115 DY (if applicable)*	SUD DY	Report due (per STCs schedule)	Measurement period associated with SUD information in report, by reporting category
October 1, 2019 – December 31, 2019	DY4 Q4	DY1 Q4	4/1/2020	<ul style="list-style-type: none"> Narrative information: SUD DY1 Q4 Grievances and appeals: SUD DY1 Q4 Other monthly and quarterly metrics: SUD DY1 Q3 Annual metrics that are established quality measures: None** Other annual metrics: None
January 1, 2020 – March 31, 2020	DY4 Q1	DY2 Q1	5/30/2020	<ul style="list-style-type: none"> Narrative information: SUD DY2 Q1 Grievances and appeals: SUD DY2 Q1 Other monthly and quarterly metrics: SUD DY1 Q4 Annual metrics that are established quality measures: None Other annual metrics: SUD DY1 (calculated for DY1)
April 1, 2020 – June 30, 2020	DY4 Q2	DY2 Q2	8/29/2020	<ul style="list-style-type: none"> Narrative information: SUD DY2 Q2 Grievances and appeals: SUD DY2 Q2 Other monthly and quarterly metrics: SUD DY2 Q1 Annual metrics that are established quality measures: SUD DY1 (calculated for CY 2019) Other annual metrics: None

*In this example, the state’s SUD demonstration was added to its broader section 1115 demonstration by amendment at the start of the broader section 1115 demonstration’s third demonstration year. States that do not have a broader section 1115 demonstration (i.e., that have a SUD demonstration only) should delete this column.

**In this example, the state reports metrics that are established quality measures in the second quarterly report following the annual report because its demonstration year ends on 12/31; this lag allows adequate time for claims runout and other data completeness issues, as well as time to incorporate annual measure steward updates to specifications. States with demonstration years that end January 31 or February 28 should instead report established quality measures in the first quarterly report following the annual report. All other states should report established quality measures in the annual report.

Table A.1 West Virginia Section 1115 SUD demonstration years 3, 4 and 5 reporting in quarterly and annual monitoring reports*

Report name:	DY3 Q1 report	DY3 Q2 report	DY3 Q3 report	DY3 Q4 report (Annual Report)
Report due date:	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 90 days after quarter ends
	May 30, 2020	Aug. 29, 2020	Nov. 29, 2020	Mar. 31, 2021
Narrative information on implementation	DY3 (Q1)	DY3 (Q2)	DY3 (Q3)	DY3 (Q4)
Grievances and appeals	DY3 (Q1)	DY3 (Q2)	DY3 (Q3)	DY3 (Q4)
Other monthly and quarterly metrics	NA	DY3 (Q1)	DY3 (Q2) <i>Retrospective reporting:</i> DY1 (Q1-Q4) DY2 (Q1-Q4)	DY3 (Q3)
Annual metrics that are established quality measures*	NA	NA	<i>Retrospective reporting:</i> DY1 (calculated for CY 2018) DY2 (calculated for CY 2019)	NA
Other annual metrics	NA	NA	<i>Retrospective reporting:</i> DY1 (calculated for DY1) DY2 (calculated for DY2)	NA

Medicaid Section 1115 Substance Use Disorder(SUD) Demonstrations
 West Virginia Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders
 Demonstration Period: 01/01/2018 – 12/31/2022
 Monitoring Protocol Alignment Form Submitted on 02/07/2020

Report name:	DY4 Q1 report	DY4 Q2 report	DY4 Q3 report	DY4 Q4 report (Annual Report)
Report due date:	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 90 days after quarter ends
	May 30, 2021	Aug. 29, 2021	Nov. 29, 2021	Mar. 31, 2022
Narrative information on implementation	DY4 (Q1)	DY4 (Q2)	DY4 (Q3)	DY4 (Q4)
Grievances and appeals	DY4 (Q1)	DY4 (Q2)	DY4 (Q3)	DY4 (Q4)
Other monthly and quarterly metrics	DY3 (Q4)	DY4 (Q1)	DY4 (Q2)	DY4 (Q3)
Annual metrics that are established quality measures**	NA	DY3 (calculated for CY 2020)	NA	NA
Other annual metrics	DY3 (calculated for DY3)	NA	NA	NA

Report name:	DY5 Q1 report	DY5 Q2 report	DY5 Q3 report	DY5 Q4 report (Annual Report)
Report due date:	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 60 days after quarter ends	Due 90 days after quarter ends
	May 30, 2022	Aug. 29, 2022	Nov. 29, 2022	Mar. 31, 2023
Narrative information on implementation	DY5 (Q1)	DY5 (Q2)	DY5 (Q3)	DY5 (Q4)
Grievances and appeals	DY5 (Q1)	DY5 (Q2)	DY5 (Q3)	DY5 (Q4)
Other monthly and quarterly metrics	DY4 (Q4)	DY5 (Q1)	DY5 (Q2)	DY5 (Q3)
Annual metrics that are established quality measures**	NA	DY3 (calculated for CY 2021)	NA	NA
Other annual metrics	DY4 (calculated for DY4)	NA	NA	NA

DY = Demonstration year NA = not applicable (information not expected to be included in report)

Note: The state is expected to submit retrospective metrics data in the state's second monitoring report submission after monitoring protocol approval.

* This schedule describes state reporting through the end of the current approval period.

** Metrics that are established quality measures should be calculated for the calendar year. All other annual metrics should be calculated for the SUD demonstration year.